July 6, 2015

AGENDA

✥ PUBLIC NOTICE ✥

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, July 22, 2015 at 9:00 am. The meeting will continue, if necessary, on Thursday, July 23, 2015 at 9:00 am or until the Board concludes its business at the following location:

Hilton Garden Inn
7830 S Las Vegas Boulevard
Las Vegas

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 June 10, 2015, Minutes for Possible Action

3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
   
   A. ABC Pharmacy – Rancho Cucamonga, CA
   B. Avella of Orlando, Inc. – Lake Mary, FL
   C. Care Partners Medical, LLC – Fountainville, PA
   D. CareZone Pharmacy – Richmond, CA
   E. Dunn Meadow Pharmacy – Fort Lee, NJ
   F. Health Partners Refill Center Pharmacy – Eden Prairie, MN
   G. Liberty Medical Supply – Port Saint Lucie, FL
   H. Liberty Medical Supply – Salem, VA
   I. Pet360 Pharmacy, LLC – Louisville, KY
   J. River Medical Pharmacy Inc. – San Antonio, TX

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

   K. AAA Compounding Pharmacy – Westminster, CA
   L. Allure Pharmacy – Los Angeles, CA
   M. B & E Pharmaceuticals, Inc. – Rego Park, NY
   N. Heartland LTC Pharmacy – Boise, ID
   O. MacDill Pharmacy – Tampa, FL
   P. Manhasset Park Drug Corp. – Manhasset, NY
   Q. Marin Wellness Pharmacy – San Rafael, CA
   R. NuFactor, Inc. – Kernersville, NC
   S. Pharmicare – Fort Myers, FL
   T. Pharma R Express – Miami, FL
   U. Pharma Select Texas – Houston, TX
   V. PJ’s Pharmacy & Compounding – San Diego, CA
   W. Resource Pharmacy, Inc. – San Bernardino, CA
   X. Service Drugs – Ridgeland, MS

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

   Y. BDI Pharma, Inc. – Irving, TX
   Z. BioMarin Pharmaceutical Inc. – Novato, CA
Applications for Out-of-State MDEG – Non Appearance for Possible Action:

FF. Cypress Medical Products LLC – Elwood, IL
GG. Good Night Medical of Ohio, LLC – Westerville, OH
HH. Long Island Respiratory Services, Inc. – Brooklyn, NY
II. Medsource, L.L.C. – Bloomington, IL
JJ. Neovia Logistics Distribution LP – Ontario, CA
KK. Quantum Medical, Inc. – West Palm Beach, FL

Application for Nevada MDEG – Non Appearance for Possible Action:

LL. Synergy Sleep & Respiratory – Reno

Application for Nevada Pharmacy – Non Appearance for Possible Action:

MM. Saint Mary’s Outpatient Pharmacy – Reno

REGULAR AGENDA

4. 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. Andrea Cordova, PT (15-009-PT-S)
B. Valerie Jensen, PT (15-032-PT-S)
C. Linchi Le, R.Ph (15-022-RPH-A-S)
D. Eric Van Meter, R.Ph (15-022-RPH-B-S)
E. Von’s Pharmacy #2615 (15-022-PH-S)
F. Melvin Schagren, R.Ph (13-034-RPH-S)
G. Sam’s Pharmacy #10-4974 (13-034-PH-S)

5. Request for Reconsideration of Board Order – Appearance for Possible Action

Flotsol, Inc. (13-046-MP-S)

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

A. GraEagle Construction – Las Vegas
B. Tobin Medical – Las Vegas
7. Application for Nevada Pharmacy – Appearance for Possible Action:
   Anazao Health Corporation – Las Vegas

8. Applications for Out-of-State Compounding Pharmacy – Appearance for Possible Action:
   A. Anazao Health – Tampa, FL
   B. JJ Trinity Compounding Pharmacy – Valencia, CA
   C. Olympia Pharmacy – Orlando, FL
   D. Pharmacy Innovations – Erie, PA

9. Applications for Out-of-State Wholesaler – Appearance for Possible Action:
   A. Alexso Inc. – Los Angeles, CA
   B. Avella of Deer Valley, Inc. – Phoenix, AZ
   C. Unique Pharmaceuticals, LTD – Temple, TX

10. Application for Nevada Pharmacy – Appearance for Possible Action:
    Curnutt Community Drug – Pahrump

11. Application for Controlled Substance License – Appearance for Possible Action:
    Anthony J. Lamancusa, DMD

12. Application for Authority to Dispense Drugs License – Appearance for Possible Action:
    Carmen F. Jones, MD

13. Application for Renewal of Pharmacist License – Appearance for Possible Action:
    Gregory Imoohi

14. Request for Pharmacist License by Reciprocation – Appearance for Possible Action:
    James V. Ammon

15. Application for Pharmaceutical Technician in Training – Appearance for Possible Action:
    Clayton P. Fitch

16. Budget – Fiscal Year 2015-2016 for Possible Action
17. Personnel Review for Possible Action – 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. Personnel Evaluation
B. Executive Secretary Evaluation

18. General Counsel Report for Possible Action

19. Executive Secretary Report for Possible Action:

A. Financial Report
B. Temporary Licenses
C. Staff Activities
   1. NGA Policy Academy on Rx Drug Abuse Update
   2. Certified Public Manager Program
   3. DEA Appreciation Letter
D. Reports to Board
   1. Collaborative Efforts:
      a. BOME; BOVME
   2. Update: District Meeting
E. Board Related News
   1. CPNP Guidelines on Naloxone Access for Pharmacists
   2. Independent Healthcare Monitors
   3. Quick Fix
F. Activities Report

20. Next Board Meeting:

   September 2-3, 2015 – 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 Shirley Hunting at (775) 850-1440, as soon as possible.

Anyone desiring supporting materials or additional information regarding the meeting is invited to call Shirley Hunting at (775) 850-1440 or email at shunting@pharmacy.nv.gov.

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
Washoe County Courthouse – Reno

Nevada Board of Pharmacy – Reno & Las Vegas
Mineral County Courthouse – Hawthorne
MINUTES

Hyatt Place
1790 East Plumb Lane
Reno, NV

June 10, 2015

Board Members Present:
Leo Basch
Cynthia Blomstrom
Jason Penrod
Kevin Desmond
Tallie Pederson
Kirk Wentworth

Board Staff Present:
Dave Wuest
Paul Edwards
Shirley Hunting
Joe Depczynski
Keith Marcher

President Kam Gandhi has accepted the position of Executive Director of the Arizona Board of Pharmacy. Leo Basch will serve as the Acting President until the new president is elected.

Mr. Pinson is absent due to his attendance at the Governor’s Conference in Vermont. Dave Wuest filled in for Mr. Pinson.

Acting President Basch called the meeting to order at 9:00 a.m.

1. Public Comment

There was no public comment.

2. Approval of April 15-16, 2015 Minutes

Board Action:

Motion: Kevin Desmond approved the Minutes as presented.

Second: Kirk Wentworth

Action: Passed Unanimously
3. Applications for Out-of-State Pharmacy – Non Appearance

A. Clybourn Park Pharmacy LLC – Chicago, IL
B. Cordele Pharmacy, LLC – Charlotte, NC
C. DeliverCareRx Pharmacy, LLC – Skokie, IL
D. Healthy Meds Pharmacy – Hallandale Beach, FL
E. Heartland Veterinary Pharmacy – Hastings, ME
F. Medpoint Pharmacy – Rolling Meadows, IL
G. Medscripts Medical Pharmacy – Greenville, SC
H. Prescription Mart – Beaumont, TX
I. Primary Care Pharmacy – Houston, TX
J. Rock City Pharmacy, LLC – Plymouth, MI
K. Y Medical Associates, Inc. – Irving, TX

Applications for Out-of-State Compounding Pharmacy – Non Appearance

L. All About Your Health Family Pharmacy – Anderson, SC
M. All American Medical Pharmacy – Warren, MI
N. Apples Pharmacy – Canoga Park, CA
O. Athena Pharmacy – Mt. Juliet, TN
P. Bellevue Pharmacy of Florida – Tamarac, FL
Q. CHS Pharmacy – Vancouver, WA
R. Econo Pharmacy Inc. – Houston, TX
S. Ed Snell’s Pharmacy Shop – Pocatello, ID
T. Gardens Pharmacy LLC – Ocean Springs, MS
U. Healthy Pharmacy Solutions – The Woodlands, TX
V. Injury Med Express Pharmacy – Daphne, AL
W. LifeWatch Pharmacy – San Antonio, TX
X. Luke’s Family Pharmacy – Hailey, ID
Y. Main Avenue Pharmacy – Clifton, NJ
Z. Med-Health Solutions – Phoenix, AZ
AA. Mission Pharmacy – San Antonio, TX
BB. Opus Rx – Jackson, MS
CC. Pharmacy Depot – Arlington, TX
DD. Prescription Health Resources, LLC – Fort Worth, TX
EE. Saginaw Pharmacy – Saginaw, TX
FF. Smith Pharmacy – Perth Amboy, NJ
GG. Southern Compounding Pharmacy/Apothekey Sales Inc. – Decatur, AL
HH. Westcliff Compounding Pharmacy – Newport Beach, CA

Applications for Out-of-State Wholesaler – Non Appearance

II. AcariaHealth Solutions, Inc. – Houston, TX
JJ. Allied 100, LLC – Woodruff, WI
KK. Avella of Deer Valley, Inc. – Phoenix, AZ
LL. Eye Care and Cure – Tucson, AZ
MM. INO Therapeutics LLC – Coppell, TX
NN. Johnson & Johnson Health Care Systems, Inc. – Bridgewater, MA
OO. McKesson Plasma and Biologics LLC – La Vergne, TN
PP. Metro Medical Supply – Nashville, TN
QQ. Pharmaceutical Credit Company, LLC – West Columbia, SC
RR. ProPharma Distribution, LLC – Arvada, CO
SS. Top Rx, LLC – Bartlett, TN
TT. Unique Pharmaceuticals, LTD – Temple, TX
UU. Vernalis Therapeutics, Inc. – Berwyn, PA

Applications for Out-of-State MDEG – Non Appearance

VV. CHS Pharmacy – Vancouver, WA
WW. Diabetic Supply of Suncoast, Inc. – Dorado, PR
XX. Jodee, Inc. – Hollywood, FL
YY. Liberty Medical Supply 1 – Port St. Lucie, FL
ZZ. Liberty Medical Supply 2 – Port St. Lucie, FL
AAA. Owen & Minor Distribution, Inc. – Flower Mound, TX
BBB. Patient Care Medical – Irvine, CA
CCC. Philips Refurbished Systems – Highland Heights, OH
DDD. ResMed Corp. – Lithia Springs, GA
EEE. ResMed Corp. – Moreno Valley, CA
FFF. Whitley Home Medical Equipment – Hendersonville, NC

Applications for Nevada MDEG – Non Appearance

GGG. MBI, Inc. – Las Vegas
HHH. Numotion – Reno

Applications for Nevada Wholesaler – Non Appearance

III. MBI, Inc. – Las Vegas
JJJ. Metro Medical Supply – Reno

Applications for Nevada Pharmacy – Non Appearance

KKK. Aaron Pharmacy – Las Vegas
LLL. Great Basin Surgical Center – Elko
MMM. Horizon Specialty Hospital of Henderson – Henderson
NNN. Horizon Specialty Hospital of Las Vegas – Las Vegas
OOO. Las Vegas Infusion Pharmacy – Henderson
PPP. Rx2U, LLC – Las Vegas
Mr. Wuest informed the Board that Avella of Deer Valley (Item KK) and Unique Pharmaceuticals (Item TT) are 503B pharmacies that provide sterile compounding. The applications were pulled from the agenda. Board Staff will notify those pharmacies that an appearance before the Board is required.

Acting President Basch disclosed that he is acquainted with the owner of Aaron Pharmacy (Item KKK).

**Board Action:**

**Motion:** Cheryl Blomstrom moved to approve the Consent Agenda applications with the exception of Avella of Deer Valley (Item KK) and Unique Pharmaceuticals (Item TT).

**Second:** Jason Penrod

**Action:** Passed Unanimously

4. **Discipline**

   A. Jena Jeppson Schroder, R.Ph (14-061-RPH-A-N)
   B. Belinda E. Hubkey, R.Ph (14-061-RPH-B-N)
   C. Walgreens #04788 (14-061-PH-N)

Ms. Pederson recused from participation in this matter due to her employment with Walgreens.

Mr. Desmond disclosed that Ms. Schroder worked for him in the past and he is also acquainted with her family.

Mr. Penrod disclosed that Ms. Schroder and Ms. Hubkey are employed by Walmart, his current employer.

Hal Taylor was present representing Ms. Schroder. William Stilling was present representing Ms. Hubkey and Walgreens.

Mr. Taylor and Mr. Stilling offered no objection to Mr. Desmond and Mr. Penrod's participation in this matter.

Jenae Schroder, pharmacist, Belinda Hubkey, pharmacist, and Tom Bui, Walgreens Area Health Manager, appeared and were sworn by Acting President Basch prior to answering questions or offering testimony.

Mr. Edwards explained that two separate stipulations will be presented. Both stipulations involve the same set of facts in that a prescription for Focalin XR 10 mg.
capsules was dispensed with instructions to take four (4) capsules by mouth daily rather than with instructions to take one (1) capsule by mouth daily as prescribed.

Mr. Edwards presented a Stipulation and Order regarding Ms. Schroder for the Board's consideration. Ms. Schroder admits that evidence exists to establish a factual basis for the violations alleged in the Accusation that she failed to detect the error during the verification process of the prescription, and she failed to act upon the drug utilization review (DUR) alert that the dosage entered exceeds the recommended pediatric dosage.

Ms. Schroder shall pay a fine of $1,500.00 and complete one CE on the topic of safe workflow procedures, two CEs on proper prescription verification techniques, and one CE on effective drug utilization review.

Ms. Schroder testified that she has changed her practice and now double checks DUR alerts, and if she is still unsure, she contacts the prescriber.

**Board Action:**

**Motion:** Cheryl Blomstrom moved to accept the Stipulation and Order as presented.

**Second:** Kevin Desmond

**Action:** Passed Unanimously

Mr. Edwards presented a Stipulation and Order regarding Ms. Hubkey and Walgreens for the Board's consideration. The Respondents admit that evidence exists to establish a factual basis for the violations alleged in the Accusation that Ms. Hubkey failed to detect during counseling that the dosing instructions for the prescription for Focalin XR 10 mg. capsules were incorrect.

Ms. Hubkey shall pay a fine of $750.00, complete two CEs on the topic of proper prescription verification techniques and one CE on the elements of counseling. Walgreens will review with and retrain each pharmacist in Walgreen #4788's district on Walgreens' policies and procedures regarding drug utilization review and counseling and pay an administrative fee of $495.00.

Ms. Hubkey testified that she has changed her standard of practice related to counseling. At patient pickup, she uses the "show and tell" method verifying the correct patient, medication, instructions, and quantity.

**Board Action:**

**Motion:** Jason Penrod moved to accept the Stipulation and Order as presented.
Second: Cheryl Blomstrom

Action: Passed Unanimously

D. Phuong Quynh Doan, R.Ph (14-076-RPH-A-N)
E. Susan Blair, R.Ph (14-076-RPH-B-N)
F. Kenny Hoa Pham, R.Ph (14-076-RPH-C-N)
G. Mailani Espiritu, R.Ph (14-076-RPH-D-N)
H. Walgreens #11227 (14-076-PH-N)

Phuong Doan, pharmacist, Susan Blair, pharmacist, Mailani Espiritu, pharmacist, Tom Bui, Area Health Manager, and Delmi Zelaya, pharmaceutical technician, appeared and were sworn by Acting President Basch prior to answering questions or offering testimony.

Tallie Pederson recused from participation due to her employment with Walgreens.

Bill Stilling and Michael Simcoe were present representing Walgreens and all Respondents.

Mr. Edwards moved to have Exhibits 1, 3, 4, 5 and 6 admitted. Mr. Stilling moved to have Exhibits WB and WC admitted. Acting President Basch accepted the Exhibits into the record.

Mr. Edwards explained that Exhibits 2 and WA were withheld. Mr. Edwards stated that Exhibits 2 and WA are copies of the patient's prescription history. Both Mr. Edwards and Mr. Stilling agreed that the Exhibits were not necessary for the hearing.

Mr. Edwards presented a Stipulation and Order regarding Ms. Doan and Walgreens for the Board's consideration. The Respondents admit that evidence exists to establish a factual basis for the violations alleged in the Accusation that while employed by Walgreens Pharmacy, Ms. Doan failed to detect the error in the strength of the Brintellix 20 mg. tablets, rather than Brintellix 5 mg. tablets as prescribed, during the data verification process.

Ms. Doan shall pay a fine of $500.00, and complete one hour CE on the topic of safe workflow procedures, and one hour CE on the topic of data verification techniques. Walgreens pharmacy shall pay an administrative fee of $495.00.

Mr. Stilling stated that he is in agreement with the Stipulation and Order.

Ms. Doan stated that she was relieved that no harm came to the patient. She explained that this experience has encouraged her to slow down and double check all of her work.

Board discussion ensued regarding the importance of the pharmaceutical technicians taking time to verify their work.
Board Action:

Motion: Cheryl Blomstrom moved to accept the Stipulation and Order as presented.

Second: Kirk Wentworth

Action: Passed unanimously

Mr. Stilling stated that Mr. Pham requested his hearing be postponed to the July meeting due to medical reasons. Acting President Basch accepted the request.

Mr. Edwards explained that after Ms. Doan failed to detect the error, the prescription went into a holding status pending resolution of insurance issues. The Audit/Board of Pharmacy Report (Report) indicated that Mr. Pham entered a Drug Utilization Review (DUR) on August 22, 2014, which will be discussed at the July meeting.

Mr. Edwards stated that subsequent to the DUR alert, the prescription went to Ms. Blair to perform the product verification. Ms. Blair failed to detect that the prescription bottle contained Brintellix 20 mg. tablets rather than the Brintellix 5 mg. tablets as prescribed. Ms. Blair approved the prescription as accurate and complete and staged the final product for pickup. The Report indicated that Pharmacist Espiritu attempted to counsel and that the patient declined.

Mr. Stilling explained that based on the design of Walgreens pharmacy computer system and procedures, he disputed Ms. Blair and Ms. Espiritu's responsibility for the error.

Mr. Edwards called Joseph Depczynski as a witness. Mr. Depczynski, Inspector/Investigator for the Nevada State Board of Pharmacy, appeared and was sworn by Acting President Basch before answering questions or offering testimony.

Mr. Depczynski testified that on October 22, 2014, Board Staff received a complaint from a registered nurse at the Nevada Mental Health Institute. Mr. Depczynski explained that he contacted the pharmacy manager at Walgreens to request the original prescription, patient profile, counselling record, work schedule and the identities of those who had any involvement with filling the prescription (Exhibit 1,3,4,5 & 6).

Mr. Depczynski responded to questions by Mr. Edwards and Mr. Stilling regarding the Exhibits and the procedure he followed while investigating this case.

Mr. Stilling called Tom Bui as a witness.
Mr. Bui responded to questions by Mr. Stilling regarding the Exhibits. Mr. Bui clarified that in Exhibit 3, the “A” indicates that the prescription had a mandatory Counselling Application Program (CAP) block at the register for counseling on a new prescription, rather than indicating that the patient had accepted counseling. Mr. Bui provided more information on the Walgreens computer system.

Mr. Stilling presented Exhibit WC to Mr. Bui. Mr. Bui provided more information regarding Walgreens computer system, as well as clarifying the pharmacists’ responsibilities at each step of filling a prescription.

Mr. Edwards noted that prior to the hearing, Board Staff had not been presented Exhibits WB and WC. He stated that due to their relevance, he did not object to their use in this hearing.

Mr. Bui responded to questions by Mr. Edwards regarding Walgreens’ computer system and procedure. Mr. Bui explained that Walgreens compartmentalizes each task during a prescription fill, and that each pharmacist is designated a task during the filling of a prescription. The design of the system is to have each pharmacist focus on verifying their specific part of the prescription instead of going back to the beginning each time a new pharmacist handles the prescription. He stated that Walgreens only holds each pharmacist accountable for the part(s) of the prescription they signed off on.

Mr. Stilling called Ms. Blair as a witness.

Ms. Blair responded to questions by Mr. Stilling regarding her procedure and responsibilities during the product review stage of prescription filling.

Acting President Basch granted a recess for counsel to discuss the new information presented with Board Staff.

Mr. Edwards moved to dismiss the Fourth Cause of Action regarding Ms. Espiritu's involvement. Mr. Edwards stated that based on the evidence provided, it appears counselling was declined. Acting President Basch accepted the motion.

Ms. Blair answered questions to the Board's satisfaction regarding her experience with Walgreens system and procedure.

**Board Action:**

**Motion:** Jason Penrod moved to find Ms. Blair not guilty under the Third Cause of Action.

**Second:** Cheryl Blomstrom

**Action:** Passed Unanimously
I. Leslie Ann McLaughlin, PT (15-024-PT-N)

Mr. Desmond recused himself from participation in this matter due to his employment with Renown Health. Ms. McLaughlin was employed at Renown Health at the time of the incident.

Leslie Ann McLaughlin appeared and was sworn by Acting President Basch prior to answering questions or offering testimony.

Mr. Edwards moved to have Exhibit 1 admitted. Acting President Basch accepted Exhibit 1 into the record.

Mr. Edwards explained that Board Staff received notification from Renown Regional Medical Center’s Pharmacy Clinical Manager that during a drug screen on April 17, 2015, Ms. McLaughlin tested positive for cocaine metabolite. Renown provided Board Staff a copy of Ms. McLaughlin’s positive test result.

Mr. Wuest informed the Board that Ms. McLaughlin met with Board Staff and signed a statement that she would not work in a pharmacy until this matter was heard at the Board meeting. Board Staff advised Ms. McLaughlin to contact PRN-PRN for an evaluation.

Ms. McLaughlin testified that after having drinks with friends, she used cocaine with them. She said she realized at the time that she had made a bad choice and will never do it again. She also admitted to trying cocaine as a teenager. Ms. McLaughlin stated that she has been a pharmaceutical technician for over ten years and asked the Board to consider giving her a second chance. Ms. McLaughlin was evaluated by PRN-PRN on May 15, 2015, however, Board Staff did not receive a copy of the evaluation.

Acting President Basch called a brief recess in order for Board Staff to obtain a copy of the evaluation.

Mr. Wuest reported that the PRN-PRN ATOD Screening Results recommended follow-up screening for substance abuse.

Mr. Edwards stated that the testimony and evidence provided supports a finding of guilt.

**Board Action:**

**Motion:** Cheryl Blomstrom moved to find Leslie Ann McLaughlin guilty in the First Cause of Action.
Second: Jason Penrod
Action: Passed Unanimously

Mr. Edwards offered penalty recommendations for the Board’s consideration.

Board Action:

Motion: Cheryl Blomstrom moved to revoke Leslie Ann McLaughlin’s pharmaceutical technician registration. The revocation is stayed and the registration is suspended subject to the following conditions:

- a positive report from PRN-PRN that Ms. McLaughlin is safe to practice in a Nevada pharmacy.
- Ms. McLaughlin is required to enter into a two-year contract with PRN-PRN to include random drug screenings. Board Staff may evaluate the PRN-PRN report and determine if Ms. McLaughlin is safe to practice.

Second: Tallie Pederson
Action: Passed Unanimously

5. Application for Controlled Substance License

Arlyn M. Valencia, MD

Arlyn Valencia appeared and was sworn by Acting President Basch prior to answering questions or offering testimony.

Dr. Valencia disclosed on her renewal application that the Nevada State Board of Medical Examiners (BME) took disciplinary action against her medical license. The BME summarily suspended Dr. Valencia’s license on August 21, 2014, based on positive toxicology results. The BME lifted the summary suspension with conditions on March 6, 2015.

Dr. Valencia testified that she developed a dependency to Fioricet following injuries sustained in a hiking accident. Dr. Valencia entered a residential treatment center and was successfully discharged on September 29, 2014. She then entered into a five year contract with the Nevada Professionals Assistance Program (NPAP) and is currently participating in the program. Dr. Valencia stated that she is a stroke specialist and has practiced neurology for twenty years. In order to treat hospitalized patients, she is required to be registered with the DEA.

Dr. Peter Mansky, NPAP Executive Director, submitted a letter to Board Staff supporting Dr. Valencia’s ability to practice safely and effectively on the basis of her
recovery. Dr. Mansky indicated that Dr. Valencia is dedicated to her ongoing recovery, is closely monitored by NPAP and fully compliant with the program.

Dr. Valencia answered questions to the Board's satisfaction.

**Board Action:**

**Motion:** Cheryl Blomstrom moved to approve Arlyn M. Valencia's Application for Controlled Substance License.

**Second:** Jason Penrod

**Action:** Passed Unanimously

6. Application for Pharmacist License by Examination

Michael T. Peters

Michael Peters appeared and was sworn by Acting President Basch prior to answering questions or offering testimony.

Mr. Peters disclosed on his application that he had been the subject of discipline by the California State Board of Pharmacy. At the time of the discipline, Mr. Peters owned and operated Country Club Pharmacy.

In November 2013, the California Board adopted a Decision and Order (Order) in Case 4334 regarding Mr. Peters. Based on an anonymous complaint, the California Board conducted an audit on Country Club Pharmacy. The audit findings revealed a shortage of 146,220 doses of various controlled substances. Mr. Peters was not able to provide records or documentation to account for the discrepancies. Mr. Peters was cited and fined for additional violations including: failure to report controlled substance data to CURES; dispensing errors; failure to have written policies and procedures; failure to follow technician ratio; furnishing controlled substances without a prescription; and signing a false DEA 106 form. Based on the findings of the investigation, the California Board revoked Mr. Peter's pharmacist license.

Mr. Peters testified that the missing controlled substances were a result of a robbery at Country Club Pharmacy. In addition to drugs, the robbers took all of the controlled substance records.

Mr. Peters addressed several questions posed by the Board.

Mr. Wuest advised the Board that Mr. Peters submitted an Application for Pharmacist License by Examination to the Arizona State Board of Pharmacy in 2014 and was denied.
The Board discussed concerns regarding the multiple citations. Due to the many unresolved issues, the Board did not feel Mr. Peters is safe to work in a Nevada Pharmacy.

**Board Action:**

**Motion:** Kevin Desmond moved to deny Michael Peters' Application for Pharmacist License by Examination.

**Second:** Jason Penrod

**Action:** Passed Unanimously

7. Application of Out-of-State Wholesaler

   Alexso Inc. – Los Angeles, CA

Postponed to a future meeting at the applicant's request.

8. Application for Nevada Wholesaler

   Terrain Pharmaceuticals – Reno

Nicholas Nading, manager, and James Maher, co-owner, appeared and were sworn by Acting President Basch prior to answering questions or offering testimony.

Mr. Maher explained that Terrain Pharmaceuticals is expanding its business to include legend drugs excluding controlled substances. Terrain pharmaceuticals has licensing arrangements with generic manufacturers to assist with their product distribution.

Mr. Wuest advised the Board that Mr. Nading and Mr. Maher proactively met with Board Staff to discuss their business model.

Mr. Nading and Mr. Maher answered questions to the Board's satisfaction.

**Board Action:**

**Motion:** Jason Penrod moved to approve Terrain Pharmaceutical's Application for Nevada Wholesaler pending a satisfactory inspection.

**Second:** Kevin Desmond

**Action:** Passed Unanimously

9. Application for Nevada MDEG
GraEagle Construction – Las Vegas

Postponed to the July 2015 meeting at the applicant’s request.

10. Applications for Out-of-State Compounding Pharmacy

A. CGS Pharmacy, LLC – Rockville, MD

Carl Isenberg, managing pharmacist, appeared and was sworn by Acting President Basch prior to answering questions or offering testimony. Mr. Isenberg did not have a letter from the owner authorizing him to speak on behalf of the company. The Board agreed to review the application.

Mr. Isenberg explained that CGS Pharmacy specializes in sterile and non-sterile compounding products primarily weight loss products. All products are patient specific. CGS Pharmacy is currently licensed in fifteen states. A copy of the October 2014 inspection report was included with the application.

Mr. Isenberg answered questions to the Board’s satisfaction.

Board Action:

Motion: Cheryl Blomstrom moved to approve CGS Pharmacy’s Application for Out-of-State Compounding Pharmacy.

Mr. Desmond offered a friendly amendment to pend approval of the application until receipt of a letter from the owner that Mr. Isenberg is authorized to speak on behalf of the company.

Ms. Blomstrom accepted the friendly amendment.

Second: Kevin Desmond

Action: Passed Unanimously

B. JJ Trinity Compounding Pharmacy – Valencia, CA

Rescheduled to a future meeting at the applicant’s request.

11. Election of Officers

Leo Basch was elected by ballot to serve as the Board President.

12. General Counsel Report

Legislative Update
Mr. Edwards provided an update on the Legislative session to the Board’s satisfaction.

Mr. Edwards advised the Board that Board Staff and Dr. Maryanne Phillips have reached a settlement agreement. Subsequent to the agreement, Dr. Phillips dismissed the Supreme Court appeal. Dr. Phillips will be required to appear before the Board to request consideration for a Nevada controlled substance registration. The Board will have full discretion to do as it deems appropriate.

13. Executive Secretary Report
   A. Financial Report
   Mr. Wuest presented the financials to the Board’s satisfaction.
   B. Temporary Licenses
   Seven temporary licenses were granted since the last meeting.
   C. Staff Activities
      1. Presentations:
         a. CE:
         1. Kiwanis’s
         Mr. Edwards presentation to this group was well received. They have requested additional presentations to other Kiwanis clubs.
         2. NVSHP/Renown
         Mr. Wuest’s presentation was well attended by pharmacists and physicians.
         3. Fallon
         Mr. Pinson and Mr. Depczynski conducted a presentation at Banner Hospital.
         2. NGA Policy Academy on Rx Drug Abuse Summit
         Mr. Pinson is at the National Governors Association Center for Best Practices in Vermont. The meeting will provide an opportunity to discuss projects to reduce prescription drug abuse.
         3. Certified Public Manager Program Graduation
The Nevada Certified Public Manager Program is a two-year professional development course that offers public leaders an opportunity to enhance their leadership capabilities.

Mr. Wuest graduated from the program on May 27, 2015. The graduation ceremony was held at the Capitol Building in Carson City. Governor Sandoval presented the graduates with their diplomas.

Mr. Edwards has been accepted to this program and will begin his courses in June.

D. Reports to Board

1. Collaborative Efforts:
   
a. BOME; BON; BOVME

2. National Governor's Association Meeting on Rx Drug Abuse

The meetings are now conducted on a weekly basis.

3. Passage of SB 459

a. Our Role & What it Means for Pharmacists

Mr. Edwards updated the Board on the passage of SB459 (Prescription Drug Abuse). Regulations related to the bill will be developed by this Board.

4. Mike's Pharmacy; 4th Monitoring Report: Affiliated Monitors

Mr. Wuest reported that Mike's Pharmacy received a positive fourth quarter report.

E. Board Related News

1. NABP Annual Meeting Debrief

The annual meeting was held in New Orleans in May. Many of the Board members attended and found the programs to be beneficial.

2. Patient Safety & Medical Error Prevention for Pharmacy

Nevada will have access to two online CE courses through the Oregon State University College of Pharmacy. Mr. Basch and Mr. Wuest will review the available courses and select two of the most beneficial modules for Nevada. The online CE is currently being used by some states as part of the disciplinary action against a pharmacist's license.

F. Activities Report
14. Public Hearing

Amendment of Nevada Administrative Code 453.540 Schedule IV. Because of potential abuse of certain unregulated products, law enforcement has requested that the Board of Pharmacy add additional compounds to Schedule IV.

The proposed amendment will add Suvorexant to the list of Schedule IV substances.

Acting President Basch opened the Public Hearing.

There was no public comment.

Acting President Basch closed the Public Hearing.

Board Action:

Motion: Kirk Wentworth moved to adopt the regulation as amended.

Second: Jason Penrod

Action: Passed Unanimously

15. Workshop

Amendment of Nevada Administrative Code 639.926 Transmission of information regarding dispensing of controlled substances to certain persons. Amends the rule that presently establishes frequency of the controlled substance information transmitted to the Board. Amendment will improve the timeliness of the date to improve the quality of the data provided to practitioners and pharmacies pursuant to NRS 453.1545 and SB459.

Governor Sandoval signed into law SB459. The bill requires each person who dispenses a controlled substance to upload certain information to the database of the Prescription Monitoring Program (PMP) not later than the end of the next business day after dispensing the controlled substance. The information must be transferred by means of a manual entry or zero report.

The proposed amendment is consistent with the intent of the statute.

Joe Dodge, General Manager, Option Care, submitted written public testimony expressing concern regarding the requirement to the daily reporting of a zero report.
Board Staff will contact Mr. Dodge and address his concerns.

Board Action:

Motion: Cheryl Blomstrom moved to adopt the proposed amendment and move forward to Public Hearing.

Second: Kirk Wentworth

Action: Passed Unanimously

16. Next Board Meeting:

July 22-23, 2015 – Las Vegas

17. Public Comment

Lurena Durante, Milan Institute, thanked the Board for allowing the students to attend the meeting.
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH____

Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7    ☐ Partnership – Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7    ☑ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: ABC PHARMACY

Physical Address: 7974 HAVEN AVE. #120

Mailing Address: 7974 HAVEN AVE. #120

City: RANCHO CUCAMONGA    State: CA    Zip Code: 91730

Telephone: 909-285-1118    Fax: 909-285-1119

Toll Free Number: 877-222-4598 (Required per NAC 639.708)

E-mail: ABCUCAMONGA@GMAIL.COM    Website: N/A

Managing Pharmacist: JONATHAN CHAN    License Number: CA63648

<table>
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<tr>
<td>☑ Ambulatory Surgery Center</td>
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<tr>
<td>☑ Community</td>
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<tr>
<td>☑ Other: _____________________________</td>
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**If you check “yes” on any of these types of services, you will be required to make an appearance at the board meeting,**
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☐ Non Publicly Traded Corporation – Pages 1,2,4,7  ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership
Pharmacy Name: Avella of Orlando, Inc.
Physical Address: 100 Technology Park Suite 155, Lake Mary, FL 32746
Mailing Address: 1606 W. Whispering Wind Drive
City: Phoenix State: AZ Zip Code: 85085
Telephone: 407-942-0080 Fax: 407-942-0085
Toll Free Number: 877-296-3177 (Required per NAC 639.708)
E-mail: Deborah-Rayburn@Avella.com Website: Avella.com
Managing Pharmacist: Heather M. Mann License Number: P537958

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No
☐ ☐ Retail
☐ ✔ Hospital (# beds ___)
☐ ✔ Internet
☐ ☐ Nuclear
☐ ☐ Ambulatory Surgery Center
☐ ☐ Community
☐ ☐ Other: ___________________

All boxes must be checked
For the application to be complete

Yes/No
☐ ☐ Off-site Cognitive Services
☐ ☐ Parenteral **
☐ ☐ Parenteral (outpatient)
☐ ☐ Outpatient/Discharge
☐ ☒ Mail Service
☐ ☐ Long Term Care
☐ ☐ Sterile Compounding **
☐ ☐ Non Sterile Compounding
☐ ☐ Mail Service Sterile Compounding **
☐ ☐ Other Services: ___________________

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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Care Partners Medical, LLC
Physical Address: 5055 Swamp Rd Suite 202 Fountainville PA 18923-0106
Mailing Address: 5055 Swamp Rd Suite 202
City: Fountainville State: PA Zip Code: 18923-0106
Telephone: (267) 880-6578 Fax: (267) 880-6729
Toll Free Number: (844) 257-1371 (Required per NAC 639.708)
E-mail: mfin@hypicare.com Website: www.carepartnersmedical.com
Managing Pharmacist: Michael J Finel License Number: LP042749L

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☐ Non Publicly Traded Corporation – Pages 1,2,4,7
☐ Partnership – Pages 1,2,5,7
☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CZ Services Inc DBA CareZone Pharmacy

Physical Address: 860 Harbour Way S., Suite E, Richmond, CA 94804

Mailing Address: P.O. Box 1827

City: Richmond
State: CA
Zip Code: 94802

Telephone: 844-792-2739
Fax: 888-879-8024

Toll Free Number: 844-792-2739 (Required per NAC 639.708)

E-mail: pharmacists@carezone.com
Website: https://carezone.com/rx

Managing Pharmacist: Holly Krauss
License Number: CA RPH 52802

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No
☐ ☐ Retail
☐ ☐ Hospital (# beds ____)
☐ ☑ Internet
☐ ☐ Nuclear
☐ ☐ Ambulatory Surgery Center
☐ ☐ Community
☐ ☐ Other: _______________________

All boxes must be checked
For the application to be complete

Yes/No
☐ ☑ Off-site Cognitive Services
☐ ☑ Parenteral **
☐ ☑ Parenteral (outpatient)
☐ ☑ Outpatient/Discharge
☐ ☑ Mail Service
☐ ☑ Long Term Care
☐ ☑ Sterile Compounding **
☐ ☑ Non Sterile Compounding
☐ ☐ Mail Service Sterile Compounding **
☐ ☑ Other Services: compliance packaging

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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Dunn Meadow, LLC DBA Dunn Meadow Pharmacy

Physical Address: 1555 Center Ave, First Floor, Fort Lee, NJ 07024

Mailing Address: 1555 Center Ave, First Floor

City: Fort Lee  State: NJ  Zip Code: 07024

Telephone: 301-749-3605  Fax: 301-749-3455

Toll Free Number: 1-844-261-8100 (Required per NAC 639.708)

E-mail: dan@dunnmeadow.com  Website: www.dunnmeadow.com

Managing Pharmacist: Randall Novak  License Number: 28RIO3799300

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Yes/No

| Off-site Cognitive Services | ☑ |
| Parenteral                  | ☑ |
| Parenteral (outpatient)     |    |
| Outpatient/Discharge        |    |
| Mail Service                | ☑ |
| Long Term Care              |    |
| Sterile Compounding         | ☑ |
| Ncn Sterile Compounding     |    |
| Mail Service Sterile Compounding | ☑ |
| Other Services              |    |

All boxes must be checked  
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☐ Non Publicly Traded Corporation - Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership
Pharmacy Name: HEALTH PARTNERSRefill CENTER PHARMACY
Physical Address: 9700 WEST 76th STREET
Mailing Address: Same as above
City: Eden Prairie State: MN Zip Code: 55344
Telephone: 612.623.4002 Fax: 952.833.0480
Toll Free Number: 1-800-591-0011 (Required per NAC 639.708)
E-mail: Steven.L.Vollmer@healthpartners.com Website: www.healthpartners.com/public/pharmacy
Managing Pharmacist: Steven L. Vollmer License Number: 110117: MN

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<td>☑ ☐ Other: Mail Order</td>
<td>☐ Sterile Compounding **</td>
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☐ Publicly Traded Corporation: Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7

☐ Non Publicly Traded Corporation: Pages 1,2,4,7 ☐ Sole Owner: Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Liberty Medical, LLC d/b/a Liberty Medical Supply

Physical Address: 8881 Liberty Lane, Port Saint Lucie, FL 34952

Mailing Address: 8881 Liberty Lane, ATTN: Licensing Dept.

City: Port Saint Lucie State: FL Zip Code: 34952

Telephone: (772) 398-5600 Fax: (877) 592-8466

Toll Free Number: (800) 491-3276 (Required per NAC 639.708)

E-mail: libertylicensing@libertymedical.com Website: www.libertymedical.com

Managing Pharmacist: Phillip Monaco, RPh. License Number: PS23490

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☐ Non Publicly Traded Corporation - Pages 1,2,4,7  ☐ Sole Owner - Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Liberty Medical, LLC d/b/a Liberty Medical Supply

Physical Address: 2157 Apperson Drive, Salem, VA 24153

Mailing Address: 8881 Liberty Lane, ATTN: Licensing Dept.

City: Port Saint Lucie State: FL Zip Code: 34952

Telephone: (540) 777-0000 Fax: (540) 777-0015

Toll Free Number: (800) 467-8546 (Required per NAC 639.708)

E-mail: libertylicensing@libertymedical.com Website: www.libertymedical.com

Managing Pharmacist: Susan Sink, RPh. License Number: 0202012034

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No ☐ Retail
☐ Hospital (# beds ____)
☐ Internet
☐ Nuclear
☐ Ambulatory Surgery Center
☐ Community
☐ Other: ___________________

All boxes must be checked For the application to be complete

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

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☐ Non Publicly Traded Corporation – Pages 1, 2, 4, 7  ☐ Sole Owner – Pages 1, 2, 6, 7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Pet360 Pharmacy, LLC
Physical Address: 2815 Watterson Trail
Mailing Address: Same as above
City: Louisville State: KY Zip Code: 40299
Telephone: (502) 716-7301 Fax: (866) 253-0274
Toll Free Number: (877) 738-3663 (Required per NAC 639.708)
E-mail: jmills@pet360.com Website: www.pet360.com
Managing Pharmacist: Justin Mills License Number: 014926

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<td>☐  □ Other Services: Veterinary Prescriptions</td>
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☑ Non Publicly Traded Corporation – Pages 1,2,4,7       ☐ Sole Owner – Pages 1,2,6,7

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

Pharmacy Name: **River Medical Pharmacy Inc**

Physical Address: **4752 Research Drive**

Mailing Address: **4752 Research Drive**

City: **San Antonio** State: **TX** Zip Code: **78240**

Telephone: **210-877-4180** Fax: **210-877-4202**

Toll Free Number: **800-617-1490** (Required per NAC 639.708)

E-mail: **info@rivermedicalrx.com** Website: **www.rivermedicalrx.com**

Managing Pharmacist: **Heather Anne Mulvihill, PharmD** License Number: **34835-TX**

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<tr>
<td>☑ Other: ____________________________</td>
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</tbody>
</table>

All boxes must be checked
For the application to be complete

**Yes/No**

☑ Off-site Cognitive Services

☑ Parenteral  **

☑ Parenteral (outpatient)

☑ Outpatient/Discharge

☑ Mail Service

☑ Long Term Care

☑ Sterile Compounding  **

☑ Non Sterile Compounding

☑ Mail Service Sterile Compounding  **

☑ Other Services: ________________

**If you check “yes” on any of these types of services, you will be required to make an appearance at the board meeting,**
NEVADA STATE BOARD OF PHARMACY  
431 W Plumb Lane – Reno, NV  89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy  
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☐ Publicly Traded Corporation – Pages 1,2,3,7  ☐ Partnership - Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7  ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: TMT INTERNATIONAL PHARMACEUTICAL CORP (DBA: AAA COMPOUNDING PHARMACY)
Physical Address: 7921 WESTMINSTER BLVD,
Mailing Address: 7921 WESTMINSTER BLVD

City: WESTMINSTER State: CA Zip Code: 92683

Telephone: 714-988-6688 Fax: 714-677-2400

Toll Free Number: 1-888-686-0646 (Required per NAC 639.708)
E-mail: TUANTRAN3000@GMAIL.COM Website: AAACOMPOUNDINGPHARMACY.COM

Managing Pharmacist: TUAN TRAN License Number: 60806 (CA)

TYPE OF PHARMACY AND SERVICES PROVIDED

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☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership
Pharmacy Name: Allure Pharmacy
Physical Address: 11670 San Vicente Blvd. #A
Mailing Address: 11670 San Vicente Blvd. #A
City: Los Angeles State: CA Zip Code: 90049
Telephone (310) 826-1111 Fax: (310) 826-1115
Toll Free Number: (213)323-5111 (Required per NAC 639.708)
E-mail: info@allurepharmacyla.com Website: www.allurepharmacyla.com
Managing Pharmacist: Behdad Koochekzadeh License Number: 55014

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☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
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☐ Non Publicly Traded Corporation – Pages 1, 2, 4, 7  ☐ Sole Owner – Pages 1, 2, 6, 7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: B & E Pharmaceuticals, Inc.  
Physical Address: 63-52 Woodhaven Blvd, Rego Park, NY 11374  
Mailing Address: 63-52 Woodhaven Blvd  
City: Rego Park  
State: NY  
Zip Code: 11374  
Telephone: 718-651-1000  
Fax: 718-476-3776

Toll Free Number: 855-651-1112  
(Required per NAC 639.708)  
E-mail: bandeepharm@aol.com  
Website: N/A  
Managing Pharmacist: Bruce Charles Snipas  
License Number: 033864

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☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☑ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Heartland LLC Pharmacy
Physical Address: 8455 W. Emerald St, Boise, ID 83704
Mailing Address: 1790 Sabin Dr., Ammon, ID 83406
City: ___________________ State: _______________ Zip Code: __________
Telephone: 208-323-0067 Fax: 208-323-8832
Toll Free Number: 1-877-576-6777 (Required per NAC 639.708)
E-mail: andrea@pharmcasery.com Website: pharmcasery.com
Managing Pharmacist: Shawn White License Number: P5584

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[ ] Non Publicly Traded Corporation – Pages 1,2,4,7  [ ] Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name:  MACDILL PHARMACY

Physical Address:  2800 N MACDILL AVE #C

Mailing Address:  

City:  TAMPA  State:  FL  Zip Code:  33607

Telephone:  844.617.2522  Fax:  813.870.6904

Toll Free Number:  844.617.2522  (Required per NAC 639.708)

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

Managing Pharmacist:  AGNES PARK  License Number:  PH26103

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☐ Non Publicly Traded Corporation – Pages 1,2,4,7  ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Manhasset Park Drug Corp

Physical Address: 290 Plandome Rd

Mailing Address: 290 Plandome Rd

City: Manhasset  State: NY  Zip Code: 11030

Telephone: 516-869-0101  Fax: 516-869-6799

Toll Free Number: 844-253-0100 (Required per NAC 639.708)

E-mail: ____________________________  Website: ____________________________

Managing Pharmacist: Lewis Leiss  License Number: 030528

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☐ Non Publicly Traded Corporation – Pages 1,2,4,7
☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Marin Wellness Pharmacy
Physical Address: 55 Mitchell Blvd Suite 11
Mailing Address: Same as above
City: San Rafael State: California Zip Code: 94903
Telephone: (415) 521-1555 Fax: (415) 299-8619
Toll Free Number: 800-415-1555 (Required per NAC 639.708)
E-mail: mhaile@marinrx.com Website: N/A
Managing Pharmacist: Moussie Hailemarmam License Number: 60049

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[Boxes for New Pharmacy, Ownership Change, Publicly Traded Corporation,
Non Publicly Traded Corporation, Partnership, Sole Owner, and PH number]

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: NuFACTOR, Inc.
Physical Address: 1601 Old Greensboro Road, Suite B
Mailing Address: 1601 Old Greensboro Road, Suite B
City: Kernersville State: NC Zip Code: 27284
Telephone: 336-387-9141 Fax: 844-871-4770
Toll Free Number: 844-871-4773 (Required per NAC 639.708)
E-mail: rharrison@nufactor.com Website: www.nufactor.com
Managing Pharmacist: Robert Harrison License Number: 11764 NC

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☑ ☐ Other: Home Infusion

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88359
NEVADA STATE BOARD OF PHARMACY  
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☐ Non Publicly Traded Corporation – Pages 1,2,4,7  or  ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: GNC PHARMACY INC. D/B/A PHARMICARE  
Physical Address: 6031 ORION DRIVE SUITE 112 FORT MYERS, FL 33912  
Mailing Address: 6031 ORION DRIVE SUITE 112  
City: FORT MYERS State: FL Zip Code: 33912  
Telephone: 239-690-7900 Fax: 239-288-2578  
Toll Free Number: 844-804-4445 (Required per NAC 639.708)  
E-mail: DROVICEMPHARMICARE.COM  Website: WWW.MPHARMICARE.COM  
Managing Pharmacist: JOHN R DONSS License Number: PS38239

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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Pharma A Express
Physical Address: 1331 N.W. 14th Street, Suite 100, Miami, FL 33125
Mailing Address: 1331 N.W. 14th Street, Suite 100
City: Miami State: Florida Zip Code: 33125
Telephone: 305-325-4512 Fax: 305-325-4461
Toll Free Number: 1-888-558-2511 (Required per NAC 639.708)
E-mail: ggabriel@pharmaexpress.com Website: N/A
Managing Pharmacist: Dan Gardner, R.Ph. License Number: PS50037-Florida

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY AND SERVICES PROVIDED</th>
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</thead>
<tbody>
<tr>
<td>Yes/No</td>
</tr>
<tr>
<td>![ ] Retail</td>
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<tr>
<td>![ ] Hospital (# beds N/A)</td>
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<tr>
<td>![ ] Internet</td>
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<td>![ ] Nuclear</td>
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<tr>
<td>![ ] Ambulatory Surgery Center</td>
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<tr>
<td>![ ] Community</td>
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<tr>
<td>![ ] Other: N/A</td>
</tr>
<tr>
<td>![ ] Non Sterile Compounding</td>
</tr>
<tr>
<td>![ ] Other Services: N/A</td>
</tr>
</tbody>
</table>

All boxes must be checked
For the application to be complete

**If you check “yes” on any of these types of services, you will be required to make an appearance at the board meeting.
NEVADA STATE BOARD OF PHARMACY  
431 W Plumb Lane – Reno, NV 89509  
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE  
$500.00 Fee made payable to: Nevada State Board of Pharmacy  
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Application must be printed legibly or typed  
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Pharmacy or ☑ Ownership Change (Provide current license number if making changes: PH03335)  
☐ Publicly Traded Corporation – Pages 1,2,3,7  ☐ Partnership - Pages 1,2,5,7  
☐ Non Publicly Traded Corporation – Pages 1,2,4,7  ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Pharman Select Texas  
Physical Address: 1535 West Loop South Office Building Suite 319, Houston, Texas 77027  
Mailing Address: 1535 West Loop South Office Building Suite 319  
City: Houston  State: Texas  Zip Code: 77027  
Telephone: 832-250-6330  Fax: 713-619-1599  
Toll Free Number: 888-249-1322 (Required per NAC 639.708)  
E-mail: malkhan@ext-health.us  Website: www.pharmanselecttexas.com  
Managing Pharmacist: Hudson Keith Maxwell  License Number: 35022

<table>
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<tr>
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<th>SERVICES PROVIDED</th>
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<tbody>
<tr>
<td>Yes/No</td>
<td>☑</td>
<td>☑ Off-site Cognitive Services</td>
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<td>☑</td>
<td>☑</td>
<td>☑ Parenteral **</td>
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<td>☑</td>
<td>☑</td>
<td>☑ Parenteral (outpatient)</td>
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<td>☑</td>
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<td>☑</td>
<td>☑</td>
<td>☑ Mail Service Sterile Compounding **</td>
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<tr>
<td>☑</td>
<td>☑</td>
<td>☑ Other Services: Counseling</td>
</tr>
</tbody>
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For the application to be complete

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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509
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laws of the State of Nevada.

☐ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH02892
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: PJ's Pharmacy & Compounding

Physical Address: 3405 Kenyon St #107

Mailing Address: same

City: San Diego State: CA Zip Code: 92110

Telephone: (619) 223-5404 Fax: (619) 223-0546

Toll Free Number: (855) 698-2590 (Required per NAC 639.708)

E-mail: info@pj's-pharmacy.com Website: www.pjs-pharmacy.com

Managing Pharmacist: Marjolein Legge-Beekman License Number: 61344

<table>
<thead>
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<td>☑ Off-site Cognitive Services</td>
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New Pharmacy or Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.
Publicly Traded Corporation – Pages 1,2,3,7
☐ Partnership - Pages 1,2,5,7
Non Publicly Traded Corporation – Pages 1,2,4,7
☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Resource Pharmacy, Inc
Physical Address: 1535 S. D Street Suite 230
Mailing Address: 1535 S. D Street Suite 230
City: San Bernardino State: CA Zip Code: 92408
Telephone: (909)884-5555 Fax: (909)884-5454
Toll Free Number: 866-599-4799 (Required per NAC 639.708)
E-mail: syem@resource-rx.com Website: www.resource-rx.com
Managing Pharmacist: Xiaoyun Yang Peng License Number: RPH 68462

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<td>☐ ☐ Other: _________________</td>
<td>☐ ☐ Sterile Compounding **</td>
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</tr>
<tr>
<td>☐ ☐ Other Services: _________________</td>
<td>☐ ☐ Non Sterile Compounding</td>
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**New Pharmacy or Ownership Change** (Provide current license number if making changes: PH___)  
Check box below for type of ownership and complete all required forms.  
☐ Publicly Traded Corporation – Pages 1,2,3,7  
☐ Non Publicly Traded Corporation – Pages 1,2,4,7  
☐ Partnership – Pages 1,2,5,7  
☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Service Drugs

Physical Address: 680 Hwy 51 Suite G

Mailing Address: 680 Hwy 51 Suite G

City: Ridgeland  
State: Mississippi  
Zip Code: 39157

Telephone: 601-853-4611  
Fax: 601-853-0521

Toll Free Number: 1-844-853-4611  
(Required per NAC 639.708)

E-mail: servicedrugs@yahoo.com  
Website: 

Managing Pharmacist: Tommy Shields  
License Number: E07064

<table>
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| □ Yes/No  
| [ ] Retail  
| [ ] Hospital (# beds ___)  
| [ ] Internet  
| [ ] Nuclear  
| [ ] Ambulatory Surgery Center  
| [ ] Community  
| [ ] Non-Sterile Compounding  
| [ ] Other:  

All boxes in this section must be completed for the application to be processed.

Yes/No  

| □ Off-site Cognitive Services  
| □ Parenteral **  
| □ Parenteral (outpatient)  
| □ Outpatient/Discharge  
| □ Mail Service  
| □ Long Term Care  
| □ Sterile Compounding **  
| □ Non Sterile Compounding  
| □ Mail Service Sterile Compounding **  
| □ Other Services: ______________

**If you check “yes” on any of these types of services, you will be required to make an appearance at the board meeting,**
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
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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 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: BDI Pharma, Inc.

Physical Address: 3250 Story Rd. W STE 104 Irving, TX 75038

Mailing Address: 120 Research Drive

City: Columbia State: SC Zip Code: 29203

Telephone: 803-732-1018 Fax: 803-732-2066

Toll Free Number: 800-948-9834

E-mail: bdilicensing@bdipharma.com Website: www.bdipharma.com

Facility Manager: Richard Stiefel

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:

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

Page 1
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
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</table>

| ☑ 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: BioMarin Pharmaceutical Inc.

Physical Address: 46 Galli Drive, Novato, CA 94949

Mailing Address: 105 Digital Drive

City: Novato State: CA Zip Code: 94949

Telephone: 415-406-6700 Fax: 415-406-6425

Toll Free Number: N/A

E-mail: statelicensing@bmrn.com Website: www.bmrn.com

Facility Manager: Robert A. Baffi, Executive Vice President Technical Operations

Professional qualifications and experience of facility manager: more than 25 years experience managing pharmaceutical manufacturing, development, quality, GMP and GLP compliance and analytical chemistry departments. PhD, M.Phil and B.S. in biochemistry and MBA.

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:

☑ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices

☐ Poisons or Chemicals ☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA) ☐ Other: ____________________________

Page 1
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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☐ 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: Hygen Pharmaceuticals, Inc
Physical Address: 8635 154th Ave NE
Mailing Address: Same
City: Redmond State: WA Zip Code: 98052
Telephone: 425-451-9178 Fax: 425-451-8964
Toll Free Number: 877-630-9198
E-mail: compliance@hygenpharma.com Website: www.hygenpharma.com
Facility Manager: Nishit Mehta

Professional qualifications and experience of facility manager:

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:

☐ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other:

☐ Hypodermic Devices
☐ Veterinary Legend Drugs

Page 1
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
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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
☐ Non Publicly Traded Corporation ☐ Pages 1, 2, 3, 5a, 5b
☐ Partnership - Pages 1, 2, 3, 6
☐ 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: Independence Pharmaceuticals, LLC
Physical Address: 10 West 4th Street, Newport, KY 41071
Mailing Address: 10 West 4th Street
City: Newport State: KY Zip Code: 41071
Telephone: 513-290-0946 Fax: 866-653-7051
Toll Free Number: N/A
E-mail: Stefan@independencepharma.com Website: www.independencepharma.com
Facility Manager: Stefan Antonsson, Director
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:
☑ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☑ Controlled Substances (include copy of DEA) ☐ Other: ____________________________

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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
$500.00 Fee made payable to: Nevada State Board of Pharmacy
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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
☐ Limited Liability Company
☐ 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: Leading Pharma, LLC

Physical Address: 3-G Oak Rd., Fairfield, NJ 07004

Mailing Address: 3-G Oak Rd.

City: Fairfield State: NJ Zip Code: 07004

Telephone: 973-276-9600 Fax: 973-276-9656

Toll Free Number: __________________________

E-mail: jmccinerney@leadingpharma.com Website: www.leadingpharma.com

Facility Manager: Rasik Gondalia

Professional qualifications and experience of facility manager: Mr. Gondalia has held supervisory positions for over 20 years in the pharmaceutical industry, in particularly supervising the manufacturing, storage and distribution of both non-controlled and controlled prescription drugs, as well as compliance with DEA and state regulations relating to controlled substances.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: pharmacy chains and distribution centers

Type of Products to be handled or wholesaled be 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
☐ Non Publicly Traded Corporation □ Pages 1,2,3,5a,5b
☐ Partnership - Pages 1,2,3,6
☐ 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: Sarepta Therapeutics, Inc.
Physical Address: 215 First Street, Suite 415
Mailing Address: 215 First Street, Suite 415, Cambridge, MA 02142
City: Cambridge State: MA Zip Code: 02142
Telephone: 617-274-4000 Fax: 617-274-4099
Toll Free Number: __________________________________________
E-mail: sarepta@sarepta.com Website: www.sarepta.com
Facility Manager: Edward M. Kaye, M.D.
Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Specialty distributors, Specialty pharmacies, Retailers

Type of Products to be handled or wholesaled be firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA) ☐ Other: ________________________________
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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: United Therapeutics Corporation
Physical Address: 55 TW Alexander Drive, Research Triangle Park, NC 27709
Mailing Address: PO Box 14186
City: Research Triangle Park      State: NC       Zip Code: 27709
Telephone: 919-485-8350             Fax: 919-485-8352
Toll Free Number: __________________
E-mail: jwatson@unither.com          Website: www.unither.com
Facility Manager: Jay A. Watson, PharmD

Professional qualifications and experience of facility manager: see attached

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:

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

Page 1

10-K
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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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
(Please provide current license number if making changes: MP or MW MP000591)
☐ 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: Cypress Medical Products LLC

Physical Address: 20951 W. Walter Strawn Drive Elwood, IL 60421
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4345 Southpoint Blvd Attn: Elaine Stutman M16

City: Jacksonville State: FL Zip Code: 32216

Telephone: 815.385.0100 Fax: 815.385.0114

E-mail: Kenneth.Parker@Cypressmed.com Website: www.cypressmed.com

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: N/A to Sun: N/A to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Kenneth Parker

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 Prosthetics
☐ Diabetic Supplies  Other: Syringes and legend and non legend 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: __________________________

Page 1
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.

☐ New MDEG  ☐ Ownership Change
(If you are making changes, please provide current license number here: 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: Good Night Medical of Ohio, LLC

Physical Address: 975 Eastwind Dr Ste 165 Westerville, OH 43081-3398
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 975 Eastwind Dr Ste 165

City: Westerville State: OH Zip Code: 43081-3398

Telephone: (877) 753-3742 Fax: (614) 386-0278

E-mail: LPliskin@goodnightmedical.com Website: www.goodnightmedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10:00a to 4:00p  Tue: 10:00a to 4:00p  Wed: 10:00a to 4:00p  Thu: 10:00a to 4:00p
Fri: 10:00a to 4:00pm  Sat: to Sun: to  Holidays: to to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Alan Rudy

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 Prosthetics
☐ Diabetic Supplies ☐ Other: CPAP

**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: Jason Moore, PRC  Telephone: 877-753-3742
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 860-1440
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.

☐ 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: Long Island Respiratory Services, Inc.
Physical Address: 1685 E 21st Street, Brooklyn, NY 11210
(This must be a business address, we can not issue a license to a home address)
Mailing Address:
City: ____________________ State: ______ Zip Code: _____________
Telephone: 718-786-7555 Fax: 718-543-6605
E-mail: katrina.merritt@mont-medical.com Website:

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9a to 5p EST  Tue: 9a to 5p EST  Wed: 9a to 5p EST  Thu: 9a to 5p EST
Fri: 9a to 5p EST  Sat: ______ to ______  Sun: ______ to ______  Holidays: ______ to ______

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Joshua Barnes

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: ___________________________

**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: Ayremi Metal
Telephone: 928-899-8289

Page 1
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.

☐ 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: Medsource, L.L.C.

Physical Address: 3002 Gill Street, Bloomington, IL 61704
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: P.O. Box 1248, Bloomington, IL 61702

City: __________________________ State: __________ Zip Code: __________

Telephone: 309-664-7930  Fax: 888-510-5200

E-mail: jarmes@mecsourceusa.com  Website: www.medsoucellc.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 a.m. to 5 p.m.  Tue: 8 a.m. to 5 p.m.  Wed: 8 a.m. to 5 p.m.  Thu: 8 a.m. to 5 p.m.
Fri: 8 a.m. to 5 p.m.  Sat: __________ to __________  Sun: __________ to __________
Holidays: __________ to __________

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Joseph Armes

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 Prosthetics
☐ Diabetic Supplies  Other: Breast Pumps

*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.

| ☐ New MDEG | ☐ Ownership Change |
| ☐ 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: Neovia Logistics Distribution, LP

Physical Address: 1521 East Francis Street, Suite B Ontario, CA 91761

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

Mailing Address: 1521 East Francis Street, Suite B

City: Ontario State: CA Zip Code: 91761

Telephone: (909) 673-1766 Fax: (909) 773-0191

E-mail: Adel.Depalma@neovialogistics.com Website: www.neovialogistics.com

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

Mon: 0500 to 2400 Tue: 0500 to 2400 Wed: 0500 to 2400 Thu: 0500 to 2400

Fri: 0500 to 2400 Sat: Closed to Sun: Closed to Holidays: Closed to

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

Name: Adel Depalma

**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: Drug Free Pumps/Needles/Catheters/Tunnelers

**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: ___________________________

Page 1
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.

New MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW____)
☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5
☐ Partnership - Pages 1,2,3,6
☐ 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: Quantum Medical, Inc.
Physical Address: 1818 S. Australian Ave, Ste 220, West Palm Beach, FL 33409
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 1818 S. Australian Ave, Ste 220
City: West Palm Beach State: FL Zip Code: 33409
Telephone: 561-889-0917 Fax: 561-432-8205
E-mail: marc.vetrano@quantummedicalsupply.com Website: www.mcrtnshoe.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: closed Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Marc Vetrano

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 Prosthetics
☒ 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: ___________________________
NEW 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 typewritten.

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 1,2,3,5b
☐ 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: Valley Oxygen dba Synergy Sleep & Respiratory

Physical Address: 1281 TERMINAL WAY #111 RENO, NEVADA, 89502
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 3232 Rio Mirada Drive Suite C2

City: Bakersfield  State: CA  Zip Code: 93308

Telephone: 661-589-6800  Fax: 661-589-6806  UU: 589-6805

E-mail: kimberlyw@synergysr.com  Website: www.synergysr.com

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 (MDEG administrator application required)

Name: Tracy Thorpe Shantanu Kar

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 Prosthetics
☐ 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: Tracy Thorpe Shantanu Kar  Telephone: 762-638-8040  775-386-1640
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.

☐ New Pharmacy   ☐ Ownership Change   ☐ Name Change   ☐ Location Change
(Please provide current license number if making changes: PH_______)

☐ Publicly Traded Corporation □ Pages 1,2,3,7,8a,8b   ☐ Partnership - Pages 1,2,5,7,8a,8b
☐ Non Publicly Traded Corporation □ Pages 1,2,4a,4b,7,8a,8b   ☐ 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: Saint Mary’s Outpatient Pharmacy

Physical Address: 6255 Shardlands Ave

Mailing Address: 6255 Shardlands Ave

City: Reno State: NV Zip Code: 89503

Telephone: TBD Fax: TBD

Toll Free Number: TBD

E-mail: TBD Website: TBD

Managing Pharmacist: Alexandra Castillo License Number: 16494

Hours of Operation:
Monday thru Friday 8 am 8 pm Saturday 10 am 6 pm
Sunday 10 am 6 pm 24 Hours on call

TYPE OF PHARMACY
☐ Retail
☐ Hospital (# beds _____)
☐ Internet
☐ Nuclear
☐ Out of State
☐ Ambulatory Surgery Center

SERVICES PROVIDED
☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☐ Mail Service
☐ Long Term Care
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, ) CASE NO. 15-009-PT-S
) Petitioner,
) ) NOTICE OF INTENDED ACTION
) ) AND ACCUSATION
) )
) ANDREA CORDOVA, PT )
) Certificate of Registration No. PT13449,
) )
) Respondent.
) /

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 (Board) has jurisdiction over this matter because Respondent Andrea Cordova, PT (Ms. Cordova), Certificate of Registration No. PT13449, was a registered pharmaceutical technician with the Board at the time of the events alleged herein.

II.

Nevada Administrative Code (NAC) 639.254(1) requires pharmaceutical technicians to complete a minimum of one hour of continuing education (CE) on the topic of Nevada law during the two-year period immediately preceding the renewal of the technician’s registration.

III.

On October 17, 2014, Ms. Cordova renewed her pharmaceutical technician registration for the biennial period ending October 31, 2016. Ms. Cordova renewed her registration utilizing the Board’s online feature. Ms. Cordova certified that she had completed at least one hour of continuing education in an approved Nevada law program.

IV.

On or about December 24, 2014, Board Staff received notification from Ms. Cordova that she did not complete the one hour of CE on Nevada law for the renewal period ending October 31, 2014.
V.

On December 30, 2014, Board Staff responded to Ms. Cordova via letter. In lieu of taking formal action against her pharmaceutical technician registration, Board Staff offered Ms. Cordova the options of (1) attending one day of the January 2015 Board Meetings in Las Vegas, Nevada, or (2) immediately completing one of the Nevada law CE courses available through the Pharmacist’s Letter. Board Staff instructed Ms. Cordova to forward a copy of the CE certificate to the Board Office by February 10, 2015, if she selected the second option.

VI.

Ms. Cordova did not comply with either option provided to her by Board Staff. She is thus in violation of NAC 639.254(1).

VII.

FIRST CAUSE OF ACTION

By failing to complete the required Nevada law CE during the biennial period November 1, 2012 to October 31, 2014, Ms. Cordova violated NAC 639.254(1) and 639.945(m), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(4) and (12), as well as NRS 639.255.

VIII.

SECOND CAUSE OF ACTION

By falsely attesting on her online renewal application that she had completed at least one hour of continuing education in an approved Nevada law program, Ms. Cordova is guilty of unprofessional conduct, as that term is defined in NAC 639.945(1)(h). That violation is grounds for discipline pursuant to NRS 639.210(4) and NRS 639.255. Ms. Cordova’s false statements are also grounds for discipline pursuant to NRS 639.281(2), NRS 639.210(9), (10), and (12), as well as NRS 639.255.

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 4th day of June, 2015.

J. David Wuest, R.Ph.
Deputy Executive Secretary for and on behalf of Larry L. Pinson, Pharm.D., 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, ) CASE NO. 15-009-PT-S
             )
   )
v. )
ANDREA CORDOVA, PT ) STATEMENT TO THE RESPONDENT
Certificate of Registration No. PT13449 ) NOTICE OF INTENDED ACTION
             ) AND ACCUSATION
Respondent. ) RIGHT TO HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) 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 Board 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 Board 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, July 22, 2015, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

-1-
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 1st day of June, 2015.

J. David Wuest, R.Ph.
Deputy Executive Secretary for and on behalf of
Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Case No. 15-009-PT-S

v.

Petitioner,

ANDREA CORDOVA, PT
Certificate of Registration No. PT13449

) ANSWER AND NOTICE
) OF DEFENSE

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 ____________, 2015.

ANDREA CORDOVA, PT
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, )

Petitioner, )

v. )

VALERIE JENSEN, PT ) NOTICE OF INTENDED ACTION
Certificate of Registration No. PT16250 ) AND ACCUSATION

Respondent. )

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 (Board) has jurisdiction over this matter because Respondent Valerie Jensen (Ms. Jensen), Certificate of Registration No. PT16250, is a registered pharmaceutical technician with the Board.

II.

On September 30, 2014, Board Staff served Ms. Jensen with a Cease and Desist Order and Citation for the Unlawful Practice of Pharmacy. Board Staff issued the citation after Ms. Jensen worked as a pharmaceutical technician in training at Smith’s Pharmacy #394 for one-hundred and fifty (150) days without a valid registration. Those violations occurred during the period of February 8, 2014 to August 12, 2014. Board Staff assessed Ms. Jensen a fine of $3,000.00 ($20 day x 150 days) in association with the citation.

III.

On October 15, 2014, Ms. Jensen appeared before the Board to request approval of her Application for Pharmaceutical Technician in Training License.
IV.

During that meeting, the Board discussed a concern that a lack of communication and misinformation may have contributed to Ms. Jensen’s violations. In light of that concern, the Board:

1. Reduced the $3,000.00 fine issued in the Cease and Desist Order and Citation to $1,500.00.

2. Approved Ms. Jensen’s Pharmaceutical Technician in Training Application pending receipt of a $500.00 payment toward the citation, and gave Ms. Jensen the option of negotiating with Board Staff regarding payment terms for the balance due.

3. Allowed the $40.00 fee submitted with Ms. Jensen’s previous Pharmaceutical Technician in Training Application to apply to a new Pharmaceutical Technician Application, provided that Ms. Jensen submitted the new application to the Board Office within fifteen (15) days from October 15, 2014.

4. Allowed Ms. Jensen to submit to Board Staff documentation verifying her active status as a registered pharmaceutical technician in Utah, in lieu of requiring her to submit documentation of 1,500 technician in training hours.

V.

On or about October 21, 2014, Ms. Jensen submitted a new Pharmaceutical Technician Application, a money order in the amount of $500.00, and documentation of her active Utah pharmaceutical technician registration. The Board Office issued Ms. Jensen’s Nevada pharmaceutical technician registration on October 23, 2014.

VI.

On October 29, 2014, Ms. Jensen contacted Board Staff via email requesting a payment plan for the remaining balance of her fine. Board Staff approved her request for monthly installments of $100.00. Ms. Jensen mailed the first payment of $100.00 on November 18, 2014,
and agreed to submit a $100.00 payment monthly thereafter until the fine was paid in full. The Board Office received a second monthly installment of $100.00 on December 17, 2014.

VII.

On January 14, 2015, Ms. Jensen contacted Board Staff via email requesting documentation regarding the outcome of her October 2014 hearing. Board Staff referred Ms. Jensen to the October 2014 minutes posted on the Board’s website. Those minutes detail the conditions approved by the Board regarding Ms. Jensen’s pharmaceutical technician registration, and indicate that her $3,000 fine was reduced to $1,500.

VIII.

On February 24, 2015, Board Staff contacted Ms. Jensen via email informing her that the Board Office had received a payment of $100.00 on December 17, 2014, but it had received no further payments since that date.

IX.

On March 5, 2015, Ms. Jensen replied to Board Staff’s email indicating that she would include the missed January and February installments with her March payment. She committed to pay those installments by March 15, 2015. Ms. Jensen’s email also stated that “if there are any further issues with my payments, I will email you ahead of time.”

X.

Ms. Jensen did not pay the January, February or March payments. She has not paid anything since December 17, 2014.

XI.

Board Staff has not received any communication from Ms. Jensen since March 5, 2015.

**FIRST CAUSE OF ACTION**

XII.

By failing to fully comply with the terms and conditions placed on her pharmaceutical technician registration, as ordered by the Board at the October 15, 2014 Board Meeting, Valerie
Jensen violated Nevada Administrative Code (NAC) 639.945(1)(l), which violations are grounds for discipline pursuant to Nevada Revised Statute (NRS) 639.210(1) and/or (4), and NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this \textit{9}th day of June, 2015.

\begin{center}
\includegraphics[width=0.5\textwidth]{signature.png}
\end{center}

I. David Wuest, R.Ph.
Deputy Executive Secretary for and on behalf of
Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

\section*{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, )

v. ) CASE NO. 15-032-PT-S

VALERIE JENSEN
Certificate of Registration No. PT16250 ) STATEMENT TO THE RESPONDENT

Respondent ) NOTICE OF INTENDED ACTION

) AND ACCUSATION
)
) RIGHT TO HEARING

TO THE RESPONDENT ABOVE-SAME: 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.

III.

The Board has reserved Wednesday, July 22, 2015, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 South Las Vegas Boulevard, 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 ___ day of June, 2015.

J. David Wuest, R.Ph.
Deputy Executive Secretary for and on behalf of Larry L. Pinson, Pharm.D., Executive Secretary Nevada State Board of Pharmacy
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY.

Petitioner.

CASE NO. 15-032 PT-S

N.

ANSWER AND
NOTICE OF DEFENSE

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").

None  Yes
a. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

It was not my intention to fail to submit my payments; however, due to an unforeseen event, my time became focused on the event/incident, and I failed to contact the Board in reference to a temporary inability to meet the obligation and agreement that was set in January. I apologize to the Board for my lack of communication, and would like to note that this is a matter I take very seriously and in no way did I intend to appear “flaky” by any means. I have the utmost respect for governing boards in my profession, and always have. At this time, my fine is paid in full, and I greatly appreciate the Board working with me and allowing me to get the matter taken care of. Respectfully Submitted - July 2015

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 July, 2015.

Valerie Jensen, PT
Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 (Board) has jurisdiction over this matter and these respondents because, at the time of the alleged events, Respondent Linchi Le (Ms. Le) was a pharmacist licensed by the Board, Respondent Eric Van Meter (Mr. Van Meter) was a pharmacist licensed by the Board, and Respondent Von’s Pharmacy #2615 (Von’s) was a pharmacy licensed by the Board.

II.

On or about April 10, 2015, customer Corey Johnson (Ms. Johnson) filed a complaint with the Board Office alleging that on multiple occasions, Von’s pharmacist Linchi Le failed to offer and/or provide counseling for new prescriptions for Ms. Johnson and members of her family, including:

1. **PRESCRIPTION NO. 6102814 – EPIPEN JR 0.15 MG. INJECTABLE SOLUTION**

III.

On January 6, 2015, Ms. Johnson’s two-year-old son E.J. suffered a severe allergic reaction. He received treatment at the St. Rose Dominican Hospital Emergency Department, which released
him with written prescriptions for (i) prednisolone 15 mg./5 ml. oral syrup, (ii) EpiPen JR 0.15 mg. injectable solution and (iii) ranitidine 15 mg./ml. syrup.

IV.

E.J.’s father (Mr. Johnson) tendered the prescriptions to Von’s that evening. Von’s dispensed the prednisolone medication to Mr. Johnson and counseled him regarding its use as required.

V.

Von’s had to order the ranitidine syrup and EpiPen JR in order to fill E.J.’s prescription, both of which were scheduled to arrive at the pharmacy the following day.

VI.

On January 7, 2015, Ms. Johnson went to Von’s to pick up the EpiPen JR, the ranitidine syrup and an additional prescription for amoxicillin that E.J.’s physician was supposed to have phoned in.

VII.

The amoxicillin prescription had not come in by the time Ms. Johnson arrived. To expedite the process, pharmaceutical technician Pamela Walters (Ms. Walters) and Ms. Johnson each telephoned the physician's office, which phoned in the amoxicillin prescription approximately five minutes later.

VIII.

Upon receipt of the amoxicillin prescription, Ms. Walters informed Ms. Johnson that it would take up to twenty minutes to process. Rather than wait, Ms. Johnson asked Ms. Walters to sell her the medication that was ready—the EpiPen JR—and informed her that she was leaving.

IX.

Ms. Walters sold Ms. Johnson the EpiPen JR, but failed to provide counseling.

X.

During the Board’s investigation, Ms. Walters claimed in a written statement that Ms. Johnson said her son was not feeling well and that she just wanted to go home. Ms. Walters observed Ms. Le counseling another patient and did not want to further agitate Ms. Johnson by making her wait for counseling.
XI.

Despite clear evidence that counseling did not occur, Von's records for prescription No. 6102214 indicate that counseling was accepted. Ms. Johnson and pharmaceutical technician Walters signed the electronic signature box indicating that Ms. Johnson received the medication and was counseled. The initials of “PSW” (Ms. Walters) appear on the prescription detail screen in the “Counseling Initials” field. However, another pharmaceutical technician’s initials appear in the “RPh” field. The initials “SNR”, belong to pharmaceutical technician Stephanie Revero.

2. **PRESCRIPTION NO. 6105950 – FLUTICASONE 50 MCG**

XII.

On April 3, 2015, Mr. Johnson picked up his own prescription (No. 6105950) from Von’s. Mr. Johnson signed the electronic signature pad verifying receipt of his medication.

XIII.

In a written statement, Ms. Walters claims that when Mr. Johnson signed for his medication, she asked him to wait for the pharmacist to provide counseling. Mr. Johnson purportedly said that he did not need counseling because his wife is a pharmacist. Ms. Le, the pharmacist on duty at the time, has no recollection of Ms. Walters alerting her that counseling was needed for that new prescription.

XIV.

Despite Mr. Johnson's decision to decline counseling, the pharmacy system Transaction List Detail for prescription No. 6105950 indicates that counseling was accepted. However, the electronic signature page contains only Mr. Johnson’s signature verifying that he received the medication. There is no pharmacist signature or initials confirming that counseling occurred.

XV.

Just like on the prescription detail screen for the previous EpiPen JR prescription, the prescription detail screen for the Fluticasone has the initials “PSW” (Ms. Walters) recorded in the “Counseling Initials” field. The initials SN1, which also belong to pharmaceutical technician Stephanie Revero, appear in the “RPh” field.
XVI.

During the Board's investigation, the Investigator learned that before it will continue to the next screen, Von's computer system requires a pharmacist to type his/her initials into the "Counseling Initials" field at the time the customer picks up each new or refilled prescription. However, in many instances, the pharmaceutical technician on duty inputs his/her initials in order to advance to the next screen without forcing the pharmacist to go to the pickup counter and enter his/her initials for each prescription.

XVII.

Additionally, the electronic signature pad (SIG CAP PAD) used by Von's computer system is designed to capture, store and retrieve each customer's signature, the counseling pharmacist's signature or initials and the customer's counseling preferences electronically. Von's policy requires both the customer and the counseling pharmacist to sign on the same screen verifying that the customer picked up the medication and that the pharmacists provided counseling. However, customers frequently press the "DONE" button on the SIG CAP PAD screen before the counseling pharmacist has counseled and/or signed the screen. When the "DONE" button is pressed, the system by default automatically creates a record indicating that counseling was "Accepted".

XVIII.

Von's utilizes a three character user code in the computer system to identify the individual who performed each step of the prescription process. Von's pharmacists and pharmaceutical technicians have multiple user codes containing a combination of initials and/or numbers. Each pharmacist and technician utilizes a unique user code specific to the individual they are scheduled to work with and/or assisted in the prescription process.

XIX.

Based on the findings in the above investigation, the Board Investigator requested prescription detail documentation of prescriptions filled for other patients. The Board Investigator discovered several other prescriptions processed as described above.
XX.

The Board Investigator reviewed prescription detail screens for prescription numbers 6101610, 6102643 and 6102688 filled and verified by pharmacist Eric Van Meter. Mr. Van Meter is the managing pharmacist at Von's #2615.

XXI.

Pharmaceutical technician initials are recorded in both the “RPh” field and the “Counseling Initials” field for prescription numbers 6101610 and 6102688. Pharmaceutical technician initials are recorded in the “RPh” field for prescription number 6102643.

XXII.

Notably, the issue described above regarding Von’s computer system is identical in a similar 2012 case brought by the Board against Von’s Pharmacy #2395. See Case No. 12-025-PH-S.

XXIII.

Von's resolved that 2012 case by entering into a Stipulation and Order (Order) with the Board dated October 16, 2013. In that Order, the Board imposed a fine and administrative fee upon Von’s Pharmacy #2395 for failing to comply with Nevada's patient consultation requirements.

XXIV.

In association with that Stipulation and Order, Burt Bates, Von’s Regional Pharmacy Manager, appeared at the Board's October 16, 2013 meeting to address the counseling issue. Mr. Bates informed the Board that Von’s had retrained its Nevada pharmacy staff on proper counseling procedures as required by Nevada law. Mr. Bates also indicated that Von’s would be upgrading its pharmacy computer system in early 2014, with upgrades to resolve the counseling issues. Those upgrades never occurred.

**FIRST CAUSE OF ACTION**
(Prescription No. 6102214 – EpiPen Jr 0.15 Mg. Injectable Solution)

XXV.

In failing to provide counseling on E.J.’s new prescription for EpiPen JR, Respondent Linchi Le violated Nevada Revised Statute (NRS) 639.266(1) and Nevada Administrative Code (NAC)
639.707(1) and (2), as well as NAC 639.945(1)(i). Those violations are each grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), as well as NRS 639.255.

SECOND CAUSE OF ACTION
(Prescription No. 6105950 – Fluticasone 50 Mcg)

XXVI.

In failing to provide counseling on Mr. Johnson’s new prescription for Fluticasone 50 mcg., Respondent Linchi Le violated NRS 639.266(1) and NAC 639.707(1) and (2), as well as NAC 639.945(1)(i). Those violations are grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), as well as NRS 639.255.

THIRD CAUSE OF ACTION

XXVII.

As a managing pharmacist who knew of and allowed the foregoing violations, or any one of them, to occur in his pharmacy, Eric Van Meter violated NRS 639.210(15) which is grounds for action pursuant to NRS 639.210(4), (11) and/or (12), as well as NRS 639.255.

FOURTH CAUSE OF ACTION

XXVIII.

As the pharmacy in which the violations alleged above occurred, Von’s is statutorily responsible for the actions of pharmacists Linchi Le and Eric Van Meter, as alleged herein, pursuant to NAC 639.945(m) and/or (2), which is grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), NRS 639.255 and/or NRS 639.230(5).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 17th day of June, 2015.

J. David Wuest, R.Ph.
Deputy Executive Secretary for and on behalf of
Larry L. Pinson, Pharm.D., 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,

v.

LINCHI LE, RPH
Certificate of Registration No. 17469

Respondent.

) STATEMENT TO THE RESPONDENT
) NOTICE OF INTENDED ACTION
) AND ACCUSATION
) RIGHT TO HEARING
) CASE NO. 15-022-RPH-A-S

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) 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 Board 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 Board 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, July 22, 2015, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., 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 12th day of June, 2015.

J. David Wuest, R.Ph.
Deputy Executive Secretary for and on behalf of
Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, 

Petitioner,

v.

LINCHI LE, RPH
Certificate of Registration No. 17469

Respondent.

) ANSWER AND 
) NOTICE OF DEFENSE

) CASE NO. 15-022-RPH-A-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 June, 2015.

LINCHI LE, R.PH.
Blank
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, ) ANSWER AND
 ) NOTICE OF DEFENSE
   v. )
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 ) CASE NO. 15-022-RPH-B-S
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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 17th day of June, 2015.

ERIC VAN METER, R.PH.
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, ) ANSWER AND
v. ) NOTICE OF DEFENSE
Petitioner, )
) CASE NO. 15-022-PH-S
VON'S PHARMACY #2615 )
Certificate of Registration No. PH02102 )
) 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 June, 2015.

________________________________________
Type or print name

________________________________________
AUTHORIZED REPRESENTATIVE FOR
VON’S PHARMACY #2615
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

MELVIN SCHAGREN, RPH

Certificate of Registration No. 10858,

SAM'S PHARMACY #10-4974

Certificate of Registration No. PH02316,

Respondents.

CASE NO. 13-034-RPH-S
CASE NO. 13-034-PH-S

NOTICE OF INTENDED ACTION AND ACCUSATION

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, 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 (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Melvin Schagren (Mr. Schagren), Certificate of Registration No. 10858, was a pharmacist registered with the Board, and Respondent Sam’s Pharmacy #10-4974 (Sam’s Pharmacy), Certificate of Registration No. PH02316, was a pharmacy registered with the Board.

II.

On or about July 2, 2013, five-year-old R.K-S’ parents filed a consumer complaint with the Board Office on behalf of their son. The complaint alleges that Sam’s Pharmacy filled R.K-S’ prescription with the incorrect medication.

III.

On June 19, 2013, R.K-S. saw his pediatrician who prescribed a quantity of thirty (30) dexedrine 10 mg. with instructions to take one by mouth every morning.
IV.

Sam’s Pharmacy accepted the prescription on June 20, 2013, filled it and dispensed it to R.K-S.’ father that same day.

V.

R.K-S. ingested one capsule and experienced adverse effects including rapid heart rate and restlessness.

VI.

R.K-S.’ father contacted the pediatrician. He learned that the pediatrician prescribed thirty (30) *dexedrine* 10 mg, however, Sam’s Pharmacy filled and dispensed *dextroamphetamine* SUL SR 10 mg. capsules.

VII.

According to pharmacy records, the error originated with pharmaceutical technician Roquitta Street (Ms. Street), who performed the data entry for R.K-S.’ prescription. During data entry, Ms. Street selected dextroamphetamine SUL SR 10 mg. capsules, rather than the dexedrine 10 mg. the patient’s doctor prescribed.

VIII.

Respondent Melvin Schagren performed data verification. During verification, two Drug Utilization Review (DUR) warnings appeared on the computer screen. Those warnings were indicated as follows:

- Drug Disease – Dextroamphetamine Sulfate Cap SR 24HR 10 mg is a potential contraindication for Pediatrics 4-9 Years.
- Dose Check – Pediatric Dose Range Checking is not available. Consulting a pediatric dosing reference is recommended.

IX.

Mr. Schagren overrode both DUR warnings without consulting with R.K-S.’ pediatrician. He approved the data entry and sent the data to the filling queue.
X.

Mr. Schagren also performed the final product verification.

XI.

At no time during the DUR process, data review verification, or final product verification did Mr. Schagren detect the medication error.

XII.

In a subsequent written statement, Mr. Schagren admitted he should have contacted the pediatrician since the prescription did not specify tablets or capsules.

XIII.

He also indicates in the statement that he provided counseling to R.K-S.' father at the point of sale. According to Sam’s Pharmacy records, counseling was not provided.

FIRST CAUSE OF ACTION

XIV.

In failing to strictly follow the instructions of R.K-S.’ physician by verifying and dispensing a prescription for dextroamphetamine SUL SR 10 mg. capsules, rather than the dexedrine 10 mg. prescribed, Mr. Schagren violated Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(4), (11), and/or (12), and NRS 639.255.

SECOND CAUSE OF ACTION

XV.

By failing to act upon the DUR alerts displayed on the computer screen indicating a potential contraindication for pediatrics 4-9 years and a recommendation to check the pediatric dose range, Mr. Schagren violated NRS 639.210(4) and/or NAC 639.945(1)(i), which is grounds for action under NRS 639.255.
THIRD CAUSE OF ACTION

XVI.

By failing to provide counseling for R.K.S.’ new prescription, Mr. Schagren violated NRS 639.266(1) and NAC 639.707(1) and (2), as well as NAC 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12), and under NRS 639.255.

FOURTH CAUSE OF ACTION

XVII.

As the pharmacy in which the violations alleged above occurred, Sam’s Pharmacy is statutorily responsible for the actions of respondent Melvin Schagren, as alleged herein, pursuant to NAC 639.945(2), which is grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

Therefore, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 12th day of June, 2015.

J. David Wuest, R.Ph.
Deputy Executive Secretary for and on behalf of
Larry L. Pinson, Pharm.D., 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,  )  CASE NO. 13-034-RPH-S
        )
    Petitioner,  )
        )
    v.  )
    )
   MELVIN SCHAGREN, RPH  )
   Certificate of Registration No. 10858,  )
   )
   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.

III.

The Board has reserved Wednesday, July 22, 2015, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., 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 12th day of June, 2015.

J. David Wuest, R.Ph.
Deputy Executive Secretary for and on behalf of
Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, } CASE NO. 13-034-RPH-S
v. } CASE NO. 13-034-PH-S
MELVIN SCHAGREN, RPH } VOLUNTARY SURRENDER OF
Certificate of Registration No. 10858, } LICENSE/CERTIFICATE IN
SAM'S PHARMACY #10-4974 } LIEU OF OTHER
Certificate of Registration No. PH02316, } DISCIPLINARY ACTION
Respondents.

I, Melvin Schagren, R.Ph. (Mr. Schagren), Certificate of Registration No. 10858, wish to voluntarily surrender my Nevada Pharmacy License. To that end, I voluntarily and knowingly admit the following facts and allegations as follows:

1. At the time of the events alleged in the Accusation on file in this matter (Case No. 13-034-RPH-S), which are summarized below, I was licensed as a pharmacist in the State of Nevada. I am, therefore, subject to the jurisdiction of the Nevada State Board of Pharmacy (Board).

2. On or about June 20, 2013, I failed to strictly follow the instructions written by patient R.K-S.’ physician when I verified as accurate and dispensed dextroamphetamine SUL SR 10 mg. capsules (Rx #2204579), rather than the dexedrine 10 mg. prescribed by the then five-year-old patient's physician. In doing so, I violated Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

3. During the filling process of Rx #2204579, two DUR alerts displayed on the computer screen indicating: (i) a potential contraindication for pediatrics 4-9 years, and (ii) a recommendation to check the pediatric dose range. I failed to acted upon those DUR alerts, and in doing so violated NRS 639.210(4) and NAC 639.945(1)(i).
4. Additionally, during the filling process for RX #2204579, I did not provide adequate counseling for R.K-S.' new prescription. In doing so, I violated NRS 639.266(1), NAC 639.707(1) and (2), as well as NAC 639.945(1)(i).

5. The violations set forth above are grounds for action pursuant to NRS 639.210(4), (11) and (12), and under NRS 639.255.

6. On or about June 15, 2015, Board Staff served me with a Notice of Intended Action and Accusation (Accusation), pursuant to NRS 233B.127(3) and NRS 639.241, initiating the instant administrative proceeding against me based on the facts to which I admit herein.

7. I admit that if this matter were to proceed to a hearing before the Board, evidence exists and could be presented, whether through the testimony of witnesses or through the admission of documentary evidence, to prove the allegations in the July 2, 2013 consumer complaint filed with the Board.

8. I admit that Board Staff could likewise prove the allegations alleged in the Accusation if this matter when to public hearing.

9. I admit these factual allegations constitute grounds for disciplinary action in Nevada. They are grounds for discipline pursuant to the statutes and regulations referenced above. These violations are punishable as allowed under NRS 639.210 and 639.255.

10. Therefore, I hereby choose to voluntarily surrender my Nevada pharmacy license, License No. 10858, in lieu of a hearing on this matter and other disciplinary action by the Board based on the facts set forth herein.

11. I am aware of, understand and have been advised of the effect of this Voluntary Surrender.

12. I have read this Voluntary Surrender Agreement and I fully understand and acknowledge its facts and terms.

13. I am aware that I have certain constitutional rights, including:
   a. I have the right to hire an attorney to represent me in this proceeding;
   b. I have the right to demand a hearing on the charges against me, and I can require the Board staff to prove the allegations;
c. I have the right to cross-examine the witnesses against me;
d. I have the right to call witnesses to provide evidence in my own behalf;
e. I have other rights accorded to me under Nevada Revised Statutes Chapters 233B, 639 and 453. Also, I have rights accorded to me under Nevada Administrative Code Chapters 453 and 639.

14. I am aware of the foregoing rights, and I voluntarily, knowingly, and intelligently waive these rights in return for the Board accepting my voluntary surrender of my Nevada pharmacy license in lieu of other disciplinary action.

15. I understand this Voluntary Surrender is considered a disciplinary action and as such will become part of my permanent record.

16. I understand this Voluntary Surrender is considered public information.

17. I understand this Voluntary Surrender is considered a disciplinary action and will be reported to any national repository, which records disciplinary action taken against licensees or certificate holders, or any agency or another state, which regulates the practice of pharmacy.

18. I understand this Voluntary Surrender may be used in any subsequent hearings by the Board as evidence against me to establish a pattern of behavior and for the purpose of proving additional acts of misconduct.

19. This Voluntary Surrender shall not be construed as excluding or reducing any criminal or civil penalties or sanction or other remedies that may be applicable under federal, state or local laws.

20. I understand that this surrender is effective the day it is accepted by the Nevada State Board of Pharmacy, or may be effective pursuant to NRS 639.251, however I agree to immediately cease and desist from practicing as a Nevada licensed pharmacist, and I am returning my license/certificate with this signed Voluntary Surrender of License In Lieu of Other Disciplinary Action.
I, Melvin Schagren, Certificate of Registration No. 10858, by my signature affixed below, agree with the foregoing facts and representations and therefore choose to voluntarily surrender my Nevada pharmacy license.

Dated this 8 day of June, 2015

Respondent,
MELVIN SCHAGREN, R.PH.

Dated this 8 day of June, 2015

, ESQ.
(Leave blank if not represented by counsel.)

(State of NEVADA)
(County of CLARK)

This instrument was acknowledged before me on this 8 day of June, 2015, by Melvin Schagren, R.P.H.

ACCEPTED AND APPROVED this ___ day of June, 2015.

NEVADA STATE BOARD OF PHARMACY

By: ____________________________
Leo Basch, President
Nevada State Board of Pharmacy
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, ) CASE NO. 13-034-PH-S
) )
) Petitioner,
) )
) v.
) )
) ANSWER AND NOTICE
) ) OF DEFENSE
) )
) SAM’S PHARMACY #10-4974
) ) Certificate of Registration No. PH02316,
) )
) )
) 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 ______________, 2015.

Authorized Representative for
SAM’S PHARMACY #10-4974

-2-
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, ) CASE NO. 13-046-MP-S
) )
) Petitioner,
) )
) v.
) )
) FLOTSOL, INC.
) Certificate of Registration No. MP00537,
) )
) Respondent.
) )

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, April 15, 2015, in Las Vegas, Nevada. S. Paul Edwards, Esq., appeared in his capacity as the Board’s General Counsel. Respondent Flotsol, Inc. (Flotsol), Certificate of Registration No. MP00537, did not file an Answer and Notice of Defense, did not appear at the hearing and did not have counsel appear on its behalf. Based on evidence presented at the hearing, including evidence that Flotsol had been properly served, the Board enters its findings of fact, conclusions of law and orders:

FINDINGS OF FACT

A. Unlawful Sales of Prescription-Only Products

1. On or about September 12, 2013, the Board Office received a consumer complaint alleging that Flotsol was selling compression hosiery to the public without a valid prescription at its store located at 2411 W. Charleston Boulevard, Las Vegas, Nevada, and from an unlicensed kiosk located at an outlet mall on Charleston Boulevard.¹

¹ Compression hosiery with a pressure rating of greater than 20 millimeters of mercury cannot be sold lawfully without a written or an oral prescription or order from a practitioner.
2. On September 13, 2013, a Board Investigator and a Board Inspector went to the kiosk located in the outlet mall to investigate the complaint.

3. The Investigator and Inspector each observed a variety of compression hosiery on display, including prescription-required compression hosiery. The products were unsecured, open to public access and available for purchase without a prescription.

4. The Board Inspector approached the kiosk posing as a customer. He selected a pair of prescription-required compression hosiery and proceeded to Flotsol employee D.H. to purchase the hosiery.

5. The Inspector asked D.H. if the hosiery he was purchasing required a prescription. D.H. responded that they did not. D.H. did not offer training in the fitting and use of the compression hosiery that the Inspector was purchasing.

6. D.H. asked for the Inspector's credit card to complete the sale. At that point, the Inspector and Investigator identified themselves to D.H.

7. The Inspector and the Investigator, with D.H. present, inspected the products in the kiosk. The kiosk had an inventory of one hundred and twenty-seven pairs (127) of prescription-required compression hosiery.

8. The Inspector completed a “Receipt for Property” form itemizing the prescription-required compression hosiery products. He remained at the kiosk with D.H. while the Investigator went to Flotsol’s main store located at 2411 W. Charleston Boulevard.

9. The Investigator entered Flotsol’s store posing as a customer. He observed the compression hosiery products displayed in an unsecured area, with full public access to the prescription compression hosiery. The Inspector selected a prescription-required pair of compression hosiery and proceeded to the sale’s counter.
10. Flotsol employee T.C. assisted the Investigator. As T.C. was in the process of completing the sales transaction, the Investigator identified himself as an Investigator for the Board.

11. During the interaction with the Investigator at Flotsol’s store, Flotsol employee T.C. did not ask the Investigator for a prescription, inform him that a prescription is required or offer training by certified personnel in the fitting and use of the compression hosiery that he was purchasing.

12. Flotsol owner, Mr. Adegborouwa, presented himself to the Investigator at the sales counter. He told the Investigator that he was aware that a prescription is required for the compression hosiery that the Investigator was attempting to purchase.

13. The Investigator instructed Mr. Adegborouwa to segregate the prescription-required products in a secure area that did not allow public access to the products.

14. The Investigator asked Mr. Adegborouwa if Flotsol operates a kiosk located in the outlet mall. Mr. Adegborouwa admitted to having a kiosk, but denied that the kiosk contained prescription-required compression hosiery.

15. Upon further questioning, Mr. Adegborouwa admitted to stocking a few pairs of prescription-required compression hosiery at the kiosk. The Investigator informed Mr. Adegborouwa that the kiosk is not registered with the Board to sell prescription-required products.

16. On September 4, 2014, a second Board Inspector conducted an annual inspection of Flotsol at its Charleston Boulevard location. That Inspector observed prescription-required compression hosiery displayed in an unsecured area that was open to public access. The Inspector provided Flotsol with documentation of the issues identified during the inspection. On the inspection form, he instructed Flotsol to segregate prescription-required products in a controlled area.
17. On December 10, 2014, the Investigator and Inspector who visited Flotsol on September 13, 2013, returned to Flotsol’s Charleston Boulevard location. Flotsol was in compliance with the regulations related to the securement of prescription-required compression hosiery.

B. Felony and Misdemeanor Convictions of Flotsol’s Owner, Olu Adegboriwu

18. In October 2008, Flotsol’s owner, Olu Adegboriwu was charged with three felony charges of (1) Submitting False Medicaid Claims in violation of NRS 422.540, (2) Theft in violation of NRS 205.0832, and (3) Obtaining and Using Personal Identifying Information of Another Person for Unlawful Purposes in violation of NRS 422.570, and an additional gross misdemeanor for Intentional Failure to Maintain Adequate Records in violation of NRS 205.463.

19. Mr. Adegboriwu holds at least ten (10) percent or more of Flotsol, Inc.’s corporate stock, and he is the corporation’s president, secretary, treasurer and director, as indicated by information from the Nevada Secretary of State’s Office.

20. On October 30, 2014, a jury found Mr. Adegboriwu guilty on all four charges.

21. On March 2, 2014, Mr. Adegboriwu was sentenced. Eighth Judicial District Court Judge David Barker sentenced Adegboriwu to 19 to 48 months in prison on each of the false claims and theft charges, 364 days in jail for inadequate record keeping and 22 to 96 months for the unlawful use of another’s identification. All sentences are to run concurrent to each other and were suspended. As part of the sentence, Adegboriwu was ordered to pay $21,595.68 in restitution and costs of the investigation and prosecution.

22. As a significant part of his sentencing, Judge Barker also ordered that Mr. Adegboriwu can have no involvement with any business that directly or indirectly receives Medicaid payments.

23. On March 11, 2015, Board Staff served the Notice of Intended Action and Accusation in this matter on Flotsol by certified mail sent to its last address of record.
24. On March 12, 2015, Board Staff served a Notice of Summary Suspension and a second copy of the Notice of Intended Action and Accusation in this matter on Flotsol by certified mail sent to its last address of record.

25. Flotsol did not respond to the allegations in the Notice of Summary Suspension or the Accusation.

26. On April 14, 2015, Mr. Adegboruwa sent an email message to Board Counsel, Mr. Edwards. In that email, he confirmed receipt of the Notice of Summary Suspension and the Accusation. He did not respond to any allegations in that Accusation, but stated that he would address those issues at an unspecified future date in the presence of his previously undisclosed counsel. Mr. Adegboruwa stated in the email that he would not appear at the April 15th hearing, but that he would appear at the Board’s July 2015 meeting. At no time did Flotsol or its counsel request a continuance.

27. In a subsequent April 14, 2015 email, sent at 11:27 PM, Mr. Adegboruwa for the first time provided Mr. Edwards the name and contact information of his counsel.

28. Before the hearing on April 15, again during a break at the hearing, Mr. Edwards attempted to contact Flotsol’s counsel at the Board’s request. Those attempts were unsuccessful.

29. In light of the summary suspension of Flotsol’s license, the requirements of NAC 639.6958, and in the absence of any request from Flotsol to continue the matter, the Board proceeded to hear the matter.

30. These findings are evidenced by exhibits and testimony presented to the Board at the hearing, which exhibits the Board admitted into evidence.

CONCLUSIONS OF LAW

Based upon the forgoing findings of fact, the Board concludes as a matter of law:

31. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Flotsol, Inc., Certificate of Registration No.
MP00537, was registered with the Board as a Medical Device, Equipment & Gases (MDEG) provider.

32. The Board satisfied the notice and service requirements of NRS Chapter 639, and particularly NRS 639.242 and NRS Chapter 233B by sending by certified mail the Notice of Summary Suspension and two copies of the Notice of Intended Action and Accusation in this matter on Flotsol by certified mail sent to its last address of record.

33. Flotsol received timely notice of this action, did not file a response to the Accusation, nor did it request a continuance of the matter.

34. By selling compression hosiery with a pressure rating of greater than 20 millimeters of mercury without a valid prescription, Flotsol violated Nevada Administrative Code (NAC) 639.945(1)(h) and (i), NAC 639.6941(1)(a), NAC 639.6949, NAC 639.695 and NAC 639.69545(1), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(1), (4), (12) and 16, and NRS 639.255.

35. By failing to provide training to patients by a person who is certified in the use, fitting, maintenance and potential problems in the use of compression hosiery at the time the 20-30 mmHg. compression hosiery was dispensed and sold, Flotsol violated NAC 639.945(1)(i), NAC 639.6941(1)(a) and (e), and NAC 639.6951(2) and (3), and NAC 639.69545(2), which violations are grounds for action pursuant to NRS 639.210(1), (4), and NRS 639.255.

36. By failing to maintain a prescription record for compression hosiery with greater than 20 millimeters of mercury, which requires a prescription issued by a practitioner, Flotsol, violated NAC 639.482, NAC 639.695, NAC 639.706, and NAC 639.945(1)(h) and (i), which violations are grounds for action pursuant to NRS 639.210(4), and (17), and NRS 639.236 and NRS 639.255.
37. In failing to secure prescription-required merchandise, and allowing unauthorized public access to that merchandise, Flotsol violated NAC 639.520(1), which violations are grounds for action pursuant to NRS 639.210(4) and NRS 639.255.

38. In the unlawful selling of prescription-required merchandise at a location which was not licensed by the Board, Flotsol violated NAC 639.945(1)(f) and (k), NAC 693.6942 and/or NAC 639.6948, which violations are grounds for action pursuant to NRS 639.210(4), NRS 639.285, and NRS 639.255.

39. As the MDEG in which the above violations occurred, Flotsol is responsible for the acts of its employees pursuant to NAC 639.945(2), NAC 639.6941(1)(a), (2), and (3), and is therefore subject to discipline pursuant to NRS 639.210(4), (11), and (12), and NRS 639.255.

40. NRS 639.2122 allows the Board to “suspend, revoke or deny any . . . registration of a corporation where conditions exist in relation to any person holding 10 percent or more of the corporate stock of such corporation or to any officer or director of such corporation which would constitute grounds for disciplinary action against such person if he or she were a licensee.”

41. Mr. Adegborouwa’s felony conviction on charges of (1) submitting false Medicaid claims in violation of NRS 422.540, (2) theft in violation of NRS 205.0832, (3) obtaining and using personal identifying information of another person for unlawful purposes in violation of NRS 422.570, and his conviction of a gross misdemeanor of intentional failure to maintain adequate records in violation of NRS 205.463, along with his responsibility for the other allegations contained herein (see NAC 639.6941(1)(a), (2), and (3)), would constitute grounds for disciplinary action against him if he was a licensee, pursuant to NRS 639.210(1), (4), (6), (7) (a) and (c), (12), (17) and NRS 639.2121, as well as NRS 639.255.

42. Flotsol’s registration as a medical products provider authorized to sell medical devices, equipment and gases is therefore subject to discipline pursuant to one of more of the statutes or regulations cited above.
THEREFORE, THE BOARD HEREBY ENTERS DEFAULT AND ORDERS:

43. The registration of respondent Flotsol, Inc., Certificate of Registration No. MP00537, is hereby revoked effective immediately.

44. Flotsol, Inc., may not sell any medical equipment, device or gas, as defined in NRS Chapter 639 and NAC Chapter 639, unless and until it has applied to the Board for reinstatement and the Board reinstates its registration.

45. In the event Flotsol applies for reinstatement, or for any other registration or certificate with the Board, it shall appear, before the Board, though authorized representatives, to answer questions and give testimony regarding its application and the facts and circumstances underlying this matter.

Signed and effective this 21 day of April, 2015.

Kamlesh Gandhi, President
Nevada State Board of Pharmacy
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 1,2,3,4,5a,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: GraEagle Construction
Physical Address: 5686 Pecos Ave
(Must be a business address, we cannot issue a license to a home address)
Mailing Address: ________________________________
City: Las Vegas State: NV Zip Code: 89115
Telephone: 702-248-0170 Fax: 702-248-7093
E-mail: Vickie@geerspaars.com Website: geerspaars.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 7:30am to 4:30pm  Tue: 7:30am to 4:30pm  Wed: 7:30am to 4:30pm  Thu: 7:30am to 4:30pm
Fri: 7:30am to 4:30pm  Sat:  to  Sun:  to  Holidays:  to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)
Name: Jerry Pasquale

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases**  ☐ Assitive Equipment
☐ Respiratory Equipment**  ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment**  ☐ Orthotics and Prosthetics
☐ Diabetic Supplies  ☐ Other: Grab bars

**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: Jerry Pasquale  Telephone: 702-248-0170
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:

1982760971


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.

☐ Practitioner Name: ______________________
☐ Advanced Practitioner of Nursing Name: ______________________
☐ Physician’s Assistant Name: ______________________
☐ Physical Therapist Name: ______________________
☐ Occupational Therapist Name: ______________________
☐ Registered Nurse Name: ______________________
☐ 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, plead 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

Gennaro E Pasquale

Print Name of Authorized Person

Date 6/4/2015

Board Use Only

Received: 6-4-15

Amount: $500.00
APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Gerardo Pasquale
Business Name: GraEagle Construction
Current Business Address: 5016 Celia Ave
City: Las Vegas State: NV Zip: 89115
Telephone: 702-248-0170 Fax: 702-248-7093

SOLE OWNER

Include with the application for a sole owner

Complete personal history record Must be original signature(s), no copies or stamps. Download the form from the website. Download the form from the website under the "New Applications" tab. The forms are available under the documents for all types of businesses.
PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

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, Medical Device Equipment

Graeagle construction, LLC 5016 Cecile Ave Las Vegas, NV 89115

Name and Address of Establishment for Which License is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Pasquale
First Name Gerardo
Middle Name Elliot

Present Residence Address: 850 Coral Cottage Dr. Dates 1994-Present Henderson NV 89012
City State/Zip

Present Business Address 5016 Cecile Ave Dates 2011-Present Las Vegas NV 89115
City State/Zip

Occupation General Contractor

Date of Birth Place of Birth (City, County, State)

Age 47 y

Sex Male

Color of Eyes Hazel

Color of Hair Brown/Gray

Build Height

170 lb 5'7"

Scars, tattoos or distinguishing marks and/or characteristics

Army Logo on Left Bicep

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 Initials

Page 1
**MARITAL INFORMATION-Continued**

A. **Current Marriage**
   - Date: May 12, 2007
   - Spouse's full name ( Maiden): Cheyenne Autumn Holzer
   - Date of Birth: Sept 24, 1979
   - Place of Birth: Boise
   - Resident address: 850 Coral Cottage, Henderson, NV, 89012
   - Telephone: Residency: Business:
   - Spouse's employer: State of Nevada
   - Occupation: ADRP Project Manager
   - Address of employer: 1820 E. Sahara Ave., Las Vegas, NV, 89104

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

<table>
<thead>
<tr>
<th>Name of Spouse</th>
<th>Date of Order or Decree</th>
<th>Date of Place of Marriage</th>
<th>Nature of Action</th>
<th>City</th>
<th>County and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tara Pasquale</td>
<td>10/1/1995</td>
<td>Pittsburgh, PA</td>
<td>Divorce</td>
<td>Las Vegas</td>
<td>Clark, NV</td>
</tr>
</tbody>
</table>

List of names, current address, and telephone numbers of previous spouses:

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tara Pasquale</td>
<td>1025 Pleasing Platau Jr.</td>
<td>Las Vegas</td>
<td>NV</td>
<td>89105</td>
<td>Henderson</td>
</tr>
</tbody>
</table>

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**
   - List all children, including step-children and adopted children and give the following information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Birth Place</th>
<th>Residence Address</th>
</tr>
</thead>
</table>

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 Initials:
FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:
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.

<table>
<thead>
<tr>
<th>Name ( Maiden )</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>Gerardo Pasquale</td>
<td>106 Edgar Ln, Venetia, PA 15367</td>
<td>Contractor</td>
</tr>
<tr>
<td>Mother</td>
<td>Jean Pasquale</td>
<td>106 Edgar Ln, Venetia, PA 15367</td>
<td>Retired</td>
</tr>
<tr>
<td>Father-in-Law</td>
<td>Jay Holcomb</td>
<td>8943 Deep Ridge Rd, Las Vegas, NV 89145</td>
<td>Retired</td>
</tr>
<tr>
<td>Mother-in-Law</td>
<td>Annie Madasz</td>
<td>1471 Mercer Ave, Wheatland, PA 15140</td>
<td>Disabled</td>
</tr>
</tbody>
</table>

D. Brothers and Sisters:
List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donna Pasquale</td>
<td>6001 Greenwood Rd, Pittsburgh, PA 15202</td>
<td>Title Escrow</td>
<td></td>
</tr>
<tr>
<td>Raymond Henderson</td>
<td>Pittsburgh, PA 15202</td>
<td>Supervisor</td>
<td></td>
</tr>
<tr>
<td>Edward Pasquale</td>
<td>108 Sunnymeade Av, McMurray, PA 15317</td>
<td>Contractor</td>
<td></td>
</tr>
<tr>
<td>Jennifer Ineilla</td>
<td>108 Sunnymeade Av, McMurray, PA 15317</td>
<td>Housewife</td>
<td></td>
</tr>
</tbody>
</table>

Spouse

Spouse

4. EDUCATION:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar School</td>
<td>St. Bernards</td>
<td>Pittsburgh, PA</td>
<td>1979-1982</td>
</tr>
<tr>
<td>High School</td>
<td>Peters Township</td>
<td>Washington, PA</td>
<td>1983-1986</td>
</tr>
</tbody>
</table>

Type of degree obtained, if any:

College or university where obtained:

Applicant's initial: 
Page 3
5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☒ No ☐
   Branch: Army National Guard
   Date of entry-active service: 6/1985
   Date of separation: 6/1989
   Type of discharge: Honorable
   Rating at separation: EA
   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: Allegheny
   State: PA
   Date registered: 1985

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Acc. No.</th>
<th>Charge</th>
<th>Location-City and State</th>
<th>Deposition/Date</th>
<th>Arresting Agency</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Charge</th>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant's initial: ____________________________
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 X (Other than divorces)
   If yes, give details below. List all cases without exception, including bankruptcies:

<table>
<thead>
<tr>
<th>Plaintiff/Defendant or Claimant/Respondent</th>
<th>Date Filed</th>
<th>Court and Case Number</th>
<th>City, County and State</th>
<th>Disposition/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 X
   If yes, complete the following:

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Type of Entity</th>
<th>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. RESIDENCES:

List all residences you have had for the last 25 years:

<table>
<thead>
<tr>
<th>Month and Year (From-To)</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>1988 - 1993</td>
<td>6150 Library Rd</td>
<td>Bethel Park</td>
<td>PA Allegheny</td>
</tr>
<tr>
<td>1993 - 1995</td>
<td>2338 Green Valley Dr</td>
<td>Henderson</td>
<td>NV Clark</td>
</tr>
</tbody>
</table>

Applicant's initial: [Signature]
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.

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Description of Duties</th>
<th>Reason for Leaving</th>
<th>Name of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/01 - Present</td>
<td>Geadle Construction LLC</td>
<td>Managing Member</td>
<td>Run Business</td>
<td>N/A</td>
</tr>
</tbody>
</table>

If additional space is needed, continue on page 10 or provide attachment.

Applicant's Initial: [Signature]
9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

<table>
<thead>
<tr>
<th>Name of Where Employed</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Johnson</td>
<td>Home</td>
<td>Highland</td>
<td>Iowa</td>
<td>50015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr. James</td>
<td>Business</td>
<td>Industrial Rd</td>
<td>LV</td>
<td>89102</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr. Smith</td>
<td>Home</td>
<td>Monterey Ave</td>
<td>Las Vegas</td>
<td>NV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allstate</td>
<td>Business</td>
<td>W. Wynn Springs</td>
<td>LV</td>
<td>89119</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jacob Garcia</td>
<td>Home</td>
<td>Henderson</td>
<td>NV</td>
<td>89012</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Response</td>
<td>Business</td>
<td>Corporate Dr</td>
<td>Henderson</td>
<td>NV</td>
<td>89012</td>
<td></td>
</tr>
<tr>
<td>Williams</td>
<td>Home</td>
<td>Woodland Ave</td>
<td>Carmel in</td>
<td>46033</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retired</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Richard Rawson</td>
<td>Home</td>
<td>Hanging Lake</td>
<td>LV</td>
<td>89130</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ballard</td>
<td>Business</td>
<td>Park Rd</td>
<td>LV</td>
<td>89145</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Box Number or Type of Depository</th>
<th>Location</th>
<th>City and State</th>
<th>Authorized Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Box 1503 2</td>
<td>Bank of America</td>
<td>Henderson</td>
<td>NV</td>
</tr>
</tbody>
</table>

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- Liquor
- Doctor
- Accountant
- Lawyer
- Pilot
- Race horse/race dog owner
- Real estate broker or salesman
- Sports promoter
- Securities dealer
- Barber/Cosmetologist
- Trainer or manager
- Insurance
- Gaming
- Educator

If yes, state type, where and years held

12. Have you ever applied for a city, county of 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
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 ____________________________

Applicant's Initial ____________________________
STATE OF Nevada ss.

COUNTY OF Clark

I, Gerardo E. Pasquale, 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 of 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 4/11/15 day of April, 2015

Notary Public

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: Tobin Medical LLC
Physical Address: 4815 West Russell Road Suite 1A Las Vegas, NV 89118
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 4815 West Russell Road Suite 1A
City: Las Vegas State: NV Zip Code: 89118
Telephone: (702) 583-6192 Fax: (702) 637-7691
E-mail: cindy@tobinmedicalnv.com Website: www.tobinmedicalnv.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 (MDEG administrator application required)
Name: Cindy Clark

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Medical Equipment ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthetics
☐ 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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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.

☐ Practitioner Name: ________________________________
☐ Advanced Practitioner of Nursing Name: ________________________________
☐ Physician’s Assistant Name: ________________________________
☐ Physical Therapist Name: ________________________________
☐ Occupational Therapist Name: ________________________________
☐ Registered Nurse Name: ________________________________
☐ 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

[Signature]

Print Name of Authorized Person  

Cynthia Clark

Date  

6/15/15

Board Use Only  

Received: 7-10-15  

Amount: $500.00

Page 3
APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP

List names of 4 largest partners and percentage of ownership:

Name: Cynthea Clark %: 49
Name: James Tobin %: 51
Name: %: 
Name: %: 

Partnership Name: Tobin Medical LLC
Mailing Address: 4815 West Russell Road Suite 1A
City: Las Vegas State: NV Zip Code: 89118
Telephone Number: (702) 583-6192 Fax Number: (702) 633-7691
Contact Person: Cindy Clark

PARTNERSHIP

Include with the application for a partnership

Complete personal history record for each partner. Must be original signature(s), no copies or stamps. Download the form from the website under the “New Applications” tab. The forms are available under the documents for all types of businesses.
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 & Gases

Tobin Medical LLC 4815 W. Russell Rd #1A Las Vegas, NV 89118

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

CLARK CYNTHEA ANN

Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

2961 Industrial Rd #75 Las Vegas NV 89109

Present Residence Address-Street or RFD City State/Zip

4815 W. Russell Rd Apt A Las Vegas NV 89118

Present Business Address City State/Zip

Marketing/Operations Dates 1990-Present

Occupation Phone:

Residence Business

Date of Birth Place of Birth (City, County, State)

Salinas, Monterey, CA

4/5

Age Social Security Number

Sex

F

Blue Blond Fair 160 Med

Color of Eyes Color of Hair Complexion Weight Build

5'6"

Height

Scars, tattoos or distinguishing marks and/or characteristics Earth tattoo on left shoulder

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
A. Current Marriage  
Spouse's full name (Maiden):  
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:

<table>
<thead>
<tr>
<th>Name of Spouse</th>
<th>Date of Order or Decree</th>
<th>Date of Place of Marriage</th>
<th>Nature of Action</th>
<th>City, County and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perry Goozis</td>
<td>8/2011</td>
<td>10/2017</td>
<td>Divorce</td>
<td>Clark, Las Vegas, NV</td>
</tr>
</tbody>
</table>

List of names, current address and telephone numbers of previous spouses:

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perry Goozis</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. FAMILY INFORMATION:
A. Children and Dependents:
List all children, including step-children and adopted children and give the following information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Birth Place</th>
<th>Residence Address</th>
</tr>
</thead>
</table>

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:

Name........................................................................................................................................

Address....................................................................................................................................

Contact person............................................................................................................................

C. Parents:
List names, residence addresses, dates of birth and most recent occupations of parents, step-parents,
in-law or legal guardian. If retired or deceased, list last address and occupation.

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Mother</td>
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<tr>
<td>Father-in-Law</td>
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<tr>
<td>Mother-in-Law</td>
<td></td>
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</tr>
</tbody>
</table>

D. Brothers and Sisters:
List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. EDUCATION:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>College</td>
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<td></td>
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<tr>
<td>University</td>
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<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>

Type of degree obtained, if any....................................................................................
Bachelor of Science, Business Management
College or university where obtained................................................................................
University of Phoenix

Applicant's initial.................................................. C L
5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes □ No X

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 X

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 X If yes, give details in space provided below. List all cases without exception.

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Age</th>
<th>Charge</th>
<th>Location-City and State</th>
<th>Deposition/Date</th>
<th>Arresting Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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 X 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 X

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes □ No X

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes □ No X

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes □ No X If yes, when? City, county and state ..................................................

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes □ No X 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 X If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Charge</th>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Applicant's initial ..................................................

Page 4
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 X (Other than divorces) If yes, give details below. List all cases without exception, including bankruptcies:

<table>
<thead>
<tr>
<th>Plaintiff/Defendant or Claimant/Respondent</th>
<th>Date Filed</th>
<th>Court and Case Number</th>
<th>City, County and State</th>
<th>Disposition/Date</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

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 X If yes, complete the following:

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Type of Entity</th>
<th>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

7. RESIDENCES:

List all residences you have had for the last 25 years:

<table>
<thead>
<tr>
<th>Month and Year (From-To)</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2000 - 1/2005</td>
<td>2941 Industrial Pl, 75</td>
<td>Las Vegas</td>
<td>NV</td>
</tr>
<tr>
<td>6/1975 - 1/2000</td>
<td>1935 Via La Cantera Road</td>
<td>Salinas</td>
<td>CA</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
<th>Title</th>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/2011 - Present</td>
<td>Tornado Heating &amp; Air Conditioning Las Vegas, NV 89118</td>
<td>-</td>
<td>COO</td>
<td>Chief Operating Officer</td>
<td>Jim Teen</td>
</tr>
<tr>
<td>3/1997 - Present</td>
<td>Check Activity Marketing 2901 Industrial Rd #75 Las Vegas, NV 89106</td>
<td>-</td>
<td>President</td>
<td>Marketing</td>
<td>Emily Clark</td>
</tr>
<tr>
<td>3/2016 - Present</td>
<td>Complete Green 2901 Industrial Rd #75 Las Vegas, NV 89106</td>
<td>-</td>
<td>Managing Member</td>
<td>Marketing</td>
<td>Becky Black</td>
</tr>
<tr>
<td>1/2001 - 1/2012</td>
<td>Richard Petty Driving Experience 2830 S. Poplar Ave Las Vegas, NV 89119</td>
<td>-</td>
<td>Instructor</td>
<td>Race Chili Driving Instruction</td>
<td>Brad Mark</td>
</tr>
<tr>
<td>10/1995 - 1/2000</td>
<td>Martyray Bay Aquarium Martyray, CA 93140 World</td>
<td>-</td>
<td>Development Associate</td>
<td>Office Equipment</td>
<td>Mary Muller</td>
</tr>
</tbody>
</table>

If additional space is needed, continue on page 10 or provide attachment.
9. CHARACTER REFERENCES:

List five character references who have known you five years or more. Do not include relatives, present employer or employees.

<table>
<thead>
<tr>
<th>Name of Where Employed</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Employer</td>
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</tbody>
</table>

| Name                   |        |      |       |     |           |             |
| Employer               |        |      |       |     |           |             |

| Name                   |        |      |       |     |           |             |
| Employer               |        |      |       |     |           |             |

| Name                   |        |      |       |     |           |             |
| Employer               |        |      |       |     |           |             |

| Name                   |        |      |       |     |           |             |
| Employer               |        |      |       |     |           |             |

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:

<table>
<thead>
<tr>
<th>Box Number or Type of Depository</th>
<th>Location</th>
<th>City and State</th>
<th>Authorized Users</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

<table>
<thead>
<tr>
<th>License Type</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Licor</td>
<td>Lawyer</td>
<td>Race horse/race dog owner</td>
<td>Securities dealer</td>
</tr>
<tr>
<td>Doctor</td>
<td>Contractor</td>
<td>Real estate broker or salesman</td>
<td>Insurance</td>
</tr>
<tr>
<td>Accountant</td>
<td>Pilot</td>
<td>Sports promoter</td>
<td>Barber/Cosmetologist</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Gaming</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Trainer or manager</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Educator</td>
</tr>
</tbody>
</table>

If yes, state type, where and years held

<table>
<thead>
<tr>
<th>State</th>
<th>Type</th>
<th>Number</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nevada</td>
<td></td>
<td>2/3</td>
<td>6/30/10</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Agency or Business Type</th>
<th>Name and Address</th>
<th>State</th>
<th>Location</th>
<th>Address</th>
<th>Date</th>
</tr>
</thead>
</table>

Applicant's initial: [Signature]
### Employment

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Company</th>
<th>Address</th>
<th>City, State, Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2001</td>
<td>6/2003</td>
<td>Las Vegas Downs</td>
<td>1803 Poliak St</td>
<td>Las Vegas, NV 89168</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Marketing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/2006</td>
<td></td>
<td>3W Racing</td>
<td>695 Speedway Blvd</td>
<td>Las Vegas, NV 89119</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Marketing</td>
<td>Support Race Team</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Brendan Gribben</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

☐ New Pharmacy  ☑ Ownership Change  ☐ Name Change  ☐ Location Change  
(Please provide current license number if making changes: PH 01471)

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b  ☐ Partnership - Pages 1,2,5,7,8a,8b  
☑ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b  ☐ 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: Anazao Health Corporation

Physical Address: 7465 W. Sunset Rd., Suite 1200, Las Vegas, NV 89113

Mailing Address: 7465 W. Sunset Rd., Suite 1200

City: Las Vegas  State: NV  Zip Code: 89113

Telephone: 800-995-4363  Fax: 800-238-8739

Toll Free Number: 800-995-4363

E-mail: lvlicensing@anazaohealth.com  Website: www.anazaohealth.com

Managing Pharmacist: Douglas Cammann  License Number: 13340

Hours of Operation:

Monday thru Friday  12 am - 11:59 pm  Fri 12 am - 11:30 pm  Saturday  on call am - on call pm

Sunday  11 pm am - 11:59 pm  24 Hours

TYPE OF PHARMACY

 Retail

☐ Hospital (# beds _____)

☐ Internet

☐ Nuclear

☐ Out of State

☐ Ambulatory Surgery Center

SERVICES PROVIDED

☐ 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.

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

CHRIS A. APPONTE

Print Name of Authorized Person

Date

5/20/15

Board Use Only

Received: 6/1/15  Amount: $500

Page 2
APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Florida

Parent Company if any: Fagron Holding USA, LLC

Corporation Name: AnazaoHealth Corporation

Mailing Address: 7465 W. Sunset Rd., Suite 1200

City: Las Vegas State: NV Zip: 89113

Telephone: 800-995-4363 Fax: 800-238-8239

Contact Person: Jaclyn Yeomans

For any corporation non publicly traded, disclose the following:

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

   a) N/A
      Name                        Address

   b) N/A
      Name                        Address

   c) N/A
      Name                        Address

   d) N/A
      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. N/A

3) What was the price paid per share? N/A

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

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

List any physician shareholders and percentage of ownership.

Name: N/A %: N/A

Name: N/A %: N/A
STATSTATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

I, ________________________________
Christopher A. Ameote

Responsible Person of ________________________________
AnazaoHealth Corporation

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.

__________________________  __________________________
Original Signature, no stamps or copies  Date

Page 7
Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Douglas Cammann
License #: 13340
Pharmacy Name: AnazaoHealth Corporation

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>

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 above, please include the following information

Board Administrative Action: State: OR Date: 04-26-1994 Case #: 93-0181-B

And/or Criminal Action: State: OR Date: 08-21-1989 Case #: CR 89-0399
County Benton Court: District Court of the State of Oregon
May 21, 2015

On January 27, 2014 I was denied in my request for pharmacist licensure transfer by the state of Mississippi due to unintentionally answering a question relative to my legal history incorrectly. I was eligible to re-apply November of 2014 and successfully obtained my Mississippi pharmacist license in January of 2015. I have included the court document from when I was in college back in 1989. I was unsure if this charge against me was a citation, felony, or misdemeanor and answered the question on their application incorrectly.

Feel free to contact me if you have any additional questions.

[Signature]

Douglas Cammann R.Ph.
Pharmacy Manager
AnazaoHealth Corporation
IN THE DISTRICT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF BENTON

STATE OF OREGON, )
Plaintiff, )
VS. )
DOUGLAS CAMMANN, )
Defendant. )

No. CR 89-0399

AMENDED
ENTRY OF PLEA AND
SENTENCE AND JUDGMENT
ORDER

On August 21, 1989, this matter came before the Honorable
Robert S. Gardner. Defendant appeared in person and with
counsel, Chris Dunfield; Kenneth A. Osher, Chief Deputy District
Attorney for Benton County, appeared on behalf of the State.
Defendant pled GUILTY to the charge of PROVIDING LIQUOR TO
PERSONS UNDER 21 YEARS OF AGE.

The Court found that defendant's plea was made freely and
voluntarily, with full knowledge of the nature of the crime and
the maximum possible penalty, and that there is a factual basis
for the plea. The plea was entered of record. The defendant
waived further time for imposition of sentence. The Court
heard unsworn statements.

NOW, THEREFORE, IT IS HEREBY ORDERED AND ADJUDGED:

Imposition of sentence is suspended for one (1) year and
defendant is placed on probation to the Court for a like period
of time upon the following conditions:

1. Defendant shall serve eight (8) days in the Benton
County Correctional Facility. In lieu jail, defendant
may serve eight (8) days on the Benton County Work Crew.

2. Defendant shall perform twenty (20) of community
service.

Page 1
AMENDED ENTRY OF PLEA AND
SENTENCE AND JUDGMENT ORDER
CR 89-0399
3. Defendant shall pay a fine of $350.00 plus assessment of $14.00.

4. Four (4) days of said jail/work crew obligation and twenty (20) hours of community service shall be suspended on condition that defendant perform all of the following:

(A) Defendant must meet with an alcohol abuse professional and discuss with him or her the causes and effects of alcohol abuse.

(B) Write a paper, either as an individual project or as a joint project, with Mr. Zaiger, in which the following topics are discussed: (1) Why college students tend to place such emphasis on alcohol, (2) What can be done generally to reduce the importance of alcohol to college social life, (3) Specific recommendations at to what Oregon State University, the District Attorney, and fraternities can do to discourage alcohol abuse, and (4) Steps the fraternity can take to prevent minors from consuming alcohol, enforce a responsible drinking policy and reduce the possibility of alcohol-related motor vehicle crashes.

(C) Submit the above paper to the Court no later than November 15, 1989.

5. Defendant shall attend the meeting of fraternity and sorority officers with Dean Brennan on September 14, 1989, if required by the District Attorney in writing by August 31, 1989.

DATED this 14th day of Nov., 1989.

Robert S. Gardner
Circuit Judge

Submitted by:

Kenneth A. Osher
Chief Deputy District Attorney
OSB #74244
IN THE DISTRICT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF BENTON

STATE OF OREGON,)
Plaintiff,
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(C) Submit the above paper to the Court no later than November 15, 1989.

4. Defendant shall attend the meeting of fraternity and sorority officers with Dean Brennan on September 14, 1989, if required by the District Attorney in writing by August 31, 1989.

DATED this 28 day of August, 1989.

Robert S. Gardner
Circuit Judge

Submitted by:

Kenneth A. Osher
Chief Deputy District Attorney
OSB #74244

F I L E D
AUG 29 1989
DIST. COURT TRIAL COURT CLERK
BENTON COUNTY, OREGON

8:30 89
IN THE DISTRICT COURT OF THE STATE OF OREGON FOR THE COUNTY OF BENTON

STATE OF OREGON,

Plaintiff,

vs.

DOUGLAS CAMMANN,

Defendant.

CR89-0399

O.R.S. 471.410

DISTRICT ATTORNEY'S
INFORMATION

The Defendant is accused by the District Attorney of the offense of:

PROVIDING LIQUOR TO PERSONS UNDER 21 YEARS OF AGE

committed as follows:

The Defendant, on or about March 28, 1989,

in the County of Benton and State of Oregon, did unlawfully and recklessly make available alcoholic liquor, to-wit: beer to persons under the age of 21 years, to-wit: RUSSELL ARCH, ANDREW HEMPECK, JODY KNIGHT, MICHELLE THOMPSON and others, the defendant being neither parent nor guardian of said persons.

May 3, 1989
DATED

PETER F. SANDROCK, JR.
DISTRICT ATTORNEY FOR BENTON COUNTY, OREGON

F I L E D

MAY 4 1989

DIST COURT TRIAL COURT CLERK
BENTON JUD S. 9 1989
<table>
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<td>Miscellaneous Payment</td>
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<td>SUBTOTAL</td>
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**PAYMENT TOTAL** 7.85

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<td>Change</td>
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05/12/2015 08:47 AM
Cashier Station BENCB 191562552

OFFICIAL RECEIPT
BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the
Pharmacist License of

DOUG CAMMANN, R.Ph.,
Licensee

) ) ) Case No. 93-0161-B
) ) ) ORDER BY CONSENT

WHEREAS, the Board of Pharmacy of the State of Oregon has
filed a Notice of Proposed Disciplinary Action regarding the
licensee in the above-captioned matter; and

WHEREAS, the above-noted Notice of Proposed Disciplinary
Action together with a Notice of Rights was duly served on the
licensee as required by law; and

WHEREAS, the parties are desirous of resolving and settling
those matters contained in the above-noted Notice of Proposed
Disciplinary Action without further proceedings thereon; and

WHEREAS, the licensee is aware of the right to a hearing
with the assistance of counsel and the right to judicial review
of the Board's decision, and hereby freely and voluntarily waives
those rights; and

WHEREAS, the licensee admits that the facts alleged in the
above-noted Notice of Proposed Disciplinary Action are true, that
the licensee's conduct, as admitted, violated the statutes and
rules cited in the Notice, and that legal cause exists pursuant
to ORS 689.405 for disciplinary action by the Board; and

WHEREAS, the licensee consents to the disciplinary action as
set forth herein;

Page 1 - ORDER BY CONSENT

THIS COPY IS FOR
YOUR RECORDS
NOW THEREFORE THE FOLLOWING DISCIPLINE IS HEREBY ORDERED:

1. The licensee is civilly penalized in the amount of $300, which shall be paid within thirty days of this Order By Consent.

2. The licensee shall timely pay the civil penalty or be subject to further disciplinary action.

DATED this 26th day of April, 1994.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

By: Ruth Vandever
Executive Director

I hereby acknowledge that I have read and understand the above-noted Notice of Proposed Disciplinary Action and Notice of Rights and the terms of the Order By Consent. I agree to the Board entering the Order By Consent.

4-24-94
Date

Doug Cammann, R.Ph.
Licensee

Page 2 - ORDER BY CONSENT

THIS COPY IS FOR YOUR RECORDS
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or
denial of the application or subsequent revocation of the license issued and is a violation of the
laws of the State of Nevada.

☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: PH01509)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7  ☐ Partnership - Pages 1,2,5,7
☒ Non Publicly Traded Corporation – Pages 1,2,4,7  ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Coast Quality Pharmacy, LLC d/b/a AnazaoHealth

Physical Address: 5710 Hoover Boulevard

Mailing Address: 5710 Hoover Boulevard

City: Tampa State: Florida Zip Code: 33634

Telephone: 813-882-4500 Fax: 813-884-1581

Toll Free Number: 800-995-4363 (Required per NAC 639.708)

E-mail: legal@anazaohealth.com Website: www.anazaohealth.com

Managing Pharmacist: Cynthia Godfrey License Number: PS30186

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY AND SERVICES PROVIDED</th>
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<tbody>
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</table>

All boxes must be checked
For the application to be complete

*If you check “yes” on any of these types of services, you will be required to make an
appearance at the board meeting,
APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? [ ] Yes [ ] No [x]

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 [x]

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? [x] 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 [x]

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)? [x] 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

Print Name of Authorized Person

Date

Board Use Only Date Processed: 6/1/15 Amount: $500.00
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Florida

Parent Company if any: AnazaoHealth Corporation

Mailing Address: 5710 Hoover Boulevard

City: Tampa State: Florida Zip: 33634

Telephone: 813-882-4500 Fax: 813-884-1581

Contact Person: Nora Benson

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?
   AnazaoHealth Corporation-Authorized Member/100% Owner
   a) Name Address 5710 Hoover Blvd, Tampa, FL 33634

   b) Name Address

   c) Name Address

   d) Name Address

2) Provide the number of shares issued by the corporation. 8,989,500

3) What was the price paid per share? N/A - Company was not purchased

4) What date did the corporation actually receive the cash assets? N/A - Company was not purchased

5) Provide a copy of the corporation’s stock register evidencing the above information. See Attached

List any physician shareholders and percentage of ownership.

Name: N/A %: 

Name: N/A %: 

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 5:30 pm  Saturday on call am _____ pm

Sunday on call am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A
STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, ____________________________
Christopher A. Arnette
Responsible Person of ____________
Coast Quality Pharmacy, LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law
that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.

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

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

Christopher A. Arnette
Print Name of Authorized Person

______________________________
Date

9/18/15
May 27, 2015

Nevada Board of Pharmacy
431 West Plumb Lane
Reno, NV 89509

RE: License Certification for Coast Quality Pharmacy, 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: PH28370
ORIGINAL CERTIFICATION: 07/31/2014
EXPIRATION DATE: 02/28/2017
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,

Shawntrell Ash
Regulatory Specialist II

/sa
May 27, 2015

Nevada Board of Pharmacy
431 West Plumb Lane
Reno, NV 89509

RE: License Certification for Coast Quality Pharmacy, 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: PH28369
ORIGINAL CERTIFICATION: 07/31/2014
EXPIRATION DATE: 02/28/2017
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,

Susan Harris
Operations Analyst

/sh
May 27, 2015

Nevada Board of Pharmacy
431 West Plumb Lane
Reno, NV 89509

RE: License Certification for Coast Quality Pharmacy, 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: PH28371
ORIGINAL CERTIFICATION: 07/31/2014
EXPIRATION DATE: 02/28/2017
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,

[Signature]
Shawntrell Ash
Regulatory Specialist II

/sa

Florida Department of Health
Division of Medical Quality Assurance - Bureau of Operations
4052 Bald Cypress Way, Bn C-10 • Tallahassee, FL 32399-3260
PHONE: (850) 245-4444 • FAX: (850) 245-4791

www.FloridaHealth.gov
TWITTER: HealthyFLA
FACEBOOK: FLDepartmentOfHealth
YOUTUBE: FDOH
FLICKR: HealthyFla
PINTEREST: HealthyFla
May 27, 2015

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

RE: License Certification for  Coast Quality Pharmacy, 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: PH28368
ORIGINAL CERTIFICATION: 07/31/2014
EXPIRATION DATE: 02/28/2017
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,

Willie Gaines
Licensure Support Services
Disciplinary History

The applicant, Coast Quality Pharmacy, LLC, has had no disciplinary action against it. However, its owner, AnazaoHealth Corporation, has the following disciplinary history:

**Hawaii Regulated Industries Complaints Office**

- In July 2014, the Hawaii Regulated Industries Complaints Office (RICO) notified AnazaoHealth that it was in violation of Hawaii statutes because of AnazaoHealth's failure to notify Hawaii's Board of Pharmacy of a 2009 disciplinary action taken by the Florida Board of Pharmacy regarding AnazaoHealth's compounding of Hyaluronidase. In July 2014, AnazaoHealth entered into a Settlement Agreement with RICO to immediately resolve the issue, agreeing to pay a fine for failure to notify Hawaii's Board of Pharmacy of the Florida Board of Pharmacy discipline. AnazaoHealth's pharmacy license is current, valid, and in good standing with the Hawaii Board of Pharmacy.

**Florida Board of Pharmacy**

- In 2009, AnazaoHealth Corporation was charged by the Florida Board of Pharmacy with an error having to do with a formulation of preservative-free Hyaluronidase injection. AnazaoHealth takes responsibility for the error, but would like to explain the mitigating circumstances.

  AnazaoHealth purchased the formula for the above-referenced preparation from a very well respected pharmacy organization to which AnazaoHealth pays a membership fee. While the active ingredient was mathematically correct, one of the inert ingredients was stated incorrectly by a multiple of 10. This caused the active ingredient to be in an incorrect concentration and caused irritation to some patients.

  Immediately upon discovering the problem, AnazaoHealth notified all of its doctors and patients and recalled the preparation.

  AnazaoHealth paid a fine and agreed to an additional inspection to ensure the error is corrected. The matter was settled in December 2011.

On 04 December 2013, the Board entered an order deeming all conditions satisfied by AnazaoHealth. AnazaoHealth is currently in good standing with the Florida Board of Pharmacy.
Louisiana Board of Pharmacy

- In 2008, an oversight led to AnazaoHealth's failure to timely submit its pharmacy renewal application. As a result, from January 1 – February 21, 2008, AnazaoHealth's Florida and Nevada pharmacies dispensed pharmacy preparations to Louisiana residents without valid pharmacy permits. In April 2008, AnazaoHealth entered into Consent Agreements with the Louisiana Board of Pharmacy, agreeing to pay a nominal fine and reimburse the Board for administrative costs. AnazaoHealth's current pharmacy licenses are valid and in good standing with the Louisiana Board of Pharmacy.

Christopher A. Arnette
President/COO of AnazaoHealth Corporation, Owner/Authorized Member of Coast Quality Pharmacy, LLC
NEVADA STATE BOARD OF PHARMACY  
431 W Plumb Lane – Reno, NV  89509  
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE 
$500.00 Fee made payable to: Nevada State Board of Pharmacy  
(non-refundable and not transferable money order or cashier’s check only)  
Application must be printed legibly or typed 
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada. 

☐ New Pharmacy  or  ☐ Ownership Change  (Provide current license number if making changes: PH____) 
Check box below for type of ownership and complete all required forms.  
☐ Publicly Traded Corporation – Pages 1,2,3,7  ☐ Partnership - Pages 1,2,5,7  
☐ Non Publicly Traded Corporation – Pages 1,2,4,7  ☐ Sole Owner – Pages 1,2,6,7  

GENERAL INFORMATION to be completed by all types of ownership  
Pharmacy Name:  JJ Trinity Compounding Pharmacy  
Physical Address:  23838 Valencia Blvd Ste 105  
Mailing Address:  23838 Valencia Blvd Ste 105, Valencia, CA 91355  
City:  Valencia  State:  CA  Zip Code:  91355  
Telephone:  661-287-9610  Fax:  661-287-9615  
Toll Free Number:  844-287-9610  (Required per NAC 639.708)  
E-mail:  pharmacy@jjtrinitypharmacy.com  Website:  www.jjtrinitypharmacy.com  
Managing Pharmacist:  Diana Aguila  License Number:  548589  

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<td>☑ Mail Service Sterile Compounding **</td>
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</table>

All boxes must be checked  
For the application to be complete  

**If you check “yes” on any of these types of services, you will be required to make an appearance at the board meeting.**
APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

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

Print Name of Authorized Person

Date

Board Use Only Date Processed: 4/2/15 Amount: $500.00
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: California

Parent Company if any: 

Mailing Address: 27600 N Grassly Knoll Ln

City: Valencia State: CA Zip: 91354

Telephone: 626 434 6945 Fax: 626 287 9110

Contact Person: Dina Atalla-Michael

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?
   
   a) Dina Atalla-Michael 27600 N Grassly Knoll Ln, Valencia, CA 91354

   b) 

   Name 

   Address 

   c) 

   Name 

   Address 

   d) 

   Name 

   Address 

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

3) What was the price paid per share? $1.00/share

4) What date did the corporation actually receive the cash assets? 12/30/10

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

List any physician shareholders and percentage of ownership.

Name: %: 

Name: %: 

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm Saturday ____am ____pm

Sunday ____am ____pm 24 Hours ____

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

Page 4
STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

1. Dina Atalla - Mikhail

Responsible Person of J. J. Trinity Compounding Pharmacy

hereby acknowledge and understand that in addition to the corporation’s, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation’s, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

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

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

Print Name of Authorized Person

Date
STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

1. Dina Atalla-Mikhail

Responsible Person of J & J Trinity Compounding Pharmacy

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

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

Dina Atalla-Mikhail

Print Name of Authorized Person

3/20/15

Date
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or
denial of the application or subsequent revocation of the license issued and is a violation of the
laws of the State of Nevada.

☐ New Pharmacy  or  ☐ Ownership Change  (Provide current license number if making changes: PH___)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7  ☐ Partnership - Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7  ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership
Pharmacy Name: Olympia Pharmacy
Physical Address: 6700 Conroy Road, Suite 155, Orlando, FL 32835
Mailing Address: ____________________________  Same as above
City: Orlando State: FL Zip Code: 32835
Telephone: 407-673-2222 Fax: 407-673-1234
Toll Free Number: 1-866-323-7788 (Required per NAC 639.708)
E-mail: info@olympiapharmacy.com Website: www.olympiapharmacy.com
Managing Pharmacist: Myriam Carmona  License Number: PS26085

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY</th>
<th>SERVICES PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>☐ ☑ Retail</td>
<td>☐ ☑ Off-site Cognitive Services</td>
</tr>
<tr>
<td>☐ ☑ Hospital (# beds ___)</td>
<td>☐ ☑ Parenteral **</td>
</tr>
<tr>
<td>☐ ☑ Internet</td>
<td>☐ ☑ Parenteral (outpatient)</td>
</tr>
<tr>
<td>☐ ☑ Nuclear</td>
<td>☐ ☑ Outpatient/Discharge</td>
</tr>
<tr>
<td>☐ ☑ Ambulatory Surgery Center</td>
<td>☐ ☑ Mail Service</td>
</tr>
<tr>
<td>☑ ☑ Community</td>
<td>☐ ☑ Long Term Care</td>
</tr>
<tr>
<td>☐ ☑ Other: _______________</td>
<td>☐ ☑ Sterile Compounding **</td>
</tr>
</tbody>
</table>

**If you check “yes” on any of these types of services, you will be required to make an appearance at the board meeting,
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action 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

Marco Loleit

Print Name of Authorized Person

6/29/2015

Date

Board Use Only

Received: 6/17/15

Amount: $500.00
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Florida (FL)
Parent Company if any: OPS International Incorporated
Corporation Name:
Mailing Address: 6700 Conroy Road, Suite 155
City: Orlando State: FL Zip: 32835.
Contact Person: Marco Lojeit

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?
   a) Marco Lojeit 5032 Tuscan Oaks Drive, Orlando, FL 32819.
      Name Address
   b) 
      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

4) What date did the corporation actually receive the cash assets? 10/3/2013

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

List any physician shareholders and percentage of ownership. N/A

Name: %: 
Name: %:

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Stating). 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.
I, Marco Loleit, responsible person of Olympia Pharmacy, hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

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

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

Original Signature of Marco Loleit

Print Name of Authorized Person

Date
April 9th, 2015

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

Dear Board of Pharmacy:

We currently hold an Out-of-State Pharmacy License in Nevada (#PH03087), and are submitting this application in order to update/change the services we provide. In our original application and subsequent renewals, we were not offering sterile compounding or parenteral services to patients in Nevada, but would now like to begin doing so. We submitted several inquiries via email and phone to the NV Board requesting information on the correct process to change/update our services, but received no response back. As such, we determined submitting an updated application was the best way to proceed. If our assumption is incorrect, please feel free to contact me via the information provided below, and we will be glad to submit any additional information required.

We also understand that an appearance at a board meeting may be required. We are currently accredited by the Pharmacy Compounding Accreditation Board (PCAB) and have passed a Verified Pharmacy Program (VPP) inspection from the National Association of Boards of Pharmacy in April of 2014, both including sterile and non-sterile compounding, and did not know if the board will accept this in lieu of the appearance. If not, we will be looking forward to hearing from you to schedule a date. Thank you so much for your help and consideration.

Regards,

Emily Swanson, BBA, CPhT
Director of Operations
Phone: 716-720-5121 ext. 205
Email: emilys@pharmacyinnovations.net
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Pharmacy or Ownership Change (Provide current license number if making changes: PH 030837)
☐ Publicly Traded Corporation – Pages 1,2,3,7
☐ Sole Owner – Pages 1,2,6,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7
☐ Partnership - Pages 1,2,5,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Pharmacy Innovations

Physical Address: 2931 W. 17th Street, Erie, PA 16505

Mailing Address: 2,535 Johns Place

City: Jamestown State: NY Zip Code: 14701

Telephone: 814-838-2102 Fax: 814-838-2103

Toll Free Number: 888-838-2103 (Required per NAC 639.708)

E-mail: emily@pharmacyinnovations.net Website: www.pharmacyinnovations.net

Managing Pharmacist: Kelly R. Guzowski License Number: BP441535

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY</th>
<th>AND</th>
<th>SERVICES PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
<td>☑ Retail</td>
<td>☑ Off-site Cognitive Services</td>
</tr>
<tr>
<td>☑ Hospital (# beds ___)</td>
<td>☑ Parenteral **</td>
<td></td>
</tr>
<tr>
<td>☑ Internet</td>
<td>☑ Parenteral (outpatient)</td>
<td></td>
</tr>
<tr>
<td>☑ Nuclear</td>
<td>☑ Outpatient/Discharge</td>
<td></td>
</tr>
<tr>
<td>☑ Ambulatory Surgery Center</td>
<td>☑ Mail Service</td>
<td></td>
</tr>
<tr>
<td>☑ Community</td>
<td>☑ Long Term Care</td>
<td></td>
</tr>
<tr>
<td>☑ Other: ______________</td>
<td>☑ Sterile Compounding **</td>
<td></td>
</tr>
<tr>
<td>☑ Other Services: ______________</td>
<td>☑ Non Sterile Compounding</td>
<td></td>
</tr>
<tr>
<td>☑ Mail Service Sterile Compounding **</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If you check “yes” on any of these types of services, you will be required to make an appearance at the board meeting,*
APPLICATION FOR OUT-OF-STATE 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.

☑ 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: Alexso Inc.

Physical Address: 2317 Colter Avenue 2nd Fl.
Mailing Address: (same)

City: Los Angeles           State: CA           Zip Code: 90064

Telephone: 480-253-9761     Fax: 888-502-1669
Toll Free Number: 888-495-6078

E-mail: troy@alexso.com     Website: www.alexso.com

Facility Manager: Hootan Melamed

Professional qualifications and experience of facility manager: More than 10 years’ experience in pharmacies. Attained his Doctorate of Pharmacy in 2003. Supervised patient record keeping, tracked inventory, managed community pharmacies and supervised other pharmacists in compounding and dispensing.

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:

☑ Legend Pharmaceuticals, Supplies or Devices       ☐ Hypodermic Devices
☐ Poisons or Chemicals                              ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)       ☐ Other:
☐ Other:
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP? Yes ☐ No ☑
(If yes, provide a copy of the certificate.)

Licensed as a Manufacturer by the FDA? Yes ☐ No ☑
(If yes, provide a copy of the FDA registration)

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 ☐

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1) Medisca, Inc., 661 Route 3, Unit C, Plattsburgh, NY 12901
   Name
   Address
   Contract Manufacturer

2) 
   Name
   Address
   Business

3) 
   Name
   Address
   Business

4) 
   Name
   Address
   Business

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☑ No ☐
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 at least 10% interest or partners 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 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

Troy Farahmand
Print Name of Authorized Person

Date

Board Use Only

Received: 4/13/15
Amount: $590.00
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: California
Parent Company if any: None
Corporation Name: Alexso Inc.
Mailing Address: 2317 Cotner Avenue
City: Los Angeles State: CA Zip: 90064
Telephone: 480-253-9761 Fax: 888-502-1669
Contact Person: Troy Farahmand

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?
   a) Hootan Melamed
      Name: Address: 11756 Wetherby Lane, Los Angeles, CA 90077
   b) Troy Farahmand
      Name: Address: 11807 Folkstone Lane, Los Angeles, CA 90077
   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? 5/1/10

5) Provide a copy of the corporation’s stock register evidencing the above information
Attachment to Alexso Inc.'s Application for Out-of-State Wholesaler License
(Nevada State Board of Pharmacy)

Alexso Inc. Corporate Officers:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>% Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hootan Melamed</td>
<td>President</td>
<td>75%</td>
</tr>
<tr>
<td>Troy Farahmand</td>
<td>Vice President</td>
<td>25%</td>
</tr>
</tbody>
</table>

Alexso, Inc. Employees Handling Drugs on Daily Basis
Ernesto Flores, Accounts Liaison, Inventory Management
Shoshana Robello, Accounts Liaison, Inventory Management

Interest Ownership/Management in any Type of Business or Facility Licensed by the State of Nevada
Hootan Melamed is the CEO of Concierge Compounding Pharmaceuticals in Henderson, NV.

Statement of Explanation - Questions 2 – 3
2. Denial of Pharmacy Permit - Concierge Compounding Pharmaceuticals, Inc.
   South Carolina Board of Pharmacy, 8/15/13: application denied (see attached Order)

3. Administrative Actions - Concierge Compounding Pharmaceuticals, Inc.
   Oregon Board of Pharmacy, Case No. 2013-0196: civil penalty (see attached Consent Order)
   Texas Board of Pharmacy, Order #L-13-019: one-year suspension and probation fee
   (see attached Agreed Board Order)

[Signature]
Hootan Melamed
February 18, 2015

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: ALEXSO INC
License Type: WHOLESALER
License Number: WLS 6466
Status: ACTIVE
Issue Date: 01/12/15
Expiration Date: 01/01/16
Address of Record: 2317 COTNER AVE LOS ANGELES CA 90064
Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Virginia Herold
Executive Officer

By
Barbera Schleicher
Public Inquiry Analyst
(916) 574-7922
Barbera.Schleicher@dca.ca.gov
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.  

[ ] 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: Avella of Deer Valley, Inc  
Physical Address: 23620 N. 70th Dr. Ste 12 Phoenix, AZ 85085  
Mailing Address: 1604 W. Whispering Wind Dr. Phoenix, AZ 85085  
City: Phoenix  State: AZ  Zip Code: 85085  
Telephone: (877) 546-5779  Fax: (877) 546-5780  
Toll Free Number: (877) 546-5779  
E-mail: deborah.rayburn@avella.com  Website: www.avella.com  
Facility Manager: Christopher DiNoffia  
Professional qualifications and experience of facility manager: RPh  

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:  
[ ] Legend Pharmaceuticals, Supplies or Devices  [ ] Hypodermic Devices  
[ ] Poisons or Chemicals  [ ] Veterinary Legend Drugs  
[ ] Controlled Substances (include copy of DEA)  
[ ] Other: Compounds  outsource  facility  

Page 1  

86985
APPLICATION FOR OUT-OF-STATE WHOLESALE LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP?  
(If yes, provide a copy of the certificate.)  
Yes □ No X

Licensed as a Manufacturer by the FDA?  
(If yes, provide a copy of the FDA registration)  
Yes □ No X

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 X

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1) Amerisource  1300 Morris Drive Chesterbrook, PA 19087

   Name  
   Address

   Business

2)  

   Name  
   Address

   Business

3)  

   Name  
   Address

   Business

4)  

   Name  
   Address

   Business

Within the last five (5) years:

1)  Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?  Yes □ No X

2)  Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?  Yes □ No X

3)  Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry?  Yes □ No X
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners 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 x

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 x

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 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

Keith L. Cook

Print Name of Authorized Person

Date 2-5-15

Board Use Only

Received: 5-4-15

Amount: $500.00

Page 3
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Arizona
Parent Company if any: Apothecary Holdings, Inc.
Corporation Name: Avella of Deer Valley, Inc.
Mailing Address: 1600 W. Whispering Wind Drive
City: Phoenix State: AZ Zip: 85028
Telephone: (623) 742-1700 Fax: (623) 742-1705
Contact Person: Deborah Rayburn

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. n/a %: 
2. %: 
3. %: 
4. %: 

**Section 2:** If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 12/20/2006
Registration number issued: 1173180

Include with the application for a publicly traded corporation

List of officers and directors. See attached

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.
## Registered Outsourcing Facilities


### Information Concerning Outsourcing Facility Registration (Guidance|Compliance|Regulatory|Information|Pharmacy|Compounding|Eng|en-US|1.14)

This table lists the outsourcing facilities that have submitted registration information that have been determined to be complete by the date last updated for the latest update of the table.

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Initial Date of Registration as an Outsourcing Facility</th>
<th>Date of Most Recent Registration as an Outsourcing Facility</th>
<th>End Date of Last FDA Inspection Related to Compounding</th>
<th>Was a Firm FDA-483 issued?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absolute Pharmacy, Lutz, FL</td>
<td>9/2/2014</td>
<td>12/30/2014</td>
<td>11/18/2014</td>
<td>Yes (<a href="http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm383647.htm">download</a>)</td>
</tr>
<tr>
<td>ACS Dealer Info S.A. Compate, Switzerland</td>
<td>1/9/2015</td>
<td>1/9/2015</td>
<td>Not yet inspected</td>
<td>N/A</td>
</tr>
<tr>
<td>Avita Specialty Pharmacy, Phoenix, AZ</td>
<td>2/24/2014</td>
<td>1/20/2015</td>
<td>2/25/2013</td>
<td>Yes (<a href="http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm383647.htm">download</a>)</td>
</tr>
<tr>
<td>Brockfield Medical/Surgical Supply, Inc., Brockfield, CT</td>
<td>1/12/2015</td>
<td>1/12/2015</td>
<td>Not yet inspected</td>
<td>N/A</td>
</tr>
<tr>
<td>Coastal Meds LLC, Belvid, MS</td>
<td>12/23/2014</td>
<td>12/23/2014</td>
<td>11/10/2014</td>
<td>Yes (<a href="http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm383647.htm">download</a>)</td>
</tr>
<tr>
<td>Complete Pharmacy and Medical Systems, Miami Lakes, FL</td>
<td>8/8/2014</td>
<td>1/30/2015</td>
<td>8/12/2014</td>
<td>Yes (<a href="http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm383647.htm">download</a>)</td>
</tr>
<tr>
<td>Edgic Pharmacy Services, LLC, Colchester, VT</td>
<td>1/20/2014</td>
<td>1/16/2015</td>
<td>8/20/2014</td>
<td>Yes (<a href="http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/ucm383647.htm">download</a>)</td>
</tr>
</tbody>
</table>

4/20/2015

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

Re: Avella of Deer Valley – Arizona Pharmacy Permit Y005084

To Whom It May Concern:

This letter is to inform the Nevada Board of Pharmacy that we, Avella of Deer Valley, intend to begin production of compounded sterile products from our newly constructed, FDA registered Outsourcing Facility. (See enclosed document listing Avella of Deer Valley as a registered outsourcing facility.) The scope of our practice will be to produce compounded sterile products for practitioner in-office administration. Per the requirements of our home state of Arizona, we are currently licensed as a pharmacy. Arizona does not require outsourcing facilities to obtain a wholesale permit at this time.

It is our understanding that a non-resident wholesale distributor permit will be needed to distribute these products into your state. For this reason, please accept this non-resident wholesale permit application. Because Arizona does not require outsourcing facilities to hold a wholesale permit, we have indicated our Arizona pharmacy permit in the section requesting the resident state permit number. Please let us know if your requirements have changed or if we should take a different approach. We are licensed as a non-resident with the Nevada Board of Pharmacy-License # PH02379.

If you have any questions, please feel free to contact me at the information below.

Thank you,
Christopher Dinoffria, PharmD
Director of Regulatory Affairs, PIC
Avella of Deer Valley
23620 N. 20th Dr. Suite 12
Phoenix, AZ
85085
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.

☑ 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: Unique Pharmaceuticals LTD
Physical Address: 5920 South General Bruce Drive
Mailing Address: Same
City: Temple State: TX Zip Code: 76502
Telephone: 888-339-0874 Fax: 294-933-4445
Toll Free Number: 888-339-0874
E-mail: leeah@upisolutions.com Website: www.upisolutions.com
Facility Manager: Travis A. Leeah PLC, President

Professional qualifications and experience of facility manager: Pharmacist w/ 20 years experience in sterile IV compounding. Experienced in VSP 795 and 797, and CGMP's.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☑ Practitioners ☑ Hospitals ☐ Wholesalers
☑ Other: Clinics

Type of Products to be handled or wholesaled be firm:

☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☑ Controlled Substances (include copy of DEA) ☑ Sterile and Non-Sterile Compounded preparations

☑ Other: Controlled Substances (include copy of DEA)

☑ Other: Sterile and Non-Sterile Compounded preparations

Page 1
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP? Yes ☐ No ☑
(If yes, provide a copy of the certificate.)

Licensed as a Manufacturer by the FDA? Yes ☐ No ☑
(If yes, provide a copy of the FDA registration)

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 ☑

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1) Name: Mount Grant General Hospital
   Address: 200 South A Street Hawthorn, NV 89415
   Business:

2) Name: Sunrise Foot and Ankle
   Address: 4580 S. Eastern Ave. #30
   Business:

3) Name: Dr. Loren Hansen PPM
   Address: 3885 S. Decatur Blvd. Ste 1080
   Business:

4) Name: Address: 
   Business:

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☑ No ☐
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 at least 10% interest or partners 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 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 A. Leach, RPh MBA
Print Name of Authorized Person

Date

Board Use Only

Received: __________________  Amount: $500.00
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PARTNERSHIP

General _____ Limited √

Partnership Name: Unique Pharmaceuticals, LTD

Mailing Address: 5920 s. General Bruce Drive

City, State, Zip Code: Temple, TX 76502

Telephone Number: 988-339-0174 Fax Number: 254-933-4445

Contact Person: Travis A. Leech Plc, President

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership Use separate sheet if necessary N/A

<table>
<thead>
<tr>
<th>Name</th>
<th>G or L</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List names of 4 largest partners and percentage of ownership:

Name: Timothy J. Proctor %: 42.50%
Name: Travis A. Leech %: 21.25%
Name: Billy Wren %: 8.50%
Name: Dan Velney %: 10%

Include with the application for a partnership

*If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Provide a copy of your VAWD certification.

*If you are a manufacturer and FDA approved, fingerprints, list of employees and bond are not required. Include a copy of the FDA registration.

Complete two (2) sets of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the FBI for its report. This form is on the website. Each officer and director of the corporation must submit fingerprints. Please send an email request to pharmacy@pharmacy.nv.gov for fingerprint cards, if needed. We accept standard fingerprint cards.

Submit a list containing each employee(s) who handle the drugs on a daily basis.

Copy of a bond in an amount of $100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download forms from the website.
ESTABLISHMENT REGISTRATION

Registrant - Unique Pharmaceuticals, Ltd (014120013)

<table>
<thead>
<tr>
<th>Contact</th>
<th>Address</th>
<th>Telephone Number</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travis A. Leeah</td>
<td>5920 S General Bruce Dr Ste 100</td>
<td>+1-254-933-0874</td>
<td><a href="mailto:tleelah@upisolutions.com">tleelah@upisolutions.com</a></td>
</tr>
</tbody>
</table>

Establishment

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>ID/FEI</th>
<th>Business Operations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unique Pharmaceuticals, Ltd</td>
<td>5920 S General Bruce Dr Ste 100</td>
<td>014120013/3002468086</td>
<td>HUMAN DRUG COMPOUNDING OUTSOURCING FACILITY(Intent to compound 506E (drug shortage) drugs)(Compounding from bulk ingredient)(Compounding sterile products)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact</th>
<th>Address</th>
<th>Telephone Number</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travis A. Leelah</td>
<td>Temple, TX, 76502</td>
<td>+1-254-933-0874</td>
<td><a href="mailto:tleelah@upisolutions.com">tleelah@upisolutions.com</a></td>
</tr>
</tbody>
</table>

Revised: 11/2014
Document Id: 30c5e7a0-bb5a-443a-89f6-4bf21af7293f
Set id: 8d778415-7473-4512-8066-66ceef5cf972
Version: 4
Effective Time: 20141103
Re: Unique Pharmaceuticals, LTD

Address: 5920 S. General Bruce #700
          Temple, Texas 76502

License No.: 20892

Date Issued: April 19, 2001

Licensure Status: Active

Expiration Date: April 30, 2017

Type of Pharmacy: Community Sterile Compounding

Prior Disciplinary Orders: No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Unique Pharmaceuticals, LTD (Texas Pharmacy License #20892) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

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

April 13, 2015
Date
March 4, 2015

Travis Alan Leeah

Texas Pharmacist License number: 32671

Disciplinary Action, Texas State Board of Pharmacy: Confidential Board Order

Year: 1996

Summary:

Travis Leeah entered into a confidential board order with The Texas State Board of Pharmacy in 1996. The Board of pharmacy in Texas does not disclose confidential information about pharmacists who voluntarily participate in the pharmacist recovery network (PRN) program, now called the professional recovery network here in Texas. The state of Texas has recognized the need to monitor and provide advocacy services for impaired professionals. Leading the path for non-punitive rehabilitation, PRN provides referrals, monitoring, education, and advocacy services to help professionals. This board order occurred in 1996 and contains confidential private health information. If you have any questions, please do not hesitate to call Travis Leeah, at 254-933-0874, or cell number at 254-760-3884, email: tleeah@upisolutions.com.

Sincerely,

[Signature]

Travis A. Leeah, RPh, MBA
President/CEO PIC
Unique Pharmaceuticals, Ltd.
5920 South General Bruce Drive
Temple, TX USA 76502
Phone: 888-339-0874
tleeah@upisolutions.com
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.

☐ New Pharmacy ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: PH_)

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b ☐ Partnership - Pages 1,2,5,7,8a,8b
☒ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b ☐ 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: CURNUTT COMMUNITY DRUG
Physical Address: 2341 E POSTAL DR., SUITE B
Mailing Address: PO Box 6380
City: Pahrump State: Nevada Zip Code: 89048
Telephone: 702-960-8640 Fax: N/A
Toll Free Number: N/A
E-mail: JUSTIN.CCRX@GMAIL.COM Website: N/A
Managing Pharmacist: JUSTIN CURNUTT License Number: 18330

Hours of Operation:
Monday thru Friday 9 am 6 pm Saturday 9 am 2 pm
Sunday N/A am N/A pm 24 Hours N/A

TYPE OF PHARMACY
☒ Retail
☐ Hospital (# beds ____)
☐ Internet
☐ Nuclear
☐ Out of State
☐ Ambulatory Surgery Center

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

Page 1
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.

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

Justin DAINE CURNUTT 04/21/2015

Print Name of Authorized Person Date

Board Use Only Received: 7-6-15 Amount: 500.00

Page 2
APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Wyoming
Parent Company if any: N/A
Corporation Name: CC & Sons LLC.
Mailing Address: P.O. Box 6380
City: Pahrump State: NV Zip: 89041-6380
Telephone: 702-960-8640 Fax: N/A
Contact Person: Justin Curnutt

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?
   a) Andrew Cannon 218 Hayden Ave. Evanston, WY 82930
      Name Address
   b) N/A
      Name Address
   c) N/A
      Name Address
   d) N/A
      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. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? 05/28/2015

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 %: N/A
Name: N/A %: N/A
I, Andrew Cannon
Responsible Person of cc & Sons LLC

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.

Original Signature, no stamps or copies

Date 6/22/15
1. Justin Curnutt

Responsible Person of CC & Sons LLC d/b/a Curnutt Community Drug

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.

Original Signature, no stamps or copies

06/21/2015

Date
Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Justin Dainé Curnutt
Pharmacy Name: Curnutt Community Drug
License #: 18338

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Been diagnosed or treated for any mental illness, including alcohol or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>substance abuse, or physical condition that would impair your ability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>to perform the essential functions of your license?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. been charged, arrested or convicted of a felony or misdemeanor in</td>
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<tr>
<td>any state?</td>
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<tr>
<td>2. been the subject of an administrative action whether completed or</td>
<td></td>
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<tr>
<td>pending in any state?</td>
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<tr>
<td>3. had your license subjected to any discipline for violation of pharmacy</td>
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<td></td>
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<tr>
<td>or drug laws in any state?</td>
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<td></td>
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</tbody>
</table>

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: ____ Date: __________ Case #: __________
And/or Criminal Action: State: ____ Date: __________ Case #: __________
County: __________ Court: __________
APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date: 06/21/2015

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 Retail Pharmacy

CURNUTT COMMUNITY DRUG 2341 E. POSTAL DR. SUITE B PAHRUMP, NV 89048

Nature of Pharmacy or Wholesaler: Name and Address of Business for Which Designated Representative is Requested

N/A

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name: CURNUTT  First Name: JUSTIN  Middle Name: DAIN

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

N/A

Present Residence Address-Street or RFD: 4531 N. LESLIE ST.

City: PAHRUMP

State/Zip: NV/89048

Present Business Address: 2341 E. POSTAL DR.

City: PAHRUMP

State/Zip: NV/89048

Present Position with the Pharmacy or Wholesaler: PHARMACIST IN CHARGE

Phone: Residence  Business  N/A

Date of Birth: 01/01/1986

Place of Birth (City, County, State): LAS VEGAS, CLARK, NEVADA

Age: Social Security Number: Sex: MALE

Color of Eyes: BLUE  Color of Hair: BROWN  Complexion: WHITE/FAIR  Weight: 140 lb.  Build: SLIM  Height: 5'6"

Scars, tattoos or distinguishing marks and/or characteristics: NONE

Are you a citizen of the United States? Yes ☑ No ☐ If alien, registration No. N/A

If naturalized, certificate No. N/A  Date. N/A

Place. N/A  (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐  Married ☑  Separated ☐  Divorced ☐  Widowed ☐  Engaged ☐

Applicant's initial: ✑
A. Current Marriage:

- Spouse's full name (Maiden): Ashley Lenae Poole
- Date of Birth: 10/19/1986
- Place of Birth: Pocatello, Idaho
- Resident address: 4531 N Leslie St, Pahrump, NV 89060
- Telephone: Residence: N/A, Business: N/A
- Spouse's employer: N/A, Occupation: Home Maker
- Address of employer: N/A

B. Previous Marriages:

If ever legally separated, divorced, or annulled, indicate below:

<table>
<thead>
<tr>
<th>Name of Spouse</th>
<th>Date of Order or Decree</th>
<th>Date of Place of Marriage</th>
<th>Nature of Action</th>
<th>City</th>
<th>County and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List of names, current address and telephone numbers of previous spouses:

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Birth Place</th>
<th>Residence Address</th>
</tr>
</thead>
</table>

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: [Signature]
FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order.

Name: N/A
Address: N/A
Contact person: N/A

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Troy Curnutt</td>
<td>2861 N. Leslie</td>
<td>2861 N. Leslie Ln, Pocatello, ID 83201</td>
<td>Entrepreneur</td>
</tr>
<tr>
<td>Mother</td>
<td>2861 Lois Ln, Pocatello, ID 83201</td>
<td>Home Maker</td>
<td></td>
</tr>
<tr>
<td>Father-in-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brian Poole</td>
<td>2860 S. Fairway, Pocatello, ID 83201</td>
<td>Engineer</td>
<td></td>
</tr>
<tr>
<td>Mother-in-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Melanie Poole</td>
<td>2860 S. Fairway, Pocatello, ID 83201</td>
<td>Elementary School</td>
<td>Secretary</td>
</tr>
</tbody>
</table>

D. Brothers and Sisters:
List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

<table>
<thead>
<tr>
<th>Name (Male)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameo Curnutt</td>
<td>2861 Lois Ln, Pocatello, ID 83201</td>
<td>Waitress</td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hannah Curnutt</td>
<td>2861 Lois Ln, Pocatello, ID 83201</td>
<td>College</td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ian Curnutt</td>
<td>2861 Lois Ln, Pocatello, ID 83201</td>
<td>High School</td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. EDUCATION:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar School</td>
<td>Lied Middle School</td>
<td>1997-2000</td>
<td>Yes ☑</td>
</tr>
<tr>
<td>High School</td>
<td>Centennial High School</td>
<td>2000-2004</td>
<td>Yes ☑</td>
</tr>
<tr>
<td>College University</td>
<td>Idaho State University</td>
<td>2007-2009</td>
<td>Yes ☑</td>
</tr>
<tr>
<td>Other</td>
<td>Roseman University of Health Sciences</td>
<td>Yes ☑</td>
<td></td>
</tr>
</tbody>
</table>

Type of degree obtained, if any: PHARM. D.
College or university where obtained: Roseman University of Health Sciences

Applicant's initial: ✽
5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes □ No ☒

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

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 CLARK State NEVADA Date registered 03/11/2004

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.

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Age</th>
<th>Charge</th>
<th>Location-City and State</th>
<th>Deposition/Date</th>
<th>Arresting Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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? N/A city, county and state N/A

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes □ No ☒ If yes when? N/A city, county and state N/A

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Charge</th>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant’s initial □

Page 4
1. 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:

<table>
<thead>
<tr>
<th>Plaintiff/Defendant or Claimant/Respondent</th>
<th>Date Filed</th>
<th>Court and Case Number</th>
<th>City, County and State</th>
<th>Disposition/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Type of Entity</th>
<th>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. RESIDENCES:

List all residences you have had for the last 25 years:

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>From-To</td>
<td>Street and Number</td>
<td>City</td>
<td>State or County</td>
</tr>
<tr>
<td>10/2014 - PRESENT</td>
<td>4531 N. CASLEST ST</td>
<td>Pahrump</td>
<td>NV</td>
</tr>
<tr>
<td>02/2013 - 10/2014</td>
<td>10 SPRUCE LN</td>
<td>Pahrump</td>
<td>NV</td>
</tr>
<tr>
<td>12/2012 - 02/2013</td>
<td>1636 CALICO CIRCLE</td>
<td>Pocatello</td>
<td>ID</td>
</tr>
<tr>
<td>05/2011 - 12/2012</td>
<td>7324 CAMDEN PINE AVE</td>
<td>Las Vegas</td>
<td>NV</td>
</tr>
<tr>
<td>05/2009 - 05/2011</td>
<td>4097 W. 9470 S.</td>
<td>South Jordan</td>
<td>UT</td>
</tr>
<tr>
<td>05/2008 - 05/2009</td>
<td>29 1/2 STANFORD AVE</td>
<td>Pocatello</td>
<td>ID</td>
</tr>
<tr>
<td>11/2007 - 05/2008</td>
<td>4134 E. HALLIDAY</td>
<td>Pocatello</td>
<td>ID</td>
</tr>
<tr>
<td>06/2007 - 11/2007</td>
<td>2861 LOIS LN.</td>
<td>Pocatello</td>
<td>ID</td>
</tr>
<tr>
<td>05/2006 - 06/2007</td>
<td>PERU</td>
<td>Peru</td>
<td>PERU</td>
</tr>
<tr>
<td>06/1996 - 05/2005</td>
<td>8300 SPRUCE MEADOWS AVE</td>
<td>Las Vegas</td>
<td>NV</td>
</tr>
<tr>
<td>05/1988 - 05/1996</td>
<td>5673 E. MONROE</td>
<td>Las Vegas</td>
<td>NV</td>
</tr>
</tbody>
</table>

Applicant's initial: ____________________________
Page 5
8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Number of Employed Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/2013 - PRESENT</td>
<td>SMITH FOOD and DRUG 601 S. Highways 160, PAHLMAN, NV 89448</td>
<td>6000+</td>
</tr>
<tr>
<td><strong>Title</strong></td>
<td><strong>Description of Duties</strong></td>
<td><strong>Name of Supervisor</strong></td>
</tr>
<tr>
<td>STAFF PHARMACIST</td>
<td>FILL VERIFY RX/COUNSELING/ INJECTIONS/ETC.</td>
<td>LESTER SHERMAN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Number of Employed Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/2012 - 05/2013</td>
<td>ADVANCED ISOTOPES 1090 E. DESERT INN RD. #102, LAS VEGAS, NV 89109</td>
<td>1500+</td>
</tr>
<tr>
<td><strong>Title</strong></td>
<td><strong>Description of Duties</strong></td>
<td><strong>Name of Supervisor</strong></td>
</tr>
<tr>
<td>STAFF PHARMACIST</td>
<td>FILLING RX/TAKING NEW RX</td>
<td>CHRIS SOUTHWICK</td>
</tr>
</tbody>
</table>

If additional space is needed, continue on page 10 or provide attachment.
9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

<table>
<thead>
<tr>
<th>Name of Person Employed</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dustin Wright</td>
<td>244 E. Derbyshire Ave.</td>
<td>Boise</td>
<td>ID</td>
<td>83709</td>
<td>10+</td>
</tr>
<tr>
<td>Nick Watkins</td>
<td>8829 S. Barbarra Pines Ave., Las Vegas</td>
<td></td>
<td>NV</td>
<td>89143</td>
<td>15+</td>
</tr>
<tr>
<td>Jacob Stockwell</td>
<td>2935 S. Stardust Dr.</td>
<td>Las Vegas</td>
<td>NV</td>
<td>89120</td>
<td>15+</td>
</tr>
<tr>
<td>Adam Cannon</td>
<td>244 Jarod Ln.</td>
<td>Evanston</td>
<td>WY</td>
<td>82930</td>
<td>6+</td>
</tr>
<tr>
<td>Taylor Brown</td>
<td>7004 Town Forest Ave.</td>
<td></td>
<td>LV</td>
<td>89089</td>
<td>10+</td>
</tr>
</tbody>
</table>

10. 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
- Doctor
- Contractor
- Real estate broker or salesman
- Barber/Cosmetologist
- Accountant
- Pilot
- Sports promoter
- Gaming
- Trainer or manager
- Educator

If yes, state type, where and years held: N/A

11. Have you ever applied for a city, county or state business, venture or industry license or hold 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

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes □ No □

N/A

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No □

N/A

If yes to the above, state where, when and for what reason:

N/A

Applicant’s initial: [Signature]
14. 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 ☒

15. 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 ☒

16. 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 ☒

17. 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 wholesaler)  
   Yes ☐ No ☒

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?  
   Yes ☒ No ☐

   Troy Curranit - Father - Owner of Advanced Isotopes of Nevada - Nuclear Pharmacy

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler?  
   Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler?  
   Yes ☒ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours?  

   Date of photo: ____________________________  
   Applicant's initials: ____________________________
Page 5 - Between years 05/2005 to 06/2007, I served as a representative of my church in Peru.
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509

CONTROLLED SUBSTANCE APPLICATION
Registration Fee: $80.00 (non-refundable money order only, no cash)

(This application can not be used by PA's or APRN's)

First: Anthony Middlc: J Last: Lamanusa Degree: DMD
Practice Name (if any): Preferred Family Dentistry
Nevada Address: 4510 S Eastern Ave #2 Suite #: 2
PO Box: -n/A SS#: 530 72-9127
E-mail address: 
City: Las Vegas State: NV Zip Code: 89119
Work Telephone: 
Fax: 
Practitioner License Number: 3359
Sex: M or F Specialty: general

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

 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 a board citation or 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 an explanation and documentation:

<table>
<thead>
<tr>
<th>Board Administrative Action</th>
<th>State</th>
<th>Date:</th>
<th>Case #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nevada</td>
<td>08/12/05</td>
<td>08/17/07</td>
<td>05-1195</td>
</tr>
<tr>
<td>Criminal Action</td>
<td>State</td>
<td>Date:</td>
<td>Case #:</td>
</tr>
<tr>
<td>Nevada</td>
<td>01/26/07</td>
<td>01/15/04</td>
<td>06-5145U,5</td>
</tr>
<tr>
<td>County</td>
<td>Court</td>
<td>07-1434</td>
<td></td>
</tr>
</tbody>
</table>

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed physician who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted. 03/12/15

Board Use Only: Date Processed: 4/12/15 Amount: $8000
STATE OF NEVADA
BEFORE THE BOARD OF DENTAL EXAMINERS OF NEVADA

NEVADA STATE BOARD OF DENTAL EXAMINERS, Complainant,

vs.

ANTHONY LAMANCUSA, D.M.D., Respondent.

Case No. 07-1434

THIRD STIPULATION

IT IS HEREBY STIPULATED AND AGREED by and between ANTHONY
LAMANCUSA, D.M.D. (hereinafter "Respondent"), by and through his attorney, HENRY
H. RAWLINGS, JR., ESQ., of the law firm of LEWIS & ASSOCIATES, LLC and THE
NEVADA STATE BOARD OF DENTAL EXAMINERS (hereinafter the "Board") by and
through Disciplinary Screening Officer, J. Stephen Sill, D. M. D., and Board’s counsel,
JOHN A. HUNT, ESQ., of the law firm of WINNER, HUNT & CARSON, P.C. as
follows:

1. On January 15, 2005, the Board adopted a Stipulation wherein Respondent
admitted to unknowingly aiding and abetting a person not licensed to practice dental
hygiene in the State of Nevada, due to the fraud of Kelly Stein and Respondent’s lack of
due diligence, thereby allowing Kelly Stein, a non-licensed dental hygienist, to practice
dental hygiene in Respondent’s presence in violation of NRS 631.346(3). See Exhibit
“1”.

2. On August 26, 2005, at a properly noticed meeting, Respondent entered into
a Second Stipulation with the Nevada State Board of Dental Examiners. See Exhibit “2”.

N.S.B.D.E.  
AUG 28 2007  
HHR
3. On November 17, 2006, Kathleen J. Kelly, Executive Director of the Board issued an Order of Suspension to Respondent (See Exhibit “3”) stating she had received substantial evidence of the following:

a. Respondent on more than one occasion issued prescriptions for more than 12 units of a controlled substance for a patient in violation of Paragraph 6(a)(I) of the Second Stipulation adopted by the Board on August 26, 2005.

b. Respondent failed to submit the list of prescriptions issued by Respondent on the first day of each month with the required details of information pursuant to Paragraph 6(a)(I) of the Second Stipulation adopted by the Board on August 26, 2005.

c. Respondent was aware that nitrous oxide-oxygen was present where he practiced dentistry in violation of Paragraph 6(a)(vi) of the Second Stipulation adopted by the Board on August 26, 2005.

d. As a result of the violations cited above Executive Director Kelly issued the following orders:

i. Respondent’s license was suspended effective immediately.

ii. Respondent had to surrender his prescription License No. BL4558586 with United States Department of Justice, DEA for a period of three (3) years effective on the date of the Order of Suspension.

iii. Respondent had to surrender his prescription License No. BL4558586 with the Nevada State Board of Pharmacy for a period of three (3) years effective on the date of the Order of Suspension.

4. On November 28, 2006, the Board received a formal request and petition requesting a formal hearing before the Board to reinstate Respondent’s privilege to practice dentistry in the State of Nevada.

5. On January 20, 2007, a properly noticed hearing to consider Respondent’s petition to reinstate his license to practice dentistry was held. Based upon that hearing, Findings of Fact, Conclusions of Law and Decision were entered by the Board (See Exhibit “4”). Respondent having reviewed the Findings of Fact, Conclusions of Law and
Decision, with the advice of his counsel, hereby accepts same and waives any right to seek judicial review of the Findings of Fact, Conclusions of Law and Decision.

6. In light of Respondent's acceptance of the Findings of Fact, Conclusions of Law and Decision entered by the Board, (Exhibit "4"), the parties hereby agree to this Third Stipulation based upon the following terms and conditions:

A. Respondent agrees pursuant to NRS 631.350(d) and (h), he shall be placed on probation for a period of five (5) years upon adoption of the Third Stipulation. Upon adoption this Third Stipulation shall supercede the terms and conditions of the Stipulation date August 26, 2005. The terms and conditions of the probation shall be reportable to the National Practitioners Data Bank. In the event Respondent does not actively practice dentistry in the State of Nevada the probationary period shall be tolled for the period on inactive practice. Respondent's practice shall be supervised and monitored pursuant to the following terms and conditions effective upon adoption of this Stipulation by the Board:

i. During the five (5) year probation/supervisory period, Respondent shall allow either the Executive Director of the Board and/or agent(s) appointed by the Board's Executive Director to inspect Respondent's records to ensure compliance with this Stipulation. Such inspections shall be performed, without notice, during normal business hours. During the probationary period Respondent is permitted to issue prescriptions for non-narcotic controlled substances pursuant to the terms set forth below. During the probationary period Respondent is prohibited from issuing any prescriptions for Class II, Class IIIN, Class III, Class IIIN, Class IV, or Class V controlled substances. In the event a patient of Respondent requires a prescription for a Class II, Class IIIN, Class III, Class IIIN, Class IV, or Class V controlled substance, Respondent is authorized to have a dentist licensed in Nevada to issue such a prescription. The prescribing dentist must physically examine the patient. The examination, prescription, and quantity must be entered into the patient's record by the prescribing dentist in his/her own handwriting. Respondent is responsible for making sure these entries are in the patient's records. Respondent is prohibited from receiving any pre-signed prescription(s) from a dentist who is issuing a prescription on behalf of any of Respondent's patient(s). All prescriptions issued by Respondent during the probationary period for non-narcotic controlled substances must be in Respondent's handwriting and must have an original signature of Respondent. Respondent must maintain a copy of any prescriptions issued by Respondent for non-narcotic controlled substances. Such copies shall be attached to reports submitted on the first day of each month. During the probationary
period Respondent is prohibited from placing telephone prescriptions for non-narcotic controlled substances. All prescriptions issued by a dentist on behalf of Respondent during the probationary period for Class II, Class IIN, Class III, Class IIN, Class IV, or Class V controlled substances must be in that dentist's own handwriting and must have an original signature of that dentist. Respondent must maintain a copy of any prescriptions issued by a dentist on Respondent's behalf for Class II, Class IIN, Class III, Class IIN, Class IV, or Class V controlled substances. Such copies shall be attached to reports submitted on the first day on each month. During the probationary period any dentist who issues a prescription to any of Respondent's patient(s) is prohibited from placing telephone prescriptions for Class II, Class IIN, Class III, Class IIN, Class IV, or Class V controlled substances. On the first day of each month during the probation period Respondent shall prepare a report listing the prescriptions issued by either the Respondent or any dentist who has issued a prescription on Respondent's behalf. Attached to the report shall be copies of any prescriptions issued by either the Respondent or any dentist who has issued a prescription on Respondent's behalf. The report shall include the following information and shall be submitted to the Executive Director of the Board:

(a) patient's name;
(b) date of issuance;
(c) name of dentist who issued prescription;
(d) units and amount of controlled substance issued; and
(e) reason for issuing the controlled substance.

ii. In the event the Board's Executive Director has substantial evidence to believe Respondent has failed to comply with any of the provisions contained in Paragraph 6(A)(i) the Executive Director, without further hearing or action by the Board, shall issue an Order of Revocation of Respondent's license to practice dentistry in the State of Nevada. After a period of one (1) years from the date of the Order of Revocation, Respondent may petition the Board to reinstate Respondent's revoked license. During the pendency of the one (1) year minimum revocation period Respondent waives any right to seek judicial review to reinstate his privilege to practice dentistry in the State of Nevada pending a final Board hearing to determine whether to reinstate Respondent's revoked license.

iii. Upon adoption of this Third Stipulation by the Board, Respondent shall physically surrender his License No. BL4558586 with the United States Department of Justice, D.E.A. to prescribe Class II, Class IIN, Class III, Class IIN, Class IV, and Class V for a period of five (5) years. In the event the Board's Executive Director has substantial evidence to believe Respondent has either failed to physically surrender his DEA License or has prescribed any Class II, Class IIN,
Class III, Class IIIN, Class IV, or Class V controlled substances, the Executive Director, without further hearing or action by the Board, shall issue an Order of Revocation of Respondent's license to practice dentistry in the State of Nevada. After a period of one (1) year from the date of the Order of Revocation, Respondent may petition the Board to reinstate Respondent's revoked license. During the pendency of the one (1) year minimum revocation period Respondent waives any right to seek judicial review to reinstate his privilege to practice dentistry in the State of Nevada pending a final Board hearing to determine whether to reinstate Respondent's revoked license. Assuming no violations of Paragraph 6(A)(iii), at the conclusion of the five (5) year probationary period Respondent may apply to the United States Department of Justice, D.E.A. to have his License No.BL4558586 reinstated. The Board will notify the DEA of the Findings of Fact, Conclusions of Law and Decision (Exhibit “4”) which have been entered by the Board.

iv. Upon adoption of this Third Stipulation by the Board, Respondent shall physically surrender his License No. BL4558586 with the with the Nevada State Board of Pharmacy to prescribed Class II, Class IIIN, Class III, Class IIIN, Class IV, and Class V for a period of five (5) years. In the event the Board's Executive Director has substantial evidence to believe Respondent has either failed to physically surrender his Nevada State Board of Pharmacy License or has prescribed Class II, Class IIIN, Class III, Class IIIN, Class IV, or Class V controlled substance, the Executive Director without further hearing or action by the Board, shall issue an Order of Revocation of Respondent's license to practice dentistry in the State of Nevada. After a period of one (1) year from the date of the Order of Revocation, Respondent may petition the Board to reinstate Respondent's revoked license. During the pendency of the one (1) year minimum revocation period Respondent waives any right to seek judicial review to reinstate his privilege to practice dentistry in the State of Nevada pending a final Board hearing to determine whether to reinstate Respondent's revoked license. Assuming no violations of Paragraph 6(A)(iv) at the conclusion of the five (5) year probationary period Respondent may apply to the Nevada State Board of Pharmacy to have his License No.BL4558586 reinstated. The Board will notify the Nevada State Board of Pharmacy of the Findings of Fact, Conclusions of Law and Decision (Exhibit “4”) which have been entered by the Board.

v. During the five (5) year probationary period commencing upon the adoption of this Third Stipulation, all chart entries on patients seen or treated by Respondent must be in Respondent's own hand writing and must contain at a minimum the following information:
1. Date of the treatment;
2. A diagnosis for every treatment performed;
3. A description of the treatment performed;
4. Amount, concentration and types of medications given;
5. Each prescription must be in triplicate and indicate the number of units and concentration of the drug prescribed;
6. For emergency or problem focused evaluations, Respondent must provide a statement in the patient’s words of the problem, an observation of the patient’s condition, a diagnosis, and a statement of the proposed treatment.

In the event the Board’s Executive Director has substantial evidence to believe Respondent has failed to comply with any of the provisions contained in Paragraph 6(A)(v), the Executive Director, without further hearing or action by the Board, shall issue an Order of Revocation of Respondent’s license to practice dentistry in the State of Nevada. After a period of one (1) year from the date of the Order of Revocation, Respondent may petition the Board to reinstate Respondent’s revoked license. During the pendency of the one (1) year minimum revocation period Respondent waives any right to seek judicial review to reinstate his privilege to practice dentistry in the State of Nevada pending a final Board hearing to determine whether to reinstate Respondent’s revoked license.

vi. During the five (5) year probationary period commencing upon the adoption of this Third Stipulation all insurance claims submitted for treatment by Respondent shall contain an original signature of Respondent. In the event the Board’s Executive Director has substantial evidence to believe Respondent has submitted either an insurance claim form that does not contain his original signature the Executive Director, without further hearing or action by the Board, shall issue an Order of Revocation of Respondent’s license to practice dentistry in the State of Nevada. After a period of one (1) year from the date of the Order of Revocation, Respondent may petition the Board to reinstate Respondent’s revoked license. During the pendency of the one (1) year minimum revocation period Respondent waives any right to seek judicial review to reinstate his privilege to practice dentistry in the State of Nevada pending a final Board hearing to determine whether to reinstate Respondent’s revoked license.

vii. Pursuant to NRS 631.350(1)(i), Respondent agrees to perform One Hundred and Fifty (150) hours of Board approved community service at a dental public health facility. The One Hundred and Fifty (150) hours of community service must be completed within three (3) years of the Board’s adoption of this Third Stipulation. Respondent must receive prior written approval from the Board’s Executive Director before
administering the community service. To receive credit for any of the community service rendered Respondent must have an individual who is responsible for the community service facility attest to the amount of time Respondent has rendered treatment. In the event Respondent fails to complete the One Hundred and Fifty (150) hours of community service within three (3) years of the Board’s adoption of this Third Stipulation the Executive Director shall without any further action of the Board shall issue an Order suspending Respondent’s license to practice dentistry in the State of Nevada. Upon submitting written proof to the Executive Director that Respondent has completed the One Hundred and Fifty (150) hours of community service the Executive Director without any further action of the Board shall issue an Order reinstating Respondent’s license to practice dentistry in the State of Nevada. During the period of suspension Respondent waives any right to seek judicial review to reinstate his privilege to practice dentistry in the State of Nevada.

viii. During the probationary period, Respondent agrees to submit to random sampling of urine, hair and/or bodily fluids for controlled and/or non-prescribed substances when so ordered by the Executive Director of the Board until August 26, 2008. Respondent shall be responsible for all costs incurred for the analysis of urine and/or bodily fluids.

1. In the event any test or analysis of bodily fluids taken from Respondent, pursuant to the terms of this Third Stipulation, is positive, indicating the presence of controlled substances (not pursuant to a valid prescription), the Executive Director, without any further hearing or action by the Board, shall issue an Order of Revocation of Respondent’s license to practice dentistry in the State of Nevada. After a period of one (1) year from the date of the Order of Revocation, Respondent may petition the Board to reinstate Respondent’s revoked license. During the pendency of the one (1) year minimum revocation period, Respondent waives any right to seek judicial review to reinstate his privilege to practice dentistry in the State of Nevada pending a final Board hearing to determine whether to reinstate Respondent’s revoked license.

   (a) In the event Respondent fails to submit or present himself for random drug testing, within (24) hours when ordered by the Executive Director, the Executive Director without any further hearing or action by the Board, shall issue an Order of Revocation of Respondent’s license to practice dentistry in the State of Nevada. After a period of one (1) year from the date of the Order of Revocation, Respondent may petition the Board to reinstate Respondent’s revoked license. During the pendency of the one (1) year revocation period, Respondent waives any right to seek judicial review to reinstate his privilege to practice dentistry in the State of Nevada pending a final Board hearing to determine whether to reinstate Respondent’s revoked license.
minimum revocation period. Respondent waives any right to seek judicial review to reinstate his privilege to practice dentistry in the State of Nevada pending a final Board hearing to determine whether to reinstate Respondent's revoked license.

(b) Respondent authorizes reports generated by the urinalysis and/or bodily fluids testing to be furnished to the Executive Director of the Board. All reports submitted to the Executive Director of the Board shall remain confidential. However, in the event of a violation in the form of a confirmed, positive test result, all reports previously submitted to the Executive Director of the Board will be available for use by the Board, including in connection with any subsequent disciplinary action of the Board.

ix. Respondent agrees to reimburse the Board for costs of the investigation and to monitor this Stipulation in the amount of Seventy Five Hundred ($7,500.00) Dollars pursuant to the following payment schedule:

a. Prior to the adoption of this Third Stipulation, Respondent shall deliver the initial sum of Twenty-five ($2,500.00) Dollars to the Board upon execution of this Third Stipulation. If the Board does not adopt this Third Stipulation the Twenty-five ($2,500.00) Dollars will be returned in full to Respondent.

b. Thereafter, every six (6) months on the first for the first business day of each month, Respondent shall deliver to the Board's office located at 6010 S. Rainbow Blvd. Bldg. A, Suite 1, Las Vegas, Nevada, the sum of twelve Hundred and Fifty ($1,250.00) Dollars to satisfy the remaining balance due of Five Thousand ($5,000.00) for costs of this investigation and to monitor this Third Stipulation.

x. Respondent pursuant to NRS 631.350(c) agrees to pay a fine, reportable to the National Practitioners Data Bank, in the amount of One Thousand ($1,000.00) Dollars pursuant to the following payment schedule:

a. Prior to the adoption of this Stipulation, Respondent shall deliver the initial sum of Five Hundred ($500.00) Dollars to the Board upon execution of this Third Stipulation. If the Board does not adopt this Third Stipulation the initial Five Hundred ($500.00) Dollars will be returned in full to Respondent.

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b. Thereafter, within six (6) months of adoption of this Third Stipulation, Respondent shall deliver to the Board’s office located at 6010 S. Rainbow Blvd. Bldg. A, Suite 1, Las Vegas, Nevada the remaining balance due of Five Hundred ($500.00) Dollars due on the agreed fine.

xii. In the event Respondent fails to deliver any of the payments required pursuant to Paragraphs 6(A)(ix) or 6(A)(x), Respondent agrees his license to practice dentistry in the State of Nevada shall automatically be suspended without further action of the Board other than issuance of an Order by the Executive Director. Failure to deliver payment would include any checks returned for insufficient funds. Respondent agrees to the payment of twenty-five dollars ($25.00) for each day Respondent fails to deliver any of the payments required by Paragraphs 6(A)(ix) or 6(A)(x). Respondent may cure any default regarding the payments set forth in Paragraphs 6(A)(ix) or 6(A)(x), by delivering to the Board’s Executive Director the total amount in default, plus the twenty-five dollar ($25.00) per day assessment. Upon receipt of payment in full of any amount in default, plus the twenty-five dollar ($25.00) per day assessment, the Executive Director shall, without further action of the Board, reinstated Respondent’s license to practice dentistry in the State of Nevada, assuming there are no other violations or any of the provisions contained in this Stipulation. Respondent agrees to waive any right to seek injunctive relief from either the Nevada Federal District Court or the Nevada State District Court to reinstate his license prior to curing any default on the amounts due and owing.

xiii. In the event Respondent fails to cure any default in payment within forty-five (45) days of the default, Respondent agrees the amount may be reduced to judgment.

xiv. Respondent waives any right to have the amounts owed pursuant to Paragraphs 6(A)(ix) or 6(A)(x) discharged in bankruptcy.

xv. Respondent agrees during the probationary period, Respondent shall have each employer and dentist who issues a controlled substance on Respondent’s behalf acknowledge in writing receipt of a copy of this Third Stipulation. Acknowledgment shall consist of each employer and dentist who issues a controlled substance on Respondent’s behalf signing and dating a copy of this Third Stipulation which Respondent shall maintain for inspection by the Board. In the event the Board’s Executive Director has substantial evidence to believe Respondent has not provided each employer and dentist who has issued a controlled substance on behalf of Respondent the Executive Director, without further hearing or action by the Board, shall issue an Order of Revocation of Respondent’s license to practice dentistry in the State of Nevada. After a 
period of one (1) year from the date of the Order of Revocation, Respondent may petition the Board to reinstate Respondent’s revoked license. During the pendency of the one (1) year minimum revocation period Respondent waives any right to seek judicial review to reinstate his privilege to practice dentistry in the State of Nevada pending a final Board hearing to determine whether to reinstate Respondent’s revoked license.

xv. Respondent and the Board agree all of the provisions contained in this Third Stipulation shall supercede all of the provisions contained in the Second Stipulation adopted by the Board on August 26, 2005.

CONSENT

7. Respondent has read all of the provisions contained in this Third Stipulation and agrees with them in their entirety.

8. Respondent is aware by entering into this Third Stipulation he is waiving certain valuable due process rights contained in, but not limited to, NRS 631, NAC 631, NRS 233B and NAC 233B.

9. Respondent expressly waives any right to challenge the Board for bias in deciding whether or not to adopt this Third Stipulation in the event this matter was to proceed to a full Board hearing.

10. Respondent and the Board agree any statements and/or documentation made or considered by the Board during any properly notice open meeting to determine whether to adopt or reject this Third Stipulation are privileged settlement negotiations and therefore such statements or documentation may not be used in any subsequent Board hearing or judicial review, whether or judicial review is sought in either the State or Federal District Court(s).

11. Respondent has reviewed the Third Stipulation with his attorney, Henry H. Rawlings, Jr., Esquire, who has explained each and every provision contained in this Third
12. Respondent acknowledges he is consenting to this Third Stipulation voluntarily, without coercion or duress and in the exercise of his own free will.

13. Respondent acknowledges no other promises in reference to the provisions contained in this Third Stipulation have been made by any agent, employee, counsel or any person affiliated with the Nevada State Board of Dental Examiners.

14. Respondent acknowledges the provisions in this Third Stipulation contain the entire agreement between Respondent and the Board and the provisions of this Third Stipulation can only be modified, in writing, with Board approval.

15. Respondent agrees in the event the Board adopts this Third Stipulation he hereby waives any and all rights to seek judicial review or otherwise to challenge or contest the validity of the provisions contained in the Third Stipulation.

16. Respondent and the Board agree that neither party shall be deemed the drafter of this Third Stipulation and, in the event this Third Stipulation is construed by a court of law or equity, such court shall not construe this Third Stipulation or any provision hereof against either party as the drafter of the Third Stipulation. The parties hereby acknowledge that both parties have contributed substantially and materially to the preparation of this Third Stipulation. The parties acknowledge and agree this Third Stipulation is the joint effort of each of the parties and in the event of any dispute regarding the construction of any terms herein, it shall not be construed strictly in favor or against either party.

17. Respondent specifically acknowledges by his signature herein and his initials
at the bottom of each page of this Third Stipulation, he has read and understands its terms and acknowledges that he has signed and initialed of his own free will and without undue influence, coercion, duress, or intimidation.

18. Respondent acknowledges in the event the Board adopts this Third Stipulation, this Third Stipulation may be considered in any future Board proceeding(s) or judicial review, whether such judicial review is preformed by either the State or Federal District Court(s).

19. This Third Stipulation will be considered by the Board in an open meeting. It is understood and stipulated the Board is free to accept or reject the Third Stipulation and, if the Third Stipulation is rejected by the Board, further disciplinary action may be implemented. This Third Stipulation will only become effective when the Board has approved the same in an open meeting. Should the Board adopt this Third Stipulation, such adoption shall be considered a final disposition of a contested case and will become a public record and shall be reported to the National Practitioner's Data Bank.

DATED this 5 day of August, 2007.

ANTHONY LAMANCUSA, D.M.D.
Respondent

SUBSCRIBED and SWORN to before me this 13 day of August, 2007.

NOTARY PUBLIC

APPROVED AS TO FORM & CONTENT

HENRY H. RAWLINGS, JR., ESQ.
The foregoing Third Stipulation was approved/disapproved by a vote of the Nevada State Board of Dental Examiners at a properly noticed meeting.

DATED this 18 day of AUGUST, 2007.

NEVADA STATE BOARD OF DENTAL EXAMINERS

TONY GUILLEN, D.D.S.
President

APPROVED AS TO FORM & CONTENT
JOHN A. HUNT, ESQUIRE
WINNER, HUNT & CARSON P.C.
Board Counsel

APPROVED AS TO FORM & CONTENT
J. STEPHEN SILL, D.M.D.
Disciplinary Screening Office/Informal Hearing Officer

N.S.B.D.E.
AUG 28 2007
HHR
Exhibit “1”
STATE OF NEVADA

BEFORE THE BOARD OF DENTAL EXAMINERS OF NEVADA

NEVADA STATE BOARD OF DENTAL EXAMINERS,

Complainant,

vs.

ANTHONY LaMANCUSA, D.M.D.

Respondent.

Case No. 1109-04

STIPULATION

IT IS HEREBY STIPULATED AND AGREED by and between ANTHONY LaMANCUSA, D.M.D. (Hereinafter "Respondent"), in proper person, and THE NEVADA STATE BOARD OF DENTAL EXAMINERS (hereinafter "Board"), by and through Disciplinary Screening Officer, J. Stephen Sill, D. M. D. and Board’s counsel, JOHN A. HUNT, ESQ., of the law firm of RALEIGH, HUNT & McGARRY, P.C. as follows:


2. Based upon the limited investigation conducted to date, Disciplinary Screening Officer, J. Stephen Sill, D. M. D., under the administrative standard of proof as set forth in State, Emp. Security v. Hilton Hotels, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986); and see Minton v. Board of Medical Examiners, 110 Nev. 1060, 881 P.2d 1339 (1994), but not for any other purpose,

N.S.B.U.E.

AUG 28 2007

AL

LEH
finds there is substantial evidence Respondent, aided and abetted a person not licensed to practice
dental hygiene in the State of Nevada, when Respondent allowed Kelly Stein a non-licensed
hygienist to practice dental hygiene in Respondent's presence in violation of NRS 631.345(3).

3. Respondent has been made aware that NRS 631.346 states:

"The following acts, among others, constitute unprofessional conduct:

......

3. Employing, procuring, inducing, aiding or abetting a person not licensed or registered as a dentist to engage in the practice of
dentistry, but a patient shall not be deemed to be an accomplice,
employer, procurer, inducer, aider or abettor;

4. Applying the administrative burden of proof of substantial evidence as set forth in
State, Emp. Security v. Hilton Hotels, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986); see also NRS
233B.135, and see Minton v. Board of Medical Examiners, 110 Nev. 1060, 881 P.2d 1339 (1994),
see also NRS 233B.135(3)(e), but not for any other purpose, Respondent admits he unknowingly
aided and abetted a person not licensed to practice dental hygiene in the State of Nevada, due to the
fraud of Kelly Stein and Respondent's lack of due diligence, thereby allowing Kelly Stein a non-
licensed dental hygienist to practice dental hygiene in Respondent's presence in violation of NRS
631.346(3).

5. Based upon the admission contained in paragraph four (4), Respondent agrees to the
following:

a. Respondent, pursuant to NRS 631.350(1)(j), shall retake the jurisprudence
test as set forth in NRS 631.240(2) on the contents and interpretation of NRS
631 and the regulations of the Board. Respondent will have sixty (60) days
from receipt of the book and test to successfully complete the test. In the
event Respondent fails to successfully complete the re-examination within
sixty (60) days of receipt of the book and test, Respondent agrees his license
to practice dentistry in the State of Nevada shall be automatically suspended
without any further action of the Board other than issuance of an order by the
Executive Director. Upon successful completion of the test, Respondent’s license to practice dentistry in the State of Nevada will be automatically reinstated. Respondent agrees to waive any right to seek injunctive relief from any Federal or State of Nevada District Court to prevent the automatic suspension of Respondent’s license to practice dentistry in the State of Nevada due to Respondent failure to comply with Paragraph 5(a).

Respondent shall also be responsible for any costs or attorney’s fees incurred in the event the Board has to seek injunctive relief to prevent Respondent from practicing dentistry during the period Respondent’s license is automatically suspended.

b. Respondent agrees to reimburse the Board the sum of Five Hundred Dollars ($500.00) for the costs of this investigation payable upon adoption of this Stipulation by the Board. This amount shall not be considered a fine and therefore is not reportable to the National Practitioners Data Bank.

c. Respondent pursuant to NRS 631.350(e) agrees to pay a fine in the amount of One Hundred Dollars ($100.00) due to Kelly Stein’s fraud upon Respondent in the hiring of Ms. Stein. This amount shall be payable upon adoption of this Stipulation by the Board. This fine shall be reportable to the National Practitioners Data Bank.

d. In the event Respondent fails to deliver to the Board the payment as required by Paragraph 5(b) or 5(c), Respondent agrees his license to practice dentistry in the State of Nevada shall be automatically suspended without any further action of the Board other than the issuance of an order by the Board’s Executive Director suspending Respondent’s license. Respondent agrees to the payment of twenty-five dollars ($25.00) for each day Respondent fails to deliver payment required by Paragraph 5(b) or 5(c). Respondent may cure any default regarding the payment set forth in Paragraph 5(b) or 5(c) by delivering to the Board’s Executive Director the total amount in default, plus the Twenty-Five Dollar ($25.00) per day assessment. Upon receipt of payment in full of any amount in default, plus the Twenty-Five Dollar ($25.00) per day assessment, the Executive Director shall issue an Order reinstating Respondent’s license to practice dentistry in the State of Nevada without any further action necessary by the Board.

e. Respondent agrees to waive any right to seek injunctive relief from any Federal or State of Nevada District Court to prevent the automatic suspension of Respondent’s license to practice dentistry in the State of Nevada due to Respondent failure to comply with Paragraphs 5(b) or 5(c). Respondent shall also be responsible for any costs or attorney’s fees incurred in the event the Board has to seek injunctive relief to prevent Respondent from practicing dentistry during the period Respondent’s license is automatically suspended.
f. In the event Respondent fails to cure any default in payment within forty-five (45) days of the default, Respondent agrees the amount may be reduced to judgment.

g. Respondent waives any right to have the amounts owed pursuant Paragraph 5(b) or 5(c) discharged in bankruptcy.

h. Respondent agrees to supply to the Board with a list of all patients and insurance companies who paid compensation to Respondent for the illegal treatments rendered by Ms. Kelly Stein during her employment with Respondent. This information shall only be used in the event the Board receives a complaint from either a patient or insurance company relating to the illegal treatments rendered by Kelly Stein.

i. Respondent agrees this Stipulation in no way prevents the Board from investigating any complaints from any patients or insurance companies in which Ms. Stein delivered illegal treatment.

CONSENT

1. Respondent has read all of the provisions contained in this Stipulation and agrees with them in their entirety.

2. Respondent is aware by entering into this Stipulation he is waiving certain valuable due process rights contained in, but not limited to, NRS 631, NAC 631, NRS 233B and NAC 233B.

3. Respondent expressly waives any right to challenge the Board for bias in deciding whether or not to adopt this Stipulation in the event this matter was to proceed to a full Board hearing.

4. Respondent acknowledges he has read the Stipulation. Respondent acknowledges he has been advised he has the right to have this matter reviewed by independent counsel and he has had ample opportunity to seek independent counsel. Respondent has been specifically informed he should seek independent counsel and advice of independent counsel would be in Respondent’s best interest. Having been advised of his right to independent counsel, as well as had the opportunity to seek independent counsel, Respondent hereby acknowledges, by his own free
will, he is consenting to the Stipulation without independent counsel.

5. Respondent acknowledges he is consenting to this Stipulation voluntarily, without coercion or duress and in the exercise of his own free will.

6. Respondent acknowledges no other promises in reference to the provisions contained in this Stipulation have been made by any agent, employee, counsel or any person affiliated with the Nevada State Board of Dental Examiners.

7. Respondent acknowledges the provisions in this Stipulation contain the entire agreement between Respondent and the Board and the provisions of this Stipulation can only be modified, in writing, with Board approval.

8. Respondent agrees in the event the Board adopts this Stipulation he hereby waives any and all rights to seek judicial review or otherwise to challenge or contest the validity of the provisions contained in the Stipulation.

9. This Stipulation will be considered by the Board in an open meeting. It is understood and stipulated the Board is free to accept or reject the Stipulation and, if the Stipulation is rejected by the Board, further disciplinary action may be implemented. This Stipulation will only become effective when the Board has approved the same in an open meeting. Should the Board adopt this Stipulation, such adoption shall be considered a final disposition of a contested case and will become a public record.

10. Respondent has reviewed the Stipulation with his attorney, L. Earl Hawley, Esquire, who has explained each and every provision contained in this Stipulation to the Respondent.
DATED this 10th day of December, 2004.

ANTHONY LaMANCUSA, D.M.D.,
Respondent

APPROVED AS TO FORM & CONTENT

L. EARL HAWLEY, ESQ.
Attorney for Respondent

SUBSCRIBED and SWORN to before me this 10th day of December, 2004

NOTARY PUBLIC

APPROVED AS TO FORM & CONTENT

JOHN A. HUNT, ESQUIRE
Raleigh, Hunt & McGarry, P.C.
Board Counsel

APPROVED AS TO FORM & CONTENT

J. STEPHEN SILL, D.M.D.
Disciplinary Screening Office/Informal Hearing Officer

The foregoing Stipulation was approved/disapproved by a vote of the Nevada State Board of Dental Examiners at a properly noticed meeting.

DATED this _ _ day of _ _ _, 2004.

NEVADA STATE BOARD OF DENTAL EXAMINERS

TONY GUILLEN, D.D.S.
President

N.S.B.D.E. 6
AUG 28 2007  AL
STATE OF NEVADA

BEFORE THE BOARD OF DENTAL EXAMINERS OF NEVADA

NEVADA STATE BOARD OF  
DENTAL EXAMINERS,  
Complainant,  

-vs-  

ANTHONY LaMANCUSA, D.M.D.,  
Respondent.  

Case No. 05-1195

STIPULATION

IT IS HEREBY STIPULATED AND AGREED between ANTHONY LaMANCUSA, D.M.D. (hereinafter "Respondent"), by and through his counsel, JOHN C. WAWERNA, ESQ., and the NEVADA STATE BOARD OF DENTAL EXAMINERS (hereinafter "Board") by and through its counsel, JOHN A. HUNT, ESQ. of the law firm of RAELIGH, HUNT & McGARRY, P.C., as follows:

1. On January 26, 2005, the Respondent was notified by the Board of an authorized investigation into Respondent's prescription writing practices. On June 2, 2005, Earl L. Hawley, Esq. filed an answer to the authorized investigation on behalf of Respondent.

2. Based upon the limited investigation conducted to date, Disciplinary Screening Officer, J. Stephen Sill, D.M.D., applying the administrative burden of proof of substantial evidence as set forth in State, Emp. Security v. Hilton Hotels, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986), and see Minton v. Board of Medical Examiners, 110 Nev. 1060, 881 P.2d 1339 (1994), see also NRS 233B.135(3)(e), but not for any other purpose, finds there is substantial evidence Respondent on more than one occasion violated NRS 631.3475(5), when Respondent administered a controlled substance that was not required to treat a dental patient.

N.S.B.D.E.  
AUG 28 2007
3. Based upon the limited investigation conducted to date, Disciplinary Screening Officer, J. Stephen Sill, D.M.D., applying the administrative burden of proof of substantial evidence as set forth in State, Emp. Security v. Hilton Hotels, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986); and see Minton v. Board of Medical Examiners, 110 Nev. 1060, 881 P.2d 1339 (1994), see also NRS 233B.135(3)(e), but not for any other purpose, finds there is substantial evidence Respondent on more than one occasion violated NAC 631.230(1)(b), when Respondent wrote prescriptions for controlled substances in such excessive amounts as to constitute a departure from prevailing standards of acceptable dental practice.

4. Applying the administrative burden of proof of substantial evidence as set forth in State, Emp. Security v. Hilton Hotels, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986); and see Minton v. Board of Medical Examiners, 110 Nev. 1060, 881 P.2d 1339 (1994), see also NRS 233B.135(3)(e), but not for any other purpose, Respondent admits on more than one occasion, Respondent violated NRS 631.3475(5) when Respondent administered a controlled substance that was not required to treat a dental patient.

5. Applying the administrative burden of proof of substantial evidence as set forth in State, Emp. Security v. Hilton Hotels, 102 Nev. 606, 608, 729 P.2d 497, 498 (1986); and see Minton v. Board of Medical Examiners, 110 Nev. 1060, 881 P.2d 1339 (1994), see also NRS 233B.135(3)(e), but not for any other purpose, Respondent admits on more than one occasion, Respondent violated NAC 631.230(1)(b) when Respondent wrote prescriptions for controlled substances in such excessive amounts as to constitute a departure from prevailing standards of acceptable dental practice.

6. Based upon the admissions contained in Paragraphs 4 and 5, Respondent agrees to the following:

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a. Respondent agrees pursuant to NRS 631.350(d) and (h), Respondent shall be placed on probation for a period of three (3) years. The terms and conditions of the probation shall be reportable to the National Practitioners Data Bank. Respondent’s practice shall be supervised and monitored pursuant to the following terms and conditions effective upon adoption of this Stipulation by the Board:

i. During the three (3) year probation/supervisory period, Respondent shall allow either the Executive Director of the Board and/or an agent appointed by the Board’s Executive Director to inspect Respondent’s records to ensure compliance with this Stipulation. Such inspections shall be performed, without notice, during normal business hours. Respondent further agrees during this period of probation and supervision, Respondent shall maintain a list of any prescriptions issued to any of Respondent’s patients for controlled substances. During the probationary period Respondent shall not issue any prescription(s) for more than 12 units of a controlled substance for each office visit where treatment was rendered. All prescriptions issued by Respondent during the probationary period must be in Respondent’s handwriting and must have an original signature of Respondent. During the probationary period Respondent is prohibited from placing telephone prescriptions for controlled substances. The list of prescriptions issued by Respondent’s shall include the following information and shall be submitted to the Executive Director of the Board on the first day of each month during the probation period:

   (a) patient’s name;
   (b) date of issuance;
   (c) name of dentist who issued prescription;
   (d) units and amount of controlled substance issued; and
   (e) reason for issuing the controlled substance.

ii. In the event the Board’s Executive Director has substantial evidence to believe Respondent has failed to comply with any of the provisions contained in Paragraph 6(a)(i) the Executive Director, without any further hearing or action by the Board, shall issue an order suspending Respondent’s license to practice dentistry in the State of Nevada. Thereafter, Respondent may request a hearing before the Board but during the pendency of the hearing before the Board, Respondent waived any right to seek judicial review to reinstate his privilege to practice dentistry in the State of Nevada pending a final Board hearing.

iii. In the event the Board’s Executive Director has substantial evidence to believe Respondent has failed to comply with any of the provisions contained in Paragraph 6(a)(i) during the probationary period, Respondent agrees to surrender his License No. BL4558586 with the United States Department of Justice, D.E.A. for Class II, Class IIIN, Class III, Class IIIIN, Class IV, and
Class V for a period of three (3) years commencing upon the date of the Order of Suspension issued by the Executive Director. At the conclusion of the three (3) year period, Respondent may apply to the United States Department of Justice, D.E.A. to have his License No. BL4558586 reinstated.

iv. In the event the Board’s Executive Director has substantial evidence to believe Respondent has failed to comply with any of the provisions contained in Paragraph 6(a)(i) during the probationary period, Respondent agrees to surrender his License No. BL4558586 with the Nevada State Board of Pharmacy for Class II, Class IIN, Class III, Class IIIIN, Class IV, and Class V for a period of three (3) years commencing upon the date of the Order of Suspension issued by the Executive Director. At the conclusion of the three (3) year period, Respondent may apply to the Nevada State Board of Pharmacy to have his License No. BV3599 reinstated.

v. In the event the Board’s Executive Director has substantial evidence to believe Respondent has either issued or has caused to be issued prescriptions for controlled substances identified as Class II, Class IIN, Class III, Class IIIIN, Class IV or Class V subsequent to surrendering his United States Department of Justice, D.E.A., License No. BL4558586 and Nevada State Board of Pharmacy, License No. BV3599 the Executive Director, without any further hearing or action by the Board, shall issue an Order revoking Respondent’s license to practice dentistry in the State of Nevada. Thereafter, Respondent may request a hearing before the Board but during the pendency of the hearing before the Board, Respondent waives any right to seek judicial review to reinstate his privilege to practice dentistry in the State of Nevada pending a final Board hearing.

vi. During the three (3) year probation/supervisory period, Respondent shall be prohibited from the administering or having nitrous oxide present his dental practice. In the event the Board’s Executive Director has substantial evidence to believe Respondent has either administered or has nitrous oxide present the Executive Director, without any further hearing or action by the Board, shall issue an Order suspending Respondent’s license to practice dentistry in the State of Nevada. Thereafter, Respondent may request a hearing before the Board but during the pendency of the hearing before the Board, Respondent waives any right to seek judicial review to reinstate his privilege to practice dentistry in the State of Nevada pending a final Board hearing.

vii. During the three (3) year probationary period, Respondent agrees to submit to random sampling of urine and/or bodily fluids for controlled and/or non-prescribed substances when so ordered by the Executive Director of the Board. Respondent shall be responsible for all costs incurred for the analysis of urine and/or bodily fluids.
In the event any test or analysis of bodily fluids taken from Respondent, pursuant to the terms of this Stipulation, is positive, indicating the presence of controlled substances (not pursuant to a valid prescription), the Executive Director, without any further hearing or action by the Board, shall issue an Order suspending Respondent's license to practice dentistry in the State of Nevada. Thereafter, Respondent may request a hearing before the Board to reinstate Respondent's license to practice dentistry in Nevada. During the pendency of the hearing before the Board, Respondent waives any right to seek judicial review to reinstate his privilege to practice dentistry in the State of Nevada pending a final Board hearing.

(a) In the event Respondent fails to present himself for random drug testing, within twenty-four (24) hours when ordered by the Executive Director, the Executive Director without any further hearing or action by the Board, shall issue an Order suspending Respondent's license to practice dentistry in the State of Nevada. Thereafter, Respondent may request a hearing before the Board to reinstate Respondent's license to practice dentistry in Nevada. During the pendency of the hearing before the Board, Respondent waives any right to seek judicial review to reinstate his privilege to practice dentistry in the State of Nevada pending a final Board hearing.

(b) Respondent authorizes reports generated by the urinalysis and/or bodily fluids testing to be furnished to the Executive Director of the Board. All reports submitted to the Executive Director of the Board shall remain confidential. However, in the event of a violation in the form of a confirmed, positive test result, all reports previously submitted to the Executive Director of the Board will be available for use by the Board in connection with any subsequent disciplinary action of the Board.

Pursuant to NRS 631.350(k), in addition to completing the required continuing education, Respondent shall obtain twenty (20) additional hours in supplemental education relating to pharmacology and pain management. Ten (10) hours of the supplemental education must be completed within six (6) months of the approval of this Stipulation by the Board and the additional ten (10) hours of supplemental education must be completed within one (1) year of the approval of this Stipulation by the Board. The supplemental education must be submitted in writing to the Executive Director of the Board for approval prior to attendance. Upon receipt of a written request to attend supplemental education the Executive Director of the Board shall notify Respondent in writing whether the requested supplemental education
is approved for attendance. All costs associated with this supplemental education shall be paid by Respondent. In the event Respondent fails to complete all of the supplemental education within one (1) year, Respondent agrees his license to practice dentistry in the State of Nevada shall automatically be suspended without any further action of the Board other than the issuance of an Order by the Executive Director. Upon submitting written proof of completion of the supplemental education, Respondent’s license to practice dentistry in the state of Nevada will be automatically reinstated. Respondent agrees to waive any right to seek injunctive relief from any Federal or State of Nevada District Court to prevent the automatic suspension of Respondent’s license to practice dentistry in the State of Nevada due to Respondent failure to comply with Paragraph 6(a)(ix). Respondent shall also be responsible for any costs or attorney’s fees incurred in the event the Board has to seek injunctive relief to prevent Respondent from practicing dentistry during the period Respondent’s license is automatically suspended.

x. Respondent will reimburse the Board for the cost of the investigation and to monitor Respondent’s practice in Nevada during the three (3) year probationary period in the amount of three thousand five hundred ($3,500.00) dollars within thirty (30) days of the Board’s adoption of this Stipulation. This amount shall not be considered a fine and therefore is not reportable to the National Practitioners Data Bank.

xi. Respondent pursuant to NRS 631.350(c) agrees to pay a fine in the amount of five hundred ($500.00) dollars upon adoption of this Stipulation by the Board and shall be reportable to the National Practitioners Data Bank.

xii. In the event Respondent fails to deliver to the Board the payment as required by Paragraph 6(a)(x) or 6(a)(xi), Respondent agrees his license to practice dentistry in the State of Nevada shall be automatically suspended without any further action of the Board other than the issuance of an Order by the Board’s Executive Director suspending Respondent’s license. Respondent agrees to the payment of twenty-five dollars ($25.00) for each day Respondent fails to deliver payment required by Paragraph 6(a)(x) or 6(a)(xi). Respondent may cure any default regarding the payment set forth in Paragraph 6a(x) or 6(a)(xi) by delivering to the Board’s Executive Director the total amount in default, plus the Twenty-Five Dollar ($25.00) per day assessment. Upon receipt of payment in full of any amount in default, plus the Twenty-Five Dollar ($25.00) per day assessment, the Executive Director shall issue an Order reinstating Respondent’s license to practice dentistry in the State of Nevada without any further action necessary by the Board.

xiii. Respondent agrees to waive any right to seek injunctive relief from any Federal or State of Nevada District Court to prevent the suspension of Respondent’s license to practice dentistry in the State of Nevada due to
Respondent failure to comply with Paragraphs 6(a)(i) thru or 6(xii). Respondent shall also be responsible for any costs or attorney's fees incurred in the event the Board has to seek injunctive relief to prevent Respondent from practicing dentistry during the period Respondent's license is automatically suspended.

xiv. In the event Respondent fails to cure any default in payment within forty-five (45) days of the default, Respondent agrees the amount may be reduced to judgment.

xv. Respondent waives any right to have the amounts owed pursuant Paragraph 6(a)(x) or 6(a)(xi) discharged in bankruptcy.

CONSENT

7. Respondent has read all of the provisions contained in this Stipulation and agrees with them in their entirety.

8. Respondent is aware that by entering into this Stipulation he is waiving certain valuable due process rights contained in, but not limited to, NRS 631, NAC 631, NRS 233B and NAC 233B.

9. Respondent expressly waives any right to challenge the Board for bias should the Board reject this Stipulation and this matter proceed to a full Board hearing.

10. Respondent has reviewed the Stipulation with his attorney, John C Wawerna, Esq., who has explained each and every provision contained in this Stipulation to the Respondent.

11. Respondent acknowledges that he is consenting to this Stipulation voluntarily, without coercion or duress and in the exercise of his own free will.

12. Respondent acknowledges no other promises in reference to the provisions contained in this Stipulation have been made by any agent, employee, counsel or any person affiliated with the Nevada State Board of Dental Examiners.
13. Respondent acknowledges the provisions in this Stipulation contain the entire agreement between Respondent and the Board and the provisions of this Stipulation can only be modified, in writing, with Board approval.

14. Respondent agrees that in the event the Board adopts this Stipulation he hereby waives any and all rights to seek judicial review or otherwise to challenge or contest the validity of the provisions contained in the Stipulation.

15. This Stipulation will be considered by the Board in an open meeting. It is understood and stipulated the Board is free to accept or reject the Stipulation. This Stipulation will only become effective when the Board has approved the same in an open meeting. Should the Board adopt this Stipulation, such adoption shall be considered a final disposition of a contested case and shall become a public record reportable to the National Practitioners data bank.

DATED this 11th day of August, 2005.

[Signature]

ANTHONY LaMANCUSA, D.D.S.
Respondent

STATE OF NEVADA )
)
COUNTY OF CLARK )

ACKNOWLEDGMENT

On this 12th day of August, 2005, personally appeared before me, a Notary Public in and for said County and State, ANTHONY LaMANCUSA, D.M.D., known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that he executed the same freely and voluntarily.

[Signature]

NOTARY PUBLIC in and for said County and State

N.S.B.D.E. AL
AUG 28 2007
The foregoing Stipulation was approved/disapproved by a vote of the Nevada State Board of Dental Examiners at a properly noticed meeting.

DATED this 26 day of August, 2005.

NEVADA STATE BOARD OF DENTAL EXAMINERS

TONY GUILLEN, D.D.S.,
President

AUG 28 2007
Exhibit "3"
BEFORE THE NEVADA STATE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF
DENTAL EXAMINERS,

Complainant,

vs.

ANTHONY LaMANCUSA, D.M.D.

Respondent.

CASE NO: 05-1195

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND DECISION
(re: Hearing on Respondent’s Petition to Reinstate License)

WHEREAS, on January 20, 2007, at 10:45 a.m., at a properly notice meeting the Nevada State Board of Dental Examiners (hereinafter referred to as the “Board”) held a hearing relative to Respondent’s Petition to Reinstate his License filed with the Board on November 28, 2006 (hereinafter sometimes referred to as Respondent’s “Petition”). The Board hereby issues the following Findings of Fact, Conclusion of Law, and Decision (hereinafter sometimes referred to as “Order”):

I. INTRODUCTION/GENERAL MATTERS


Page 1 of 13

P.C. was present and appeared as prosecutor for the Board. Cameron P. Vanderberg, Deputy Attorney General, was present and appeared as counsel for the Board. Respondent, Anthony LaMancusa, D.M.D., (hereinafter "Respondent" or "Dr. LaMancusa"), was present with his counsel of record, Henry H. Rawlings, Jr., Esq. of the law firm Lewis and Associates, LLC.

B. During the course of the hearing the following individuals were sworn and gave testimony: Anthony J. LaMancusa, Tammy Kitchens, and Debra Shaffer. The Board offered the following exhibits which were, without objection by Dr. LaMancusa, admitted:

1. Stipulation between Nevada State Board of Dental Examiners and Anthony LaMancusa dated January 15, 2005 (re: case no. 04-1109; NSBDE v. LaMancusa).

2. Stipulation between Nevada State Board of Dental Examiners and Anthony LaMancusa dated August 26, 2005 (re: case no. 04-1195; NSBDE v. LaMancusa).


4. Document entitled "Rx Slips for Horizon Park Dental, submitted by Anthony LaMancusa, D.M.D."

5. Prescription logs submitted by Anthony LaMancusa.

6. Affidavit of David Gonzalez (re: case no. 04-1195; NSBDE v. LaMancusa).

7. Subpoena Duces Tecum (re: case no. 04-1195; NSBDE v. LaMancusa).

II.

FINDINGS OF FACT

A. The Board, having heard and considered all the evidence presented by the parties and arguments of counsel, for good cause appearing, finds the following based upon substantial evidence (see N.R.S. § 631.350):

1. The Board is empowered to enforce the provisions of Chapter 631 of the Nevada Revised Statutes. N.R.S. § 631.190.

2. Dr. LaMancusa, at all relevant times herein, was a resident of the County of Clark, State of Nevada; is an individual over the age of majority; not in the service of the United States military; and not an incompetent.

3. The Board, pursuant to N.R.S. § 631.190(6), keeps a register of all dentists and dental hygienists licensed in the State of Nevada; said register contains the names, addresses, license numbers, and renewal certificate numbers of said dentists and dental hygienists. Respondent possessed license number BL4558586 issued on January 20, 1999.

4. Respondent was licensed by the Board and, therefore, submitted himself to the disciplinary jurisdiction of the Board.

5. On January 15, 2005, the Board Adopted a Stipulation wherein Respondent admitted to unknowingly aiding and abetting a person not licensed to practice dental hygiene in the State of Nevada, due to the fraud of Kelly Stein and Respondent’s lack of due diligence, thereby allowing Kelly Stein, a non-licensed dental hygienist, to practice dental hygiene in Respondent’s presence in violation of NRS 631.346(3).
Based upon the Stipulation adopted by the Board on January 15, 2004, Respondent agreed to the following pertinent provisions:

a. Respondent, pursuant to NRS 631.350(1)(j), agreed to retake the jurisprudence test as set forth in NRS 631.240(2) on the contents and interpretation of NRS 631 and the regulations of the Board. Respondent agreed within sixty (60) days from receipt of the book and test to successfully complete the test. In the event Respondent failed to successfully complete the re-examination within sixty (60) days of receipt of the book and test. Respondent agreed his license to practice dentistry in the State of Nevada would be automatically suspended without any further action of the Board other than issuance of an order by the Executive Director. Upon successful completion of the test, Respondent’s license to practice dentistry in the State of Nevada would be automatically reinstated. Respondent agreed to waive any right to seek injunctive relief from any Federal or State of Nevada District Court to prevent the automatic suspension of Respondent’s license to practice dentistry in the State of Nevada due to Respondent failure to comply. Respondent shall also agreed to be responsible for any costs or attorney’s fees incurred in the event the Board had to seek injunctive relief to prevent Respondent from practicing dentistry during the period Respondent’s license was automatically suspended.

b. Respondent agreed to reimburse the Board the sum of Five Hundred Dollars ($500.00) for the costs of this investigation payable upon adoption of the January 15, 2005 Stipulation by the Board. That amount was not to be considered a fine and therefore was not reportable to the National Practitioners Data Bank.

c. Respondent pursuant to NRS 631.350(c) agreed to pay a fine in the amount of One Hundred Dollars ($100.00) due to Kelly Stein’s fraud upon Respondent in the hiring of Ms. Stein. That amount was payable upon adoption of the January 15, 2005 Stipulation by the Board. The fine was reportable to the National Practitioners Data Bank.

d. In the event Respondent failed to deliver to the Board the payment as required Respondent agreed his license to practice dentistry in the State of Nevada shall be automatically suspended without any further action of the Board other than the issuance of an order by the Board’s Executive Director suspending Respondent’s license. Respondent agreed to the payment of twenty-five dollars ($25.00) for each day Respondent fails to deliver payment required. Respondent was allowed to cure any defaulted payment by delivering to the Board’s Executive Director the total amount
in default plus the Twenty-Five Dollar ($25.00) per day assessment. Upon receipt of payment in full of any amount in default, plus the Twenty-Five Dollar ($25.00) per day assessment, the Executive Director was required to issue an Order reinstating Respondent's license to practice dentistry in the State of Nevada without any further action necessary by the Board.

e. Respondent agreed to waive any right to seek injunctive relief from any Federal or State of Nevada District Court to prevent the automatic suspension of Respondent's license to practice dentistry in the State of Nevada due to Respondent failure to comply with the Stipulation adopted on January 15, 2005. Respondent also agreed to be responsible for any costs or attorney's fees incurred in the event the Board was required to seek injunctive relief to prevent Respondent from practicing dentistry during the period Respondent's license was automatically suspended.

f. In the event Respondent failed to cure any default in payment within forty-five (45) days of the default, Respondent agreed the amount could be reduced to judgment.

g. Respondent waived any right to have the amounts owed discharged in bankruptcy.

h. Respondent agreed to supply to the Board with a list of all patients and insurance companies who paid compensation to Respondent for the illegal treatments rendered by Ms. Kelly Stein during her employment with Respondent. This information would only be used in the event the Board receives a complaint from either a patient or insurance company relating to the illegal treatments rendered by Kelly Stein.

i. Respondent agreed the Stipulation adopted on January 15, 2005 in no way prevented the Board from investigating any complaints from any patients or insurance companies in which Ms. Stein delivered illegal treatment.

7. On August 5, 2005, the Board adopted a second Stipulation wherein Respondent admitted the following:

a. On more than one occasion, Respondent violated NRS 631.3475(5) when Respondent administered a controlled substance that was not required to treat a dental patient.

b. On more than one occasion, Respondent violated NAC 631.230(1)(b) when Respondent wrote prescriptions for controlled substances in such
excessive amounts as to constitute a departure from prevailing standards of acceptable dental practice.

8. Based upon the second Stipulation adopted by the Board on August 26, 2005, Respondent agreed to the following pertinent provisions:

a. Respondent agreed pursuant to NRS 631.350(d) and (h), to being placed on probation for a period of three (3) years. The terms and conditions of the probation were reported to the National Practitioners Data Bank. Respondent’s practice was supervised and monitored pursuant to the following terms and conditions effective upon adoption of this Stipulation by the Board:

i. During the three (3) year probation/supervisory period, Respondent was required to allow either the Executive Director of the Board and/or an agent appointed by the Board’s Executive Director to inspect Respondent’s records to ensure compliance with the second Stipulation. Such inspections were to be performed, without notice, during normal business hours. Respondent further agreed during the period of probation and supervision, Respondent would maintain a list of any prescriptions issued to any of Respondent’s patients for controlled substances. During the probationary period Respondent would not issue any prescription(s) for more than 12 units of a controlled substance for each office visit where treatment was rendered. All prescriptions issued by Respondent during the probationary period were to be in Respondent’s handwriting and must have an original signature of Respondent. During the probationary period Respondent was prohibited from placing telephone prescriptions for controlled substances. The list of prescriptions issued by Respondent’s would include the following information and was to be submitted to the Executive Director of the Board on the first day of each month during the probation period:

   (a) patient’s name;
   (b) date of issuance;
   (c) name of dentist who issued prescription;
   (d) units and amount of controlled substance issued; and
   (e) reason for issuing the controlled substance.

ii. In the event the Board’s Executive Director received substantial evidence to believe Respondent had failed to comply with any of the provisions contained in Paragraph 8(a)(i) above the Executive
Director, without any further hearing or action by the Board, would issue an order suspending Respondent’s license to practice dentistry in the State of Nevada. Thereafter, Respondent was allowed to request a hearing before the Board but during the pendency of the hearing before the Board, Respondent waived any right to seek judicial review to reinstate his privilege to practice dentistry in the State of Nevada pending a final Board hearing.

iii. In the event the Board’s Executive Director received substantial evidence to believe Respondent had failed to comply with any of the provisions contained in Paragraph 8(a)(i) above during the probationary period, Respondent agreed to surrender his License No. BL4558586 with the United States Department of Justice, D.E.A. for Class II, Class IIN, Class III, Class IIIN, Class IV, and Class V for a period of three (3) years commencing upon the date of the Order of Suspension issued by the Executive Director. At the conclusion of the three (3) year period, Respondent could apply to the United States Department of Justice, D.E.A. to have his License No. BL4558586 reinstated.

iv. In the event the Board’s Executive Director received substantial evidence to believe Respondent has failed to comply with any of the provisions contained in Paragraph 8(a)(i) above during the probationary period, Respondent agreed to surrender his License No. BL4558586 with the Nevada State Board of Pharmacy for Class II, Class IIN, Class III, Class IIIN, Class IV, and Class V for a period of three (3) years commencing upon the date of the Order of Suspension issued by the Executive Director. At the conclusion of the three (3) year period, Respondent may apply to the Nevada State Board of Pharmacy to have his License No. BV3599 reinstated.

v. In the event the Board’s Executive Director received substantial evidence to believe Respondent had either issued or has caused to be issued prescriptions for controlled substances identified as Class II, Class IIN, Class III, Class IIIN, Class IV or Class V subsequent to surrendering his United States Department of Justice, D.E.A., License No. BL4558586 and Nevada State Board of Pharmacy, License No. BV3599 the Executive Director, without any further hearing or action by the Board, would issue an Order revoking Respondent’s license to practice dentistry in the State of Nevada. Thereafter, Respondent could request a hearing before the Board but during the pendency of the hearing before the Board.
Respondent waived any right to seek judicial review to reinstate his privilege to practice dentistry in the State of Nevada pending a final Board hearing.

vi. During the three (3) year probation/supervisory period, Respondent was be prohibited from the administering or having nitrous oxide present his dental practice. In the event the Board’s Executive Director received substantial evidence to believe Respondent had either administered or had nitrous oxide present the Executive Director, without any further hearing or action by the Board, would issue an Order suspending Respondent’s license to practice dentistry in the State of Nevada. Thereafter, Respondent may request a hearing before the Board but during the pendency of the hearing before the Board, Respondent waived any right to seek judicial review to reinstate his privilege to practice dentistry in the State of Nevada pending a final Board hearing.

vii. During the three (3) year probationary period, Respondent agreed to submit to random sampling of urine, hair and/or bodily fluids for controlled and/or non-prescribed substances when so ordered by the Executive Director of the Board. Respondent agreed to be responsible for all costs incurred for the analysis of urine and/or bodily fluids.

viii. In the event any test or analysis of bodily fluids taken from Respondent, pursuant to the terms of second Stipulation, were positive, indicating the presence of controlled substances (not pursuant to a valid prescription), the Executive Director, without any further hearing or action by the Board, would issue an Order suspending Respondent’s license to practice dentistry in the State of Nevada. Thereafter, Respondent may request a hearing before the Board to reinstate Respondent’s license to practice dentistry in Nevada. During the pendency of the hearing before the Board, Respondent waived any right to seek judicial review to reinstate his privilege to practice dentistry in the State of Nevada pending a final Board hearing.

(a) In the event Respondent failed to present himself for random drug testing, within twenty-four (24) hours when ordered by the Executive Director, the Executive Director without any further hearing or action by the Board, would issue an Order suspending Respondent’s license to practice dentistry in the State of Nevada. Thereafter, Respondent
was allowed to request a hearing before the Board to reinstate Respondent’s license to practice dentistry in Nevada. During the pendency of the hearing before the Board, Respondent waived any right to seek judicial review to reinstate his privilege to practice dentistry in the State of Nevada pending a final Board hearing.

(b) Respondent authorized reports generated by the urinalysis and or bodily fluids testing to be furnished to the Executive Director of the Board. All reports submitted to the Executive Director of the Board would remain confidential. However, in the event of a violation in the form of a confirmed, positive test result, all reports previously submitted to the Executive Director of the Board will be available for use by the Board in connection with any subsequent disciplinary action of the Board.

ix. Pursuant to NRS 631.350(k), in addition to completing the required continuing education, Respondent was required to obtain twenty (20) additional hours in supplemental education relating to pharmacology and pain management. Ten (10) hours of the supplemental education must be completed within six (6) months of the approval of this Stipulation by the Board and the additional ten (10) hours of supplemental education must have been completed within one (1) year of the approval of the second Stipulation by the Board. The supplemental education must have been submitted in writing to the Executive Director of the Board for approval prior to attendance. Upon receipt of a written request to attend supplemental education the Executive Director of the Board would notify Respondent in writing whether the requested supplemental education is approved for attendance. All costs associated with this supplemental education was to be paid by Respondent. In the event Respondent failed to complete all of the supplemental education within one (1) year, Respondent agreed his license to practice dentistry in the State of Nevada would be automatically be suspended without any further action of the Board other than the issuance of an Order by the Executive Director. Upon submitting written proof of completion of the supplemental education; Respondent’s license to practice dentistry in the state of Nevada will be automatically reinstated. Respondent agreed to waive any right to seek injunctive relief from any Federal or State of Nevada District Court to prevent the automatic suspension of Respondent’s license to practice dentistry in the State of Nevada.
due to Respondent failure to comply with Paragraph 8(a)(ix). Respondent shall also be responsible for any costs or attorney’s fees incurred in the event the Board has to seek injunctive relief to prevent Respondent from practicing dentistry during the period Respondent’s license is automatically suspended.

x. Respondent agreed to reimburse the Board for the cost of the investigation and to monitor Respondent’s practice in Nevada during the three (3) year probationary period in the amount of three thousand five hundred ($3,500.00) dollars which was to be paid within thirty (30) days of the Board’s adoption of this second Stipulation. The amount was not be considered a fine and therefore was not reportable to the National Practitioners Data Bank.

xi. Respondent pursuant to NRS 631.350(c) agreed to pay a fine in the amount of five hundred ($500.00) dollars upon adoption of the second Stipulation by the Board and therefore was reportable to the National Practitioners Data Bank.

xii. In the event Respondent failed to deliver to the Board the payment as required by Paragraph 8(a)(x) or 8(a)(xi), Respondent agreed his license to practice dentistry in the State of Nevada would be automatically suspended without any further action of the Board other than the issuance of an Order by the Board’s Executive Director suspending Respondent’s license. Respondent agreed to the payment of twenty-five dollars ($25.00) for each day Respondent failed to deliver payment required by Paragraph 8(a)(x) or 8(a)(xi). Respondent was allowed to cure any default regarding the payment set forth in Paragraph 8a(x) or 8(a)(xi) by delivering to the Board’s Executive Director the total amount in default, plus the Twenty-Five Dollar ($25.00) per day assessment. Upon receipt of payment in full of any amount in default, plus the Twenty-Five Dollar ($25.00) per day assessment, the Executive Director would issue an Order reinstating Respondent’s license to practice dentistry in the State of Nevada without any further action necessary by the Board.

xiii. Respondent agreed to waive any right to seek injunctive relief from any Federal or State of Nevada District Court to prevent the suspension of Respondent’s license to practice dentistry in the State of Nevada due to Respondent failure to comply with Paragraphs 8(a)(i) thru or8(xii). Respondent was also responsible for any costs or attorney’s fees incurred in the event the Board has to seek
injunctive relief to prevent Respondent from practicing dentistry during the period Respondent’s license was automatically suspended.

xiv. In the event Respondent failed to cure any default in payment within forty-five (45) days of the default, Respondent agreed the amount may be reduced to judgment.

xv. Respondent waived any right to have the amounts owed pursuant Paragraph 8(a)(x) or 8(a)(xi) discharged in bankruptcy.

9. On November 17, 2006, Kathleen J. Kelly, Executive Director of the Board issued an Order of Suspension stating she had received substantial evidence of the following:

a. Respondent on more than one occasion issued prescriptions for more than 12 units of a controlled substance for a patient in violation of Paragraph 6(a)(i) of the second Stipulation adopted by the Board on August 26, 2005.

b. Respondent failed to submit the list of prescriptions issued by Respondent on the first day of each month with the required details of information pursuant to Paragraph 6(a)(i) of the second Stipulation adopted by the Board on August 26, 2005.

c. Respondent was aware that nitrous oxide-oxygen was present where he practiced dentistry in violation of Paragraph 6(a)(vi) of the second Stipulation adopted by the Board on August 26, 2005.

d. As a result of the violations cited above Executive Director Kelly issued the following orders:

i. Respondent’s license was suspended effective immediately.

ii. Respondent had to surrender his prescription License No. BL4558586 with United States Department of Justice, DEA for a period of three (3) years effective on the date of the Order of Suspension.

iii. Respondent had to surrender his prescription License No. BL4558586 with the Nevada State Board of Pharmacy for a period
of three (3) years effective on the date of the Order of Suspension.

10. On November 28, 2006, the Board received a formal request and petition requesting a formal hearing before the Board to reinstate Respondent's privilege to practice dentistry in the State of Nevada.

III. CONCLUSIONS OF LAW

A. Having made the aforementioned findings of fact, the Board, upon substantial evidence (see N.R.S. § 631.350(1)) hereby makes the following conclusions of law:

1. Respondent on more than one occasion issued prescriptions for more than 12 units of a controlled substance for a patient in violation of Paragraph 6(a)(i) of the second Stipulation adopted by the Board on August 26, 2005.

2. Respondent failed to submit the list of prescriptions issued by Respondent on the first day of each month with the required details of information pursuant to Paragraph 6(a)(i) of the second Stipulation adopted by the Board on August 26, 2005.

3. Respondent was aware that nitrous oxide-oxygen was present where he practiced dentistry in violation of Paragraph 6(a)(vi) of the second Stipulation adopted by the Board on August 26, 2005.

IV. ORDER

A. Having found by substantial evidence the Findings of Fact and Conclusions of Law set
forth herein,

1. **IT IS HEREBY ORDERED** Respondent’s license to practice dentistry in the State of Nevada is reinstated subject to Respondent not practicing dentistry in the State of Nevada until such time as a Stipulation is agreed upon by the Respondent and approved and adopted by the Board.

2. **IT IS FURTHER ORDERED** in the event the Respondent and the Disciplinary Screening Officer cannot agree to the terms and conditions of a Stipulation, either party can request the Board reconvene to enter terms and conditions which would allow the Respondent to recommence the practice of dentistry in the State of Nevada.

Dated this 20th day of **JANUARY** 2007.

NEVADA STATE BOARD OF DENTAL EXAMINERS

TONY GILLEN, D.D.S.
PRESIDENT
NEVADA STATE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL EXAMINERS, 

Complainant, 

vs. 

Anthony LaMancusa, DMD 

Respondent, 

CASE NO: 06-814561.S

ORDER OF SUSPENSION

On November 16, 2006, the Nevada State Board of Dental Examiners received substantial evidence that on more than one occasion respondent issued prescriptions for more than 12 units of a controlled substance for a patient in violation of Paragraph 6(a)(i) of respondent’s Stipulation Agreement with this board, Case No. 05-1195 and approved August 26, 2005. In addition, respondent has failed to submit the list of prescriptions issued by respondent on the first day of each month and with the required details of information pursuant to Paragraph 6(a)(i) of the Stipulation Agreement. Further, the Nevada State Board of Dental Examiners has received substantial evidence that respondent’s dental practice has nitrous oxide/oxygen present in violation of Paragraph 6(a)(vi) pursuant to the Stipulation Agreement.

Therefore, pursuant to paragraph 6(a)(ii) of respondent’s Stipulation Agreement, effective immediately respondent’s license is suspended. Respondent shall cease and desist from practicing dentistry in the State of Nevada. Should respondent practice dentistry in the State of Nevada, such actions would be deemed as the illegal practice of dentistry as set forth by NRS 631.395 and punishable criminally to the provisions of NRS 631.400.

Pursuant to paragraph 6(a)(iii) of respondent’s stipulation agreement, respondent must surrender his License No. BL4558586 with the United States Department of Justice, DEA for Class II, Class IIIN, Class III, Class IIIN, Class IV, and Class V for a period of three (3) years commencing upon the date of this Order of Suspension. In addition, pursuant to Paragraph 6(a)(iv) of respondent’s Stipulation Agreement, respondent must surrender his License No. BL4558586 with the Nevada State Board of Pharmacy for Class II, ClassIIIN, Class III, Class IIIN, Class IV, and Class V for a period of three (3) years commencing upon the date of this Order of Suspension.

Respondent may, pursuant to paragraph 6(a)(ii) of his Stipulation Agreement, request a hearing before the Board regarding reinstatement of his privilege to practice dentistry in the State of Nevada. Such request must be submitted in writing and may be acted upon at the next regularly scheduled meeting of the Board.

DATED this 17th day of November, 2006

NEVADA STATE BOARD OF DENTAL EXAMINERS

KATHLEEN J. KELLY, EXECUTIVE DIRECTOR

N.S.B.D.U.C.

AUG 28 2007
BEFORE THE NEVADA STATE BOARD OF DENTAL EXAMINERS

NEVADA STATE BOARD OF DENTAL EXAMINERS,

Complainant,

vs.

ANTHONY LaMANCUSA, D.M.D.

Respondent.

CASE NO: 07-1434

NOTICE OF ENTRY OF FINDINGS OF FACT, CONCLUSIONS OF LAW, AND DECISION
(re: Hearing on Respondent's Petition to Reinstatement License)

TO: ANTHONY LaMANCUSA, D.D.S., by and through his counsel of record, HENRY H. RAWLINGS, JR., ESQ., of the law office of LEWIS & ASSOCIATES:

YOU, AND EACH OF YOU, WILL PLEASE TAKE NOTICE that the Findings of Fact, Conclusions of Law, and Decision was entered in the above-entitled matter on January 20, 2007, a copy of which is attached hereto.

DATED this 19th day of March 2007.

WINNER, HUNT & CARSON, P.C.

By:

JOHN A. HUNT, ESQUIRE
Nevada Bar #1888
510 South Eighth Street
Las Vegas, Nevada 89101
ph. (702) 471-111; fax (702) 471-0110
Attorney for Complainant

Page 1 of 2

AUG 28 2007
CERTIFICATE OF MAILING

The undersigned, an employee of WINNER, HUNT & CARSON, P.C., hereby certifies that on the 19th day of March, 2007, I deposited in the U.S. Mail, via U.S. Regular Mail, a true and correct copy of the Notice of Entry of Findings of Fact, Conclusions of Law, and Decision and Order addressed as follows:

Henry H. Rawlings, Jr.
LEWIS & ASSOCIATES
500 S. Rancho Drive, #7
Las Vegas, NV 89106
(702) 870-5571
Attorney for Respondent
ANTHONY LaMANCUSA, D.M.D.

[Signature]

An employee of Winner, Hunt & Carson, P.C.
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)
Do you, as a dispensing practitioner or in conjunction only with other practitioners, wholly own your practice? □ Yes □ No

I will be dispensing □ controlled substances □ dangerous drugs or □ both. Must check a box.
If you dispense controlled substances, a controlled substance registration and DEA is required for the address listed on this application.

First: Carmen Middle: F Last: Jones Degree: MD
Practice Name (if any): Modern Medical and Wellness
Nevada Address: 911 N. Buffalo Dr. LV, NV 89128 Suite #: 113
(This must be a practicing Nevada address, we will not issue a license to a home address or to a PO Box only)
PO Box: 36140 Las Vegas NV 89133 SS#: 000000 Sex: □ M or □ F
E-mail address: __________________________ Date of Birth: __________________
City: Las Vegas State: NV Zip Code: 89128
Nevada Work Telephone: __________________________ Nevada Fax: __________________________
Practitioner License Number: 10127 Specialty: Primary Care
You must be licensed with your respective BOARD before we will process this application.

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? □ Yes □ No
1. Been charged, arrested or convicted of a felony or misdemeanor in any state? □ Yes □ No
2. Been the subject of an administrative action whether completed or pending in any state? □ Yes □ No
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state? □ Yes □ No

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:

<table>
<thead>
<tr>
<th>Board Administrative Action:</th>
<th>State</th>
<th>Date:</th>
<th>Case #:</th>
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<tr>
<td>NV 2/25/2014</td>
<td>13F099423 Clark</td>
<td>District</td>
<td></td>
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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 or dangerous drugs or both, to his or her own patients, in the manner allowed and as required by Nevada and Federal law.

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 2/27/15

Board Use Only
Received: 5/12/15 Amount: $300.00 Entity#: 86000
Letter of Explanation for Carmen F. Jones, MD:

On or about April 10, 2013, investigators from the Nevada State Board of Medical Examiners ("Board") as well as the Pharmacy Board, rushed into Dr. Jones' office, scaring the staff and patients. Once inside, they demanded documents. They also demanded to speak with Dr. Jones. Dr. Jones sat down with the investigators and spoke to them about her relationship with Las Vegas Health Center ("LVHC"). Afterwards, based on concerns raised by the investigators, Dr. Jones stopped working with LVHC as their medical director. LVHC closed. Nine days after LVHC was closed, the Board, without even filing a complaint requesting such or outlining the allegations, summarily suspended Dr. Jones' medical license, claiming that her work at LVHC created an imminent harm to the people of this great State of Nevada. In the order for summary suspension of Dr. Jones' license, the Board accused her of aiding and abetting the unlicensed practice of medicine. Coincidentally, at the same the Board suspended Dr. Jones' license, they were lobbying for the passage of SB199, a bill that would make the unauthorized practice of medicine a felony in Nevada. Despite the fact that Dr. Jones never had any notice or opportunity to be heard on the allegations, the Board used Dr. Jones as a poster child for the passage of SB199.

Nevada law, NRS §630.326(2), requires that the Board provide any physician whose license was summarily suspended with a post-deprivation hearing within 45 days of the suspension. Such is also in line with basic Constitutional due process principles. The purpose of the hearing is twofold: first, it allows Dr. Jones a chance to clear her name by responding to the allegations, and second, it allows the Board to decide whether sufficient cause exists should they need to extend the suspension. Unfortunately, the Board failed to provide Dr. Jones with such a hearing within the statutorily required 45 days. In fact, now, the Board will never provide Dr. Jones with such a hearing, as, within two hours of receipt of the filing of the Complaint in a related federal case she filed, her attorney, Mr. Hafer, received an order from the Board lifting her summary suspension. Dr. Jones is still fighting through the courts to clear her name and to have the summary suspension removed from her record.

In the interim, as a result of the raid by the investigators of the Boards of Pharmacy and Medical Examiners, who subsequently, without a warrant, took evidence from the premises and handed them over to the Metropolitan police, Dr. Jones was charged with 18 felony charges and 2 misdemeanor charges in a criminal complaint. Dr. Jones made an Alford plea, not admitting guilt, and was found guilty of a gross misdemeanor. She was sentenced to 18 months of probation and paid certain fines.
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<tr>
<td>Person Information</td>
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<td>Name: Carmen Felice JONES</td>
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<tr>
<td>Address: 3555 W Reno Ave Ste F Las Vegas NV 89118</td>
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<tr>
<td>Phone: 7022620037</td>
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<tr>
<td>Date Enrolled:</td>
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<td>Date Graduated: 6/9/1991</td>
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| School: Rush-Children's Hospital / Chicago, IL |
| Degree/Certificate: Internship |
| Date Enrolled: 6/24/1991 |
| Date Graduated: 6/23/1992 |
| Scope of Practice: Pediatrics |

| School: Rush-Children's Hospital / Chicago, IL |
| Degree/Certificate: Residency |
| Date Enrolled: 7/1/1992 |
| Date Graduated: 6/30/1994 |
| Scope of Practice: Pediatrics |

| School: Pediatrics |
| Degree/Certificate: American Board |
| Date Enrolled: |
| Date Graduated: 10/9/1996 |
Scope of Practice: Pediatrics

CURRENT EMPLOYMENT STATUS / CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION
NONE

Board Actions
AMENDED COMPLAINT Case # 13-25251-1 September 24, 2013 The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board) filed a First Amended Complaint against Carmen Felice Jones, M.D. (Respondent) alleging multiple violations of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630. Count I: multiple violations of NRS 630.304(2), false, misleading advertising. Count II: multiple violations of NRS 630.306(2)(a), conduct which is intended to deceive. Count III: multiple violations of NRS 630.301(9), disrepute. Counts IV-IX: multiple violations of NRS 630.306(3), unlawfully administering, prescribing or dispensing controlled substance/dangerous drugs. Count X: multiple violations of NRS 630.305(1)(e), aiding/abetting the unlicensed practice of medicine. Count XI: multiple violations of NRS 630.306(5), practicing beyond the scope of training. Count XII: a violation of NRS 630.306(18), failure to adequately supervise medical assistant. Count XIII: a violation of NRS 630.305(1)(a), receiving a fee intended to influence objective evaluation/treatment. bvr/ad First Amended Complaint: 30 pages

FORMAL COMPLAINT Case # 13-25251-1 June 7, 2013 The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board) filed a formal Complaint against Carmen Felice Jones, M.D. (Respondent) alleging multiple violations of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630. Count I: a violation of NRS 630.304(2), false, misleading advertising. Count II: multiple violations of NRS 630.306(2)(a), conduct which is intended to deceive. Count III: multiple violations of NRS 630.301(9), disrepute. Counts IV-IX: multiple violations of NRS 630.306(3), unlawfully administering, prescribing or dispensing controlled substance/dangerous drugs. Count X: multiple violations of NRS 630.305(1)(e), aiding/abetting the unlicensed practice of medicine. Count XI: multiple violations of NRS 630.306(5), practicing beyond the scope of training. Count XII: a violation of NRS 630.306(18), failure to adequately supervise medical assistant. Count XIII: a violation of NRS 630.305(1)(a), receiving a fee intended to influence objective evaluation/treatment. Count XIV: multiple violations of NRS 630.305(1)(d), charging for visits or services that did not occur. bvr Complaint: 13 pages

ORDER LIFTING SUMMARY SUSPENSION License No. 10127 On June 5, 2013 the Investigative Committee of the Nevada State Board of Medical Examiners lifted the summary suspension of Carmen Felice Jones, M.D., as the Investigative Committee finds there is no imminent risk of harm to the health, safety and welfare of the public. Order: 1 page

AMENDED ORDER OF SUMMARY SUSPENSION License No. 10127 May 2, 2013 Amended Order: 4 pages

ORDER OF SUMMARY SUSPENSION License No. 10127 April 19, 2013 The Investigative Committee of the Nevada State Board of Medical Examiners summarily suspended the license of Carmen Felice Jones, M.D., pursuant to Nevada Revised Statutes 630.326(1), based upon its reasonable belief that the health, safety and
welfare of the public is at imminent risk of harm and that a summary suspension of Dr. Jones' license to practice medicine is necessary to remove said risk of imminent harm to the health, safety and welfare of the public. Order: 4 pages

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.
June 17, 2015

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

Re: Lic # 10153

Sir,

With reference to your letter dated March 10, 2015, kindly schedule my appearance before the board for the July 22 and 23 meeting dates in Las Vegas.

Sincerely,

[Signature]

Gregory Imoohi

Email:
Address: P.O. BOX 110, SAN BERNARDINO, CA 92402, USA
Nevada State Board of Pharmacy - Renewal Application - PHARMACIST
431 W Plumb Lane • Reno, NV 89509 • bop.nv.gov

For the period of November 1, 2011 to October 31, 2016
Cashier’s Check or Money Order ONLY (NO BUSINESS OR PERSONAL CHECKS. NO CASH)
$690.00 (postmarked after 10/31/2013 but BEFORE August 2016)

LICENSE #: 10153
GREGORY IMOOHI
PO BOX 110
SAN BERNARDINO, CA 92402

Please make any changes to name or address next to the old information

RENEW BY MAIL:
1. Complete this form
2. Sign and date this form
3. Send payment with this form (do NOT staple)
4. Mail original form and payment to address above
5. NO COPIES ACCEPTED
6. NO SIGNATURE STAMPS ACCEPTED

Section 1: Since your last renewal or recent licensure have you:

(Please fill in completely)

Yes No

1. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or
   a physical condition that would impair your ability to perform the essential functions of your license? □
2. Been charged, arrested or convicted of a felony or misdemeanor 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, please include the following information & provide documentation:

Board Administrative Action: PENDING
State: CA Date: 6/1/14
Case #: 5031

Criminal Action:
State: CA Date: 6/1/14 Case #: 5031 County graveyard Court:

Section 2:
Are you the subject of a court order for the support of a child? □

If you marked YES to the question above, are you in compliance with that court order? □

Section 3:
By attesting below, you certify that you have completed ALL required CE Hours due for the 11/16 Renewal period.
(Dated from Nov. 1, 09 – Oct. 31, 13. 12 hours per month). The exemption period is 2 yrs after graduation only.

Section 4: NON-DISCIPLINARY STATE-MANDATED QUESTIONS
1. Although it is NOT required to have, SB21 requires the Board to ask if you have a Nevada State Business license and if you do, please provide the #: Leave blank if non-applicable
   Military occupation/specialty:
   Dates of service:

Section 5: It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true 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 understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature: Date: 2/23/15
BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

OB INTERNATIONAL d.b.a.
OB MEDICAL SUPPLIES & PHARMACY;
GREGORY IMOOGI
(President and Pharmacist-in-Charge)
671 W. 2nd Street
San Bernardino, CA 92410

Permit No. PHY 46742

GREGORY O. IMOOGI
P. O. Box 110
San Bernardino, CA 92402

Pharmacist License No. RPH 42948

Respondents.

Case No. 5037

ACCUSATION

Complainant alleges:

PARTIES

1. Virginia Herold ("Complainant") brings this Accusation solely in her official capacity
   as the Executive Officer of the Board of Pharmacy ("Board"), Department of Consumer Affairs.

2. On or about June 1, 2004, the Board issued Permit Number PHY 46742 to OB
   International d.b.a. OB Medical Supplies & Pharmacy ("Respondent Pharmacy"), with Gregory O.
   Imoohi ("Respondent Imoohi") as President and Pharmacist-in-Charge. The Permit was in full
force and effect at all times relevant to the charges brought herein and will expire on June 1, 2014, unless renewed.

3. On or about June 1, 2004, the Board issued Original Pharmacist License Number RPH 42948 to Respondent Imoohi. The License was in full force and effect at all times relevant to the charges brought herein and will expire on October 31, 2014, unless renewed.

JURISDICTION

4. This Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

5. Section 4300 of the Code states:

"(a) Every license issued may be suspended or revoked."

6. Section 4300.1 of the Code states:

"The expiration, cancellation, forfeiture, or suspension of a board-issued license by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license."

STATUTORY PROVISIONS

7. Section 4301 of the Code states:

"The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been procured by fraud or misrepresentation or issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

\[\ldots\]

"(d) The clearly excessive furnishing of controlled substances in violation of subdivision (a) of Section 11153 of the Health and Safety Code.

\[\ldots\]

"(j) The violation of any of the statutes of this state, or any other state, or of the United States regulating controlled substances and dangerous drugs.

\[\ldots\]
"(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency."

8. Section 4022 of the Code states:

"Dangerous drug" or "dangerous device" means any drug or device unsafe for self-use in humans or animals, and includes the following:

"(a) Any drug that bears the legend: "Caution: federal law prohibits dispensing without prescription," "Rx only," or words of similar import.

"(b) Any device that bears the statement: "Caution: federal law restricts this device to sale by or on the order of a __________," "Rx only," or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use or order use of the device.

"(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006."

9. Health and Safety Code section 11153 provides:

"(a) A prescription for a controlled substance shall only be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his or her professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. Except as authorized by this division, the following are not legal prescriptions: (1) an order purporting to be a prescription which is issued not in the usual course of professional treatment or in legitimate and authorized research; or (2) an order for an addict or habitual user of controlled substances, which is issued not in the course of professional treatment or as part of an authorized narcotic treatment program, for the purpose of providing the user with controlled substances, sufficient to keep him or her comfortable by maintaining customary use."
REGULATORY PROVISION

10. California Code of Regulations, title 16 ("Regulations"), section 1761 provides:

"(a) No pharmacist shall compound or dispense any prescription which contains any
significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any
such prescription, the pharmacist shall contact the prescriber to obtain the information needed to
validate the prescription.

"(b) Even after conferring with the prescriber, a pharmacist shall not compound or dispense
a controlled substance prescription where the pharmacist knows or has objective reason to know
that said prescription was not issued for a legitimate medical purpose."

COST RECOVERY PROVISION

11. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
administrative law judge to direct a licentiate found to have committed a violation or violations of
the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
enforcement of the case, with failure of the licentiate to comply subjecting the license to not being
renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
included in a stipulated settlement.

DRUG CLASSIFICATIONS

12. Roxicodone, brand name for oxycodone 30 mg, is a Schedule II controlled substance
and a dangerous drug pursuant to Code section 4022. It is used for the relief of pain.

13. Xanax, brand name for alprazolam 2mg, is a Schedule IV controlled substance and a
dangerous drug pursuant to Code section 4022. It is used for the relief of anxiety.

14. Norco, brand name for hydrocodone/acetaminophen 10/325 mg, is a Schedule III
controlled substance and a dangerous drug pursuant to Code section 4022. It is used for the relief
of pain.

15. Phenergan with Codeine, brand name for promethazine with codeine, is a Schedule V
controlled substance and a dangerous drug pursuant to Code section 4022. It is used for the relief
of cough.
BOARD INVESTIGATION

16. Pursuant to a series of investigations which occurred on March 2, 2013, May 10, 2013, and July 11, 2013, the computer records provided by Respondent Pharmacy for the period 01/03/2011 to 07/13/2013 revealed the following:

a. Respondent Pharmacy dispensed a total of 19,887 prescriptions. 85.18% were for non-controlled substances, and 14.82% were for controlled substances.

b. Of all the controlled substances dispensed (Schedules II to V), prescriptions from Dr. C.A. and Dr. D.C. were the highest. Over 50% of all Schedule II medications were written by these two physicians, which were 5.5 times greater than the next prescriber.

c. Respondent Pharmacy’s dispensing ratio of oxycodone 30 mg was greatly disproportionate when compared with neighboring pharmacies – about 13 times greater than its closest competitor in terms of prescriptions filled, and 22 times greater in terms of total tablets dispensed. However, based on the total number of controlled substance prescriptions filled for the queried time period, Respondent Pharmacy dispensed 6.7 times less prescriptions when compared to one neighboring pharmacy and 8 times less when compared to another neighboring pharmacy. Yet, Respondent Pharmacy dispensed a quantity of oxycodone 30 mg which exceeds these major pharmacies by the tens of thousands.

d. Respondent Pharmacy dispensed more alprazolam 2 mg (in terms of tablets) than its neighboring pharmacies.

17. Dr. C.A.’s Prescriber Profile reveals the following:

a. A review of Respondent Pharmacy’s overall practice shows a more even distribution of payment methods for all prescriptions, but 100% of all prescriptions dispensed under Dr. C.A. were paid for without the use of insurance.

b. Patients who purchased 180 oxycodone 30 mg without the use of insurance paid between $338.99 to $900 per prescription.

c. According to Respondent Imoohi, Dr. C.A. is a pain specialist. However, of the 276 prescriptions written by Dr. C.A., no prescriptions were written for gabapentin (Neurontin), pregabalin (Lyrica), and duloxetine (Cymbalta), which are all common medications indicated for
the treatment of nerve pain, and only 5 were written for anti-inflammatory medications (ibuprofen, meloxicam, celecoxib/Celebrex).

d. On some days, the sequential numbering of RX numbers and the time each prescription was processed suggested that groups of patients arrived at Respondent Pharmacy or 1 person provided prescriptions for other patients at or about the same time.

e. On multiple occasions, multiple patients received the exact same prescription (same medication, same dose, same directions, and same quantity) from an out-of-area prescriber.

f. Selected data shows that all of the alprazolam prescriptions were written for 2 mg (the highest dose in immediate release form), #90, 1 tablet by mouth twice daily, with 0 refills.

g. Selected data shows that nearly all of the oxycodone prescriptions were written for 30 mg (the highest dose in immediate release form), #180, 1 tablet by mouth every 4 hours, with 0 refills.

h. The patients' age range was from birth year 1946 to 1992.

i. Selected samples show that Dr. C.A.'s patients drove an average of 141.7 miles to obtain medications at Respondent Pharmacy. The shortest distance was 137.7 miles and the longest was 145.5 miles.

18. Dr. D.C.'s Prescriber Profile reveals the following:

a. A review of Respondent Pharmacy's overall practice shows a more even distribution of payment methods for all prescriptions, but 99.47% of all prescriptions dispensed under Dr. D.C. were paid for without the use of insurance. 100% of controlled substances were paid for without the use of insurance.

b. Patients who purchased 180 oxycodone 30 mg without the use of insurance paid between $338.99 to $900 per prescription.

c. According to Respondent Imoohi, Dr. D.C. is a also pain specialist. However, of the 376 prescriptions written by Dr. D.C., 2 prescriptions were written for gabapentin (Neurontin), 0 for pregabalin (Lyrica), and 0 for duloxetine (Cymbalta), which are all common medications indicated for the treatment of nerve pain, and only 1 was written for anti-inflammatory medications (ibuprofen meloxicam, celecoxib/Celebrex).
d. On some days, the sequential numbering of RX numbers and the time each
prescription was processed suggested that groups of patients arrived at Respondent Pharmacy or 1
person provided prescriptions for other patients at or about the same time.

e. On multiple occasions, multiple patients received the exact same prescription (same
medication, same dose, same directions, and same quantity) from an out-of-area prescriber.

f. Selected data shows that nearly all of the oxycodone prescriptions were written for 30
mg (the highest dose in immediate release form), #150 or #180, 1 tablet by mouth five times a day
or 2 tablets by mouth three times a day, with 0 refills.

g. The patients' age range was from birth year 1932 to 1984.

h. Selected samples show that Dr. D.C.'s patients drove an average of 95.3 miles to
obtain medications at Respondent Pharmacy. The shortest distance was 91.1 miles and the longest
was 100.6 miles.

CAUSE FOR DISCIPLINE

(Failure to Assume Corresponding Responsibility to Validate Legitimacy of Prescriptions)

19. Respondents Pharmacy and Imoohi are subject to disciplinary action under
Code section 4301, subdivisions (d) and (j) for violating Health and Safety Code section 11153,
subdivision (a), and Code section 4301, subdivision (o), for violating Regulations sections 1761, in
that between 01/03/2011 to 07/13/2013, Respondents failed to assume corresponding
responsibility by failing to validate the legitimacy of the prescriptions and/or reviewing the
patients' drug therapy, by dispensing prescriptions without regard to objective factors, and/or by
dispensing irregular/uncertain prescriptions. Complainant refers to and incorporates all the
allegations contained in paragraphs 16-18, as though set forth fully.

DISCIPLINE CONSIDERATIONS

20. To determine the degree of discipline, if any, to be imposed on Respondent Pharmacy,
Complainant alleges that on or about September 11, 2013, in a prior action, the Board of
Pharmacy issued Citation Number CI 2011 49326 and ordered Respondent Pharmacy to pay a fine
of $500 for violation of Regulations sections 1714.1, subdivision (b) and 1714, subdivision (e)
temporary absence of a pharmacist; operational standards and security; pharmacy responsible for
pharmacy security], and Regulations section 1715 [self-assessment of a pharmacy by the
pharmacist-in-charge.] That Citation is now final and is incorporated by reference as if fully set
forth.

21. To determine the degree of discipline, if any, to be imposed on Respondent Imoohi,
Complainant alleges that on or about September 11, 2013, in a prior action, the Board of
Pharmacy issued Citation Number CI 2013 58110 and ordered Respondent Imoohi to pay a fine of
$1,000 for violation of Regulations sections 1714.1, subdivision (b) and 1714 subdivision (e)
[temporary absence of a pharmacist; operational standards and security; pharmacy responsible for
pharmacy security], and Regulations section 1715 [self-assessment of a pharmacy by the
pharmacist-in-charge.] That Citation is now final and is incorporated by reference as if fully set
forth.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Permit Number PHY 46742, issued to OB International d.b.a.
OB Medical Supplies & Pharmacy; with Gregory O. Imoohi as President and Pharmacist-in-
Charge;

2. Revoking or suspending Original Pharmacist License Number RPH 42948 issued to
Gregory O. Imoohi;

3. Ordering OB International d.b.a. OB Medical Supplies & Pharmacy, and Gregory O.
Imoohi to pay the Board of Pharmacy, jointly and severally, the reasonable costs of the
investigation and enforcement of this case, pursuant to Code section 125.3;

4. Taking such other and further action as deemed necessary and proper.

DATED: 6/14/14

VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

LA2014510967/51496267.doc

Accusation
12 June, 2015

Nevada State Board of Pharmacy
Larry Pinson, Executive Secretary
431 West Plumb Lane
Reno, Nevada 89509

Re: James Ammon, Pharmacist; License #16768-Suspended

Dear Mr. Pinson,

Upon action taken by the Utah Board of Pharmacy, the Nevada State Board of Pharmacy suspended my Nevada Pharmacist License.

At my last meeting with Nevada Pharmacy Board I requested reinstatement of my Nevada License. My request was denied with instruction that reinstatement could be completed after the matter with Utah was resolved.

The Utah State Board of Pharmacy has fully reinstated my Utah license. Therefore, I humbly request the Nevada State Board of Pharmacy reinstate my Nevada Pharmacist License at their July 22nd & 23rd meeting in Las Vegas. Please advise me if my attendance at the board meeting is needed for favorable consideration.

Attached please find the final order of the Utah Pharmacy Board that was approved by the Utah Division of Occupational and Professional Licensing. Also, please find attached a copy of my Utah License. Parenthetically, the Wyoming Pharmacy Board has fully reinstated my Wyoming Pharmacist License. I have not been licensed in any other state.

The consideration of this request by the Nevada State Board of Pharmacy at their July board meeting is sincerely appreciated.

With regards,

James Ammon, R.Ph., MBA
BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
OF THE DEPARTMENT OF COMMERCE
OF THE STATE OF UTAH

IN THE MATTER OF THE LICENSE OF
JAMES VAUGHN AMMON
TO PRACTICE AS A PHARMACIST
AND TO DISPENSE CONTROLLED
SUBSTANCES IN THE STATE OF UTAH

ORDER REINSTATING LICENSE
Case No. DOPL-2012-394

BY THE DIVISION:

Respondent has satisfied the terms and conditions as set forth in the Division's Stipulation and Order, dated September 20, 2012, in the above-referenced case number.

IT IS HEREBY ORDERED the probation on the licenses of JAMES VAUGHN AMMON to practice as a pharmacist and to dispense controlled substances is terminated and said licenses be reinstated with full privileges effective the date of this Order.

Dated this 5th day of June, 2015.

[Signature]
W. Ray Walker, Acting Director

[Signature]
Mark E. Steinagel
Division Director
STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

ACTIVE LICENSE

EFFECTIVE DATE: 06/05/2015
EXPIRATION DATE: 09/30/2015
ISSUED TO: James Vaughn Ammon

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

259975-1701  Pharmacist
259975-8911  Pharmacist Controlled Substance

[Signature]

SIGNATURE OF HOLDER
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,                                      FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER
Petitioner,                                                             Case No. 08-021-RPH-O

v.                                                                

JAMES V. AMMON, R.Ph.                                                 /
Certificate of Registration #16768,

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 Mr. Ammon received the Notice of Intended Action and Accusation in this matter, Respondent James V. Ammon did not appear at the hearing of this matter. Mr. Ammon claimed to have sent his Answer and Notice of Defense to the Chamber of Commerce along with a request for continuance. Neither the Board of Pharmacy or the Chamber of Commerce received the Answer and Notice of Defense or the request for continuance. 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 October 18, 2007, Mr. Ammon renewed his pharmacist’s license online and answered “No” to the questions on the application, including the questions that asked, “Since your last renewal or recent licensure have you: . . . 2. Been charged, arrested, or convicted of a felony or misdemeanor in any state, . . . and 4. Had your license been subjected to any discipline for violation of pharmacy or drug laws in any state?” In fact, Mr. Ammon had surrendered his Utah pharmacist’s license in June
2007 after pleading guilty to three counts of health care fraud in the United States District Court in Salt Lake City, Utah. The counts of health care fraud to which Mr. Ammon plead guilty involved his practice of pharmacy in Utah.

2. On November 19, 2007, Mr. Ammon renewed his Wyoming pharmacist's license online. Mr. Ammon did not disclose the surrender of his license in Utah to the Wyoming authorities in his renewal application with Wyoming. In later discipline imposed by the Wyoming Board of Pharmacy, Mr. Ammon agreed to voluntarily surrender his Wyoming pharmacist's license.

**CONCLUSIONS OF LAW**

1. The Board has jurisdiction over this matter because Mr. Ammon is a pharmacist licensed by the Board.

2. In indicating in his online renewal application that his license had not been subjected to any discipline for violation of pharmacy or drug laws in any state when, in fact, Mr. Ammon had received discipline in Utah related to pleading guilty to three felony counts of health care fraud, all of which preceded his submitting his renewal application to the Nevada Board of Pharmacy, Mr. Ammon violated NRS 639.210(4) and (10) and 639.281.

3. In indicating in his online renewal application that he had not been charged, arrested, or convicted of a felony or misdemeanor in any state when, in fact, Mr. Ammon had plead guilty to three counts of health care fraud prior to his submitting his renewal application to the Nevada Board of Pharmacy, Mr. Ammon violated NRS 639.210(4) and (10) and 639.281.

**ORDER**

Based upon the foregoing, the Board imposes the following discipline:
1. Mr. Ammon's pharmacist's license (#16768) is suspended indefinitely, effective July 16, 2008. Mr. Ammon may not practice pharmacy or otherwise be employed in any business in Nevada licensed by this Board in any capacity unless and until he appears before the Board at a regularly scheduled meeting of the Board and the Board, after questioning and speaking with Mr. Ammon, determines that it is in the best interests of the health, safety, and welfare of the public in Nevada to lift Mr. Ammon's suspension and allow him to practice pharmacy in Nevada.

   Signed and effective this 14th day of August, 2008.

   Barry Boudreaux, President
   Nevada State Board of Pharmacy
Complete Name (no abbreviations):
First: Clayton Middle: Payne Last: Fitch
Home Address: 200 Forest St. Apt #: N/A
City: Henderson State: NV Zip Code: 89015
Telephone: Social Security Number:
Date of Birth: Place of Birth: Casa Grande, AZ Sex: M or F
E-mail Address:

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: ____________________________

I am requesting registration at the following pharmacy:
Pharmacy: Walgreens Store #: 4164
Address: 150 E. Lake Mead Pkwy
City: Henderson State: NV Zip Code: 89015

Signature of Managing Pharmacist: ____________________________
Lic #: 4977 Date: 08/16/2015

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☐ No ☐
2. Are you a high school graduate or the equivalent? Yes ☐ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CANNOT SUBMIT THIS APPLICATION)

3. 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? ☐ ☐
4. Been charged, arrested or convicted of a felony or misdemeanor in any state? ☐ ☐
5. Been the subject of a board citation or an administrative action whether completed or pending in any state? ☐ ☐
6. 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 (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action: State: NV Case #: HCR135801 14(PCH)00149H or(CRH)1094
Criminal Action: State Protect. Court:

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

Are you the subject of a court order for the support of a child? ☐ ☐

IF you marked YES to the question, above are you in compliance with the court order? ☐ ☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statues, rules and regulations governing pharmacy technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted

Date: 10/24/2015

Board Use Only Date Processed: 10/24/15 Amount: $40.00
On December 5th, 2014 I was pulled over by Henderson Police for driving with expired registration. I was driving down Boulder Highway and had just past the intersection of Major Ave. when the officer pulled me over right in front of Burger King. The officer had smelled weed when he went over to the passenger’s side. He then called for back up and the K-9 unit was dispatched. They then searched my vehicle and found a little sneak a toke pipe and marijuana. I did not lie to them and complied with what they asked of me. I was arrested and stayed in jail from the 5th of December until the 9th of December. This was the first time I ever was arrested for anything ever. I was charged and convicted of three misdemeanors. Two of which were handled in the Henderson Municipal Court and the other was handled in the Henderson Justice Court. The misdemeanors I am convicted of are as follows; Operating a vehicle without proper registration, possession of drug paraphernalia, and possession of controlled substance, marijuana. I am currently on Probation for 6 months until May 4, 2015. I have to pay fines and am currently enrolled in ABC Therapy taking substance abuse classes. I cannot smoke and I must stay out of trouble.
MUNICIPAL COURT OF THE CITY OF HENDERSON
IN THE COUNTY OF CLARK, STATE OF NEVADA

CITY OF HENDERSON, NEVADA, )
Plaintiff,

vs.

CLAYTON PAYNE FITCH, )
Defendant.

CRIMINAL COMPLAINT
CASE NO.: 14CR13697

Josh M. Reid, City Attorney

The defendant has committed the crime of OPERATING A VEHICLE WITHOUT PROPER VEHICLE REGISTRATION, (Nevada Revised Statute 482.545-1, the Henderson City Charter, Section 2.140) within the City of Henderson, in the County of Clark, State of Nevada, a misdemeanor, in the manner following, to wit:

That the said defendant, on or about December 5, 2014, did willfully and unlawfully operate a Jeep Compass, bearing Nevada state license number 862LJH, without having registration on the vehicle or which did not have attached thereto and displayed thereon, the number of plate or plates assigned thereto by the department for the current period of registration or calendar year, all of which occurred while traveling at or near Boulder Highway and Major Avenue,

all of which is contrary to the form, force and effect of statutes in such cases made and provided and against the peace and dignity of the City of Henderson, State of Nevada.

Said Complainant makes this declaration on information and belief subject to the penalty of perjury.

George W. Ward, Complainant
Assistant City Attorney

Dated: December 8, 2014
DCA#: 14-12-088631
PCN#: HP5072460C-1
JUSTICE COURT, HENDERSON TOWNSHIP
CLARK COUNTY, NEVADA

THE STATE OF NEVADA,

Plaintiff,

-vs-

CLAYTON PAYNE FITCH #8174756,

Defendant.

CASE NO: 14FH1642X
DEPT NO:

CRIMINAL COMPLAINT

The Defendant above named having committed the crime of POSSESSION OF CONTROLLED SUBSTANCE, MARIJUANA (Category E Felony - NRS 453.336 - NOC 51127), in the manner following, to-wit: That the said Defendant, on or about the 6th day of December, 2014, at and within the County of Clark, State of Nevada, did then and there wilfully, unlawfully, feloniously, and knowingly or intentionally possess a controlled substance, to-wit: Marijuana, over one (1) ounce.

All of which is contrary to the form, force and effect of Statutes in such cases made and provided and against the peace and dignity of the State of Nevada. Said Complainant makes this declaration subject to the penalty of perjury.

Clark County Public Defender

12/09/14

14FH1642X/cb
HPD EV# 1419051
(TK)
CITY OF HENDERSON, NEVADA,  

Plaintiff,  

vs.  

CLAYTON PAYNE FITCH,  

Defendant.  

CRIMINAL COMPLAINT  

CASE NO.: 14CR 0/350/  

Josh M. Reid, City Attorney

The defendant has committed the crime of POSSESSION OF DRUG PARAPHERNALIA (NRS 453.566, the Henderson City Charter, Section 2.140) within the City of Henderson, in the County of Clark, State of Nevada, a misdemeanor, in the manner following:

that the said defendant, on or about December 5, 2014, did unlawfully use, or possess with intent to use item(s) constituting drug paraphernalia, to plant, propagate, cultivate, grow, harvest, manufacture, prepare, test, analyze, store, contain, conceal, ingest, inhale or otherwise introduce into the human body a controlled substance, to wit: a wooden pipe, all of which occurred in the area of at or near Boulder Highway and Major Avenue,

all of which is contrary to the form, force and effect of statutes in such cases made and provided and against the peace and dignity of the City of Henderson, State of Nevada.

Said Complainant makes this declaration on information and belief subject to the penalty of perjury.

George W. Ward, Complainant  
Assistant City Attorney

Dated: December 8, 2014  
DCA#: 14-12-088631  
PCN#: HP5072460C-2
HENDERSON MUNICIPAL COURT: SENTENCING ORDER

CITY OF HENDERSON,
Plaintiff

VS.

[Defendant]

Case #: ____________________
DR #: ____________________

□ DOMESTIC BATTERY / □ DUI:

□ 1ST Offense / □ 2nd Offense

□ OTHER (List Below):

Guilty; Nolo; Adjudication Stayed; Submitted on the Record,
Pending: □ Dismissal; □ Amendment to __________________________

Total Fines/AF Fees Imposed: $ __________ Fines/Fees Suspended if compliant: $ __________

□ $35 DB Assessment Fee □ $60 Blood/Breath Test □ $100 DUI Specialty Courts' Fee

Total Fines/Fees Due: $ __________ Payments: $ __________ per month or fine due in full by __________

Mail to: Henderson Municipal Court, PO Box 95050 - M61821, 243 Water Street, Henderson, NV 89009 On-line: www.cityofhenderson.com/municipal_court/

THE ABOVE REFERENCED DEFENDANT IS HEREBY SENTENCED TO THE FOLLOWING:

**************************************************************

SENTENCING CONDITIONS

□ PROBATION / DIRECT SUPERVISION □ PROBATION / INDIRECT SUPERVISION □ UNSUPERVISED

(Monthly fee applies) (Court Status Checks)

**************************************************************

You must appear in person at the Henderson Alternative Sentencing office, located at 243 Water Street, Lower Level, Henderson, NV immediately following court or upon the first business day following your release from custody. Failing to appear at Henderson Alternative Sentencing, failing to comply with the court's order or receipt of a non-compliant report from any agency may result in immediate arrest for Probation Violation or a Bench Warrant being issued for your arrest. You must report to Henderson Alternative Sentencing as directed throughout the term of Supervision. You must provide correct contact information to Henderson Alternative Sentencing and report any changes of that information immediately.

□ DUI School
□ Victim's Impact Panel
□ Coroner's DUI Program
□ Breath Ignition Interlock Device
(Separate order required)
□ SCRAM Program _____ wks/months
□ Install Prior to Release from Custody
□ Report to Alt. Sent. Immediately
□ Upon Release for Installation
□ AA / NA / GA
__ times/week for _____ weeks
□ Sponsor required
□ DART Program _____ weeks/months
□ Alcohol / □ Cont. Subst. / □ Both
□ CAT Program _____ weeks/months
□ Coroner's Visitation Program (CVP)
□ Nevada Family Vehicle Safety Program (NFVSP)
□ Restitution of $ __________ payable to
□ Monthly __________ by beginning __________ (Pay by credit card, certified check, or money order and deliver to Alternative Sentencing)

□ Domestic Battery Counseling (26 sessions, 1/week)
□ Long-Term Domestic Battery Counseling (52 sessions, 1/week)
□ Anger Control Counseling
□ ABC Program
□ Veteran's Court
□ Inpatient SAC □ Outpatient SAC
□ Intensive Outpatient SAC, __________ times/week for __________ weeks
□ Group / □ Individual
□ Aftercare SAC
□ 8 Hour Drug/Alcohol Class
□ 1st Offender Program
□ Parenting Class
□ Life of Crime Program
□ GED / College Classes

□ Trespassed From:
□ No Contact With:
□ Direct Supervision Agreement & Rules
(See Agreement & Rules form)
□ Jail sentence imposed: _______ days
□ Suspended/Pending _______ days
□ Jail Time Served: _______ days
□ Balance of Jail Due: _______ days.
□ Converted to: □ Hs Arrest □ Comm Svcs
□ House Arrest: _______ days
□ Community Service _______ hours;
(To be completed at a minimum rate of 4 hours per week)($35 Processing Fee)
□ Chemical Dependency Assessment
□ No Further Arrests or Criminal Citations
□ Same/Similar □ Any Criminal
□ Duration _______ months/years
□ 1 year or duration, whichever is longer
□ Other _________
□ No Possession / Use of Alcohol - Submit to alcohol testing as deemed necessary by Alt. Sentencing.
□ No Possession / Use of Controlled Substances – Submit to drug testing as deemed necessary by Alt. Sentencing.
□ No Weapons □ Submit to search of person, residence, vehicle, or property under your control, as instructed by Alternative Sentencing

□ Other:

Supervision Expiration Date __________

COURT DATES: □ None at this time □ Status Check Court Date __________ @ ______ AM / PM
Department 1 / 2 / 3 : 4 / 5 □ Appearance Required □ Appearance Not Required if compliant with ALL orders
It is hereby ordered this ______ day of _______ ______, 20____.

Original-Court / Yellow=Alternative Sentencing / Pink=Defendant (Rev 9/25/14) Presiding Judge of the Henderson Municipal Court
Henderson Municipal Court Sentencing Order  □ Original □ Amended

Name: John Doe

**Fines:***

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<th>Case #</th>
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<th>Suspend</th>
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<th>Case #</th>
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Subtotal from today's fines: + $770

Prior outstanding fine balance: + $0

Credit for Time Served: - $200

$50 Time Payment Setup Fee: + $0

Total: $500

☐ Attend & successfully complete Traffic Safety School by: __/__/____  □ Level I □ Level II (Repeat Offenders)
☐ Pay your fine in full by: __/__/____  ☐ Pay $______ by __/__/____ and balance by __/__/____
☐ Time Payments: Monthly Minimum payment of $_____. $50.00 payment set-up fee will be added to total due.
Beginning __/__/____ until fine is paid in full  □ Add to Existing Payments

Mail Payments to: Henderson Municipal Court, PO Box 95050 - MS621, Henderson, NV 89009
On-line payments: www.cityofhenderson.com/municipal_court/

☐ Show valid Driver's License by __/__/____ to ☐ dismiss / ☐ reduce to $______ to suspend fine
☐ amend to No License in Possession

☐ Show valid Registration by __/__/____ to ☐ dismiss / ☐ reduce to $______ to suspend fine

☐ Show valid Insurance by __/__/____ to ☐ dismiss / ☐ reduce to $______ to suspend fine

☐ Show proof of _______ to Window Clerk by __/__/____ to ☐ dismiss / ☐ reduce to $______

☐ WORK PROGRAM: Complete ______ hours at a minimum rate of 4 hours per week -- One time fee applies
You must appear in person at the Henderson Alternative Sentencing office, located at 243 Water Street, Lower Level, Henderson, NV immediately following court or upon the first business day following your release from custody. Failing to appear at Henderson Alternative Sentencing, failing to comply with the court's order or receipt of a non-compliant report from any agency may result in immediate arrest for Probation Violation or a Bench Warrant being issued for your arrest. You must report to Henderson Alternative Sentencing as directed throughout the term of Supervision. You must provide correct contact information to Henderson Alternative Sentencing and report any changes of that information immediately.

☐ No Further Arrests / Citations  □ Same/Similar □ Any Criminal for a period of ______ months
☐ Complete the following by __/__/____: ☐ Coroner's Visitation Program ☐ A.D.E. Program ☐ NV Vehicle Safety Program

☐ Victim's Impact Panel  (You must report to Alternative Sentencing, 243 Water St, Lower Level as noted above)
☐ Life of Crime  ☐ Other

If completed by due date:  ☐ Suspend $______  ☐ Dismiss  ☐ Amend to

☐ Your next court date will be for:

☐ Arraignment  ☐ Trial  ☐ Sentencing  ☐ Status Check  ☐ Show Cause  ☐ Attorney Status
on: __/__/____ @ __:__ AM / PM in Dept. 1 / 2 / 3 / 4 / 5

☐ Appearance Required  ☐ Appearance Not Required if compliant with ALL orders

Failure to Appear for a required court appearance will result in a BENCH WARRANT being issued for your arrest.

*Comments:

FAILURE TO COMPLY WITH ANY ORDER OF THE COURT MAY RESULT IN ADDITIONAL FEES AND/OR A BENCH WARRANT FOR YOUR ARREST

Date: 12/17/17  Clerk

Dept. 1 / 2 / 3 / 4 / 5
Original=Copy / Yellow=Alt Sent / Pink=Def
Rev. 09/13/14
The 78th Session of the Nevada Legislature adjourned sine die on June 1, having (mostly) completed its work within the 120 day deadline. Although a number of bills died at midnight, with budget and other essential bills passed, Governor Sandoval saw no need to call a special session. This marks one of the few occasions since the 1999 start of 120 day sessions that did not require extra innings for lawmakers to finish their business.

In all Governor Sandoval signed 549 bills and vetoed only seven pieces of legislation. Among the legislation enacted were most of the Governor’s signature education reforms, a tax package to fund these reforms and the operation of State government, legalization of ride sharing services like Lyft and Uber, modest increases for healthcare providers in the Medicaid system, and incremental reforms in prevailing wage and collective bargaining.

The Session saw both houses controlled by Republicans for the first time in decades, but they were Republicans with very different goals in mind. The Senate was controlled by a moderate group of Republicans who signaled early on they were interested in education reforms and supporting the Governor’s plan for increased revenue. The Assembly was a fragile coalition-style group of anti-tax conservatives (with strong views on a variety of other topics) and more moderate lawmakers, many from both groups swept into office as a result of an unusual 2014 election turnout we are unlikely to witness again any time soon.

To say the mix of personalities created a rocky ride would be an understatement. However, despite attempted coups, law enforcement investigations of murky political consultants and their legislative allies, angry floor outbursts and the 2/3 majorities required to pass tax bills, the Legislature stumbled across the finish line having enacted some historic legislation.

BOARD ISSUES

The State Public Works Board brought forward legislation to require boards and commissions to use buildings and grounds for all office leases. Boards, which have long been exempt from the State Budget Act, have not previously been required to do so. AB 59 was successfully amended to remove that requirement and add back in language deleted in 2011 that was being used by Public Works as authority to rope in boards and commissions. The law continues to allow boards and commissions to request state assistance if they desire.

AB 53 amended state law to provide a uniform standard of proof in certain disciplinary matters and petitions for judicial review. While many boards already had the preferred language, some chapters were not consistent and a recent court case raised the issue of inconsistent standards.
State employees regained some ground lost in recent sessions with furlough days eliminated, modest increases in pay over the next biennium (1% in the first year, 2% in the second year) and merit pay for unclassified employees of the Nevada System of Higher Education was approved.

HEALTHCARE

The Legislature dealt with a variety of healthcare issues this Session, ranging from telehealth to prescription drug abuse, as well as wrestling with how to pay for the increasing cost of healthcare for Medicaid, prisoners, the mentally ill and public employees. And after introducing a wide ranging menu of tort reform bills, in the end modest changes were made in this area. Multiple bills dealing with telehealth were introduced, but in the end AB 292 became the vehicle for this topic. The new law requires a provider of health care at a remote site to hold a valid Nevada license if they will “direct or manage the care or render a diagnosis of a patient who is located at an originating site in this State or write a treatment order or prescription”. This definition has caused some concern with the current practice of using remote experts for consultations. After a number of meetings with the Board of Medical Examiners staff, they have made it clear they see a distinction and would not require licensure for consultations. The existence of a relationship with a local provider who requested the consultation would be an important factor in determining whether the remote physician was directing care or consulting. These provisions were expressly included for physicians, nurses, and pharmacists. The bill does reference and provider of healthcare, so the same requirements may arguably apply to the broad range of providers.

The bill also requires insurers to cover telehealth to the same extent they cover services provided by other means. The bill does not regulate the payment for the different delivery methods.

The Governor’s offices of Economic Development and Veterans Services each brought bills dealing with expedited licensure of health care providers. SB 68 provides for licensure by endorsement of a wide variety of professionals (physicians, nurses, dentists, optometrists and pharmacists among them) who hold a valid license in another state or U.S. territory.

AB 89 requires regulatory boards to develop an expedited licensure by endorsement process for members of the military, spouses, veterans and spouses of veterans. It allows health care and other professional licensing boards to enter into reciprocity agreements with other states and territories for licensure. The bill also allows private employers to enact hiring preferences for veterans and spouses.

Lawmakers also created an opioid overdose prevention policy for the State (SB 459) which includes a Good Samaritan immunity provision for a person calling for medical help. The bill allows certain practitioners to prescribe, and pharmacists to fill an order for an opioid antagonist to be administered by a friend or family member of an addict. Practitioners who initiate a prescription for a Schedule II, II or IV controlled substance for a new patient, or an existing patient for a new course of treatment lasting more than 7 days, are now required to obtain and review a patient utilization report from the prescription monitoring program run by the Board of Pharmacy.
SB 288 will require every practitioner eligible to prescribe controlled substance to take the prescription monitoring program use course and enroll to access the database if they wish to prescribe these drugs. They will further need to log on to the database at least every 6 months to verify their contact information once the program has implemented that feature.

**TAXES**

The Session began with Sandoval’s proposal to create Business License Fee based on gross revenue, with a complicated mix of industry classifications and varying rates. Reminiscent of the Gross Receipts Tax of 2003, the BLF drew the swift, if knee-jerk, opposition of some sectors of the business community and a number of lawmakers. After being pushed out of the Senate the original BLF bill ran into a brick wall in the Assembly, where a mix of solid “no on any taxes forever” votes and policy-driven concerns about a gross revenue tax drove the need for a compromise bill.

The compromise, SB 483, imposes a new Commerce Tax based on gross revenue in excess of $4M, increases the modified business tax (MBT) on payroll, increases business license fee, extends expiring taxes, and raises the cigarette tax. Blending portions of the Assembly Republican plan to raise the MBT and the Governor’s desire to expand the base of companies paying business taxes through a revenue-based tax, the bill will for the first time tax business revenue beyond the gaming, mining and insurance industries.

Companies with more than $4 million in Nevada-based gross revenue will pay a tax rate based on their industry classification. Most revenue subject to an existing gross tax can be deducted, as will revenue of non-profit organizations. Companies who owe the Commerce Tax will be able to deduct 50% of the tax paid from any MBT liability they have.

The MBT was increased from 1.17 to 1.475 percent, with the current exemption reduced from $85,000 per quarter to $50,000 per quarter, so more businesses pay. Mining and financial institutions will pay a 2% MBT rate. Additionally, the deduction for employer-paid health insurance remains in the law. The MBT rate can be reduced if Commerce Tax receipts come in at least 4% above projections.

The current annual business license fee of $200 will remain for most business types, but corporations will see in increase to $500. Cigarette taxes will go up $1.00, to $1.80 per pack, and the Live Entertainment Tax was amended from a split rate to a single rate of 9% and expanded to cover major events like Burning Man and the Electric Daisy Carnival. The so-called Sunset Taxes, originally passed in 2009 and extended each Session since, were made permanent. These include a vehicle registration fee and sales tax voters have now been paying for 6 years. And while not a tax per se, another bill signed by the Governor allows Clark and Washoe County to roll over school construction bonding authority for 10 years without a vote.

The new revenue and sunset taxes combined to create the State’s largest tax increase, and will fund a record budget of some $7.4 billion for the coming biennium.
EDUCATION

The Governor’s State of the State address in January included a goal of passing a reform package for Nevada’s struggling education system. The Governor was successful and the 2015 Legislature passed a long list of bills that is already getting national attention. These education reforms include increased funding for full-time kindergarten, pre-K, special education, gifted and talented and ESL; creating a Read by 3 program, an office of bully prevention and college scholarships for education majors; reduced class size; bond roll-over for school districts; a reorganization and break-up of the Clark County School District; programs to offer teacher incentives, bonuses and increased training.

The bill getting the most attention is Education Savings Accounts, SB 302, creating the most inclusive K-12 school choice program in the country. Parents would have access to grants equal to 90% of the State’s per-pupil funding to use for tuition at private schools, tutoring and eligible home school expenses for children who have been enrolled in Nevada public schools and decide to leave the public education system. The bill has received significant national attention, and could to see a court challenge from opponents.

A new Achievement School District will be created to convert the lowest-performing public schools into charter schools. The new ASD will have its own executive director within the State Department of Education, and could start converting schools as soon as 2016.

Another bill to note, SB 514, provides funding to the UNLV School of Medicine, Boyd School of Law, UNLV Harrah Hotel College and UNLV International Center of Excellence in Gaming Regulation. The new UNLV School of Medicine will change the landscape of medical education in Nevada, and require significant work in both northern and southern Nevada to create the necessary departments, expertise, residencies and related infrastructure to service two complete medical schools.

Since the Session ended, the Governor has announced the Nevada launch of Western Governors University (WGU). This was established through grant funding, and is an on-line competency-based university formed by a partnership between the state and Western Governors University. WGU has earned the support of more than 20 leading corporations and foundations, and WGU Nevada is the 6th WGU state-based, state-endorsed university.

TRANSPORTATION NETWORK COMPANIES

Besides taxes, one of the largest battles of the 2015 Legislature was between the taxi/limo companies and the transportation network companies, Lyft and Uber: The Legislature authorized the transportation network companies to operate in Nevada with the passing of AB 175 and AB 176.

The authorization of these companies comes with a 3% excise tax to be charged to both taxis and TNC’s on the total fares charged. The first $5 million of this tax each year will go to the
Highway Fund, with the remainder going to the general fund. The regulation process is now in place and must be complete before the TNC’s are operational. The embrace of the ride-sharing revolution, which is usually found to be more convenient and less expensive than typical taxi service, shows that the state welcomes competition and change.

OTHER ISSUES

Gun laws were a hot topic this session, with firebrand Assembly member Michelle Fiore leading the charge on campus carry legislation, which ultimately failed. Laws were strengthened to prevent those convicted of domestic violence from owning guns; the Castle Doctrine was expanded to include motor vehicles, and reciprocity standards for concealed weapon carry permits with other states were lowered.

Some notable legislation that did not survive the sine die deadline included parental notification for minors seeking abortions, Republican voter ID proposals, an increase in the solar energy rebate cap sought by the solar industry, and early Presidential primary to replace the current party caucus system.

NEVADA STATE BOARD OF PHARMACY

2015 FINAL BILL TRACKING, NEVADA LEGISLATURE – JUNE 2015

Bold/Shaded = Priority Legislation

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<tr>
<th>Bill Number</th>
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<tbody>
<tr>
<td>AB53 (Enrolled)</td>
<td>Administrative hearings, standard of proof</td>
<td>Revises provisions relating to administrative procedure. (BDR 18-160)</td>
<td>Assembly Govt. Affairs (for AG)</td>
<td>Signed by Governor</td>
</tr>
<tr>
<td>AB59 (Enrolled)</td>
<td>Office leases</td>
<td>Revises the authority of the Administrator of the State Public Works Division of the Department of Administration regarding leases for certain office rooms for state agencies, boards and commissions. (BDR 27-299)</td>
<td>Assembly Govt. Affair (for State Public Works)</td>
<td>Signed by Governor</td>
</tr>
<tr>
<td>AB89 (Enrolled)</td>
<td>Professional licensing, reciprocity, veterans</td>
<td>Makes various changes to provisions relating to certain professions. (BDR 53-295)</td>
<td>Assembly Commerce (for Governor)</td>
<td>Signed by Governor</td>
</tr>
<tr>
<td>AB135 (Enrolled)</td>
<td>Retention and disposal of official state records</td>
<td>Revises provisions relating to schedules for the retention and disposal of official state records. (BDR 19-547)</td>
<td>Assembly Govt. Affairs (for Sunset Subcommittee)</td>
<td>Signed by Governor</td>
</tr>
<tr>
<td>AB158 (Enrolled)</td>
<td>Auto-injectable epinephrine</td>
<td>Revises and expands provisions relating to obtaining, providing and administering auto-injectable epinephrine in certain circumstances.</td>
<td>Assembly Health (for Legis Comm on Health Care)</td>
<td>Signed by Governor</td>
</tr>
<tr>
<td>Bill Number</td>
<td>Topic</td>
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<tr>
<td>AB164</td>
<td>Investigational drugs, biological products</td>
<td>Revises provisions relating to access by patients to certain investigational drugs, biological products and devices. (BDR 40-66)</td>
<td>Asm. Ohrenschall</td>
<td>Signed by Governor</td>
</tr>
<tr>
<td>AB236</td>
<td>Public engagement, Internet</td>
<td>Enacts provisions related to the promotion of public engagement by state agencies. (BDR 18-697)</td>
<td>Asm. Neal</td>
<td>Signed by Governor</td>
</tr>
<tr>
<td>SB14</td>
<td>Pharmacy &amp; Therapeutics Committee</td>
<td>Revises provisions governing the Pharmacy and Therapeutics Committee within the Department of Health and Human Services. (BDR 38-325)</td>
<td>Senate Health (for Health Care Financing &amp; Policy)</td>
<td>Signed by Governor</td>
</tr>
<tr>
<td>SB70</td>
<td>Meetings of public bodies</td>
<td>Revises provisions governing meetings of public bodies. (BDR 19-155)</td>
<td>Senate Govt. Affairs (for AG)</td>
<td>Signed by Governor</td>
</tr>
<tr>
<td>SB114</td>
<td>Prescriptions for controlled substances</td>
<td>Makes changes relating to prescriptions for certain controlled substances. (BDR 40-239)</td>
<td>Sen. Hardy</td>
<td>Signed by Governor</td>
</tr>
<tr>
<td>SB217</td>
<td>Health insurance, topical ophthalmic products</td>
<td>Revises provisions relating to policies of health insurance. (BDR 57-836)</td>
<td>Sen. Kieckhefer</td>
<td>Signed by Governor</td>
</tr>
<tr>
<td>SB231</td>
<td>Injured employee, controlled substances</td>
<td>Revises provisions relating to workers’ compensation. (BDR 53-986)</td>
<td>Senate Commerce</td>
<td>Signed by Governor</td>
</tr>
<tr>
<td>SB250</td>
<td>Insurance, prescription supply less than 30 days</td>
<td>Revises provisions relating to policies of health insurance. (BDR 57-687)</td>
<td>Sen. Hardy, Sen. Smith</td>
<td>Signed by Governor</td>
</tr>
<tr>
<td>SB251</td>
<td>Interstate Medical Licensure Compact</td>
<td>Ratifies the Interstate Medical Licensure Compact. (BDR 54-576)</td>
<td>Sen. Hardy</td>
<td>Signed by Governor</td>
</tr>
<tr>
<td>SB288</td>
<td>Controlled substances database</td>
<td>Revises provisions relating to prescribing controlled substances. (BDR 40-889)</td>
<td>Sen. Denis</td>
<td>Signed by Governor</td>
</tr>
<tr>
<td>SB422</td>
<td>Preferred prescription drugs, Medicaid</td>
<td>Allows for the continued inclusion of certain drugs on the list of preferred prescription drugs to be used for the Medicaid program. (BDR 38-1159)</td>
<td>Senate Finance (for Dept of Admin)</td>
<td>Signed by Governor</td>
</tr>
<tr>
<td>SB447</td>
<td>Marijuana</td>
<td>Makes various changes relating to marijuana. (BDR 15-85)</td>
<td>Senate Judiciary</td>
<td>Signed by Governor</td>
</tr>
<tr>
<td>SB459</td>
<td>Opioid overdose prevention policy</td>
<td>Establishes an opioid overdose prevention policy for Nevada. (BDR 40-1199)</td>
<td>Senate Health</td>
<td>Signed by Governor</td>
</tr>
</tbody>
</table>

BDR

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>BDR40</td>
<td>Insurance covering prescription drugs</td>
<td>Revises provisions relating to health insurance covering prescription drugs.</td>
<td>Senate Commerce</td>
<td>Not introduced during session</td>
</tr>
<tr>
<td>BDR535</td>
<td>Occupational licensing</td>
<td>Revises provisions relating to occupational licensing.</td>
<td>Senate Commerce</td>
<td>Not introduced during session</td>
</tr>
</tbody>
</table>

Indefinitely Postponed / No Further Consideration / Withdrawn

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<tbody>
<tr>
<td>AB72</td>
<td>Professional licensing</td>
<td>Revises provisions governing state professional</td>
<td>Assembly Commerce</td>
<td>Failed first house</td>
</tr>
<tr>
<td>Bill</td>
<td>Committee</td>
<td>Bill Title</td>
<td>Sponsor</td>
<td>Status</td>
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<tr>
<td>AB150 (77th Session)</td>
<td>Governmental Oversight &amp; Accountability Committee</td>
<td>Creates the Legislative Committee on Governmental Oversight and Accountability. (BDR 17-739)</td>
<td>Asm. Daly</td>
<td>No legislative action taken by deadline</td>
</tr>
<tr>
<td>AB269</td>
<td>Professional licensing</td>
<td>Revises provisions governing professional licensing. (BDR 54-899)</td>
<td>Asm. Jones</td>
<td>Failed first house committee passage deadline</td>
</tr>
<tr>
<td>AB279</td>
<td>Controlled substances, Pharmacy Board</td>
<td>Revises provisions concerning controlled substances. (BDR 40-775)</td>
<td>Asm. Sprinkle</td>
<td>Failed first house committee passage deadline</td>
</tr>
<tr>
<td>AB297 (R1)</td>
<td>Controlled substances</td>
<td>Revises provisions governing trafficking in controlled substances. (BDR 40-586)</td>
<td>Assembly Judiciary</td>
<td>Failed second house committee passage deadline</td>
</tr>
<tr>
<td>AB355 (Exempt)</td>
<td>Administrative regulations</td>
<td>Revises provisions governing administrative regulations. (BDR 40-843)</td>
<td>Asm. Fiore</td>
<td>Failed to pass by Day 120</td>
</tr>
<tr>
<td>AB358</td>
<td>Investigational drugs, biological products</td>
<td>Revises provisions relating to access by patients to certain investigational drugs, biological products and devices. (BDR 40-845)</td>
<td>Asm. Fiore</td>
<td>Failed first house committee passage deadline</td>
</tr>
<tr>
<td>AB453</td>
<td>Dextromethorphan</td>
<td>Provides for the regulation of the sale of dextromethorphan. (BDR 40-392)</td>
<td>Assembly Commerce</td>
<td>Failed first house passage deadline</td>
</tr>
<tr>
<td>AB479</td>
<td>Public notices</td>
<td>Revises provisions relating to public notices. (BDR 19-1095)</td>
<td>Assembly Govt. Affairs</td>
<td>Failed first house committee passage deadline</td>
</tr>
<tr>
<td>AB492 (R1)</td>
<td>Administrative regulations</td>
<td>Makes various changes to provisions relating to administrative regulations. (BDR 18-1281)</td>
<td>Assembly Govt. Affairs (for Legislative Counsel)</td>
<td>Failed to pass by Day 120</td>
</tr>
<tr>
<td>SB219</td>
<td>Health insurance, abuse-deterrent drugs</td>
<td>Revises provisions relating to policies of health insurance. (BDR 57-668)</td>
<td>Sen. Hardy</td>
<td>Failed first house committee passage deadline</td>
</tr>
<tr>
<td>SB222</td>
<td>Insurance covering prescription drugs</td>
<td>Revises provisions relating to health insurance covering prescription drugs. (BDR 57-670)</td>
<td>Sen. Atkinson</td>
<td>Failed first house committee passage deadline</td>
</tr>
<tr>
<td>SB234</td>
<td>Synthetic marijuana</td>
<td>Requires certain substances to be included on the list of schedule I controlled substances. (BDR 40-628)</td>
<td>Sen. Parks</td>
<td>Failed first house committee passage deadline</td>
</tr>
<tr>
<td>SB328 (R1 Exempt)</td>
<td>Health insurance, drug formularies</td>
<td>Revises provisions relating to policies of health insurance. (BDR 57-794)</td>
<td>Sen. Farley</td>
<td>Failed to pass by Day 120</td>
</tr>
<tr>
<td>SB336</td>
<td>Controlled substance to end life</td>
<td>Revises provisions governing prescribing, dispensing and administering controlled substances designed to end the life of a patient. (BDR 40-32)</td>
<td>Sen. Parks</td>
<td>Failed first house committee passage deadline</td>
</tr>
<tr>
<td>SB357 (Exempt)</td>
<td>Pharmacists</td>
<td>Revises provisions relating to pharmacists. (BDR 54-869)</td>
<td>Sen. Smith</td>
<td>Failed to pass by Day 120</td>
</tr>
</tbody>
</table>
TEMPORARY LICENSES
(Issued since last board meeting)

Renown Regional Medical Center
Thien Tran

Mesa View Regional Hospital
Ericka Richards
Laura Cardwell
Larry L. Pinson, Pharm.D.
Executive Secretary
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, Nevada  89509

Dear Dr. Pinson:

The Drug Enforcement Administration (DEA) Office of Diversion Control would like to thank you for speaking at the DEA's Pharmacy Diversion Awareness Conference on February 7-8, 2015 in Las Vegas, Nevada.

This conference was designed to focus on the growing problem of diversion of pharmaceutical controlled substances throughout the United States. Your presentation on Prescription Drug Abuse and Pharmacy Board Update was very well received. You provided valuable and beneficial information to the pharmacy community. You willingly interacted with the conference attendees and answered questions thoughtfully and thoroughly.

Combating the diversion of pharmaceutical controlled substances is a key priority for the DEA. We appreciate the time you took out of your busy schedule to support our effort to address this serious public health and safety issue.

Sincerely,

[Signature]

Joseph T. Rannazzisi
Deputy Assistant Administrator
Office of Diversion Control
College of Psychiatric and Neurologic Pharmacists Releases Practical Guidelines on Naloxone Access for Pharmacists

The College of Psychiatric & Neurologic Pharmacists (CPNP) and members of its Substance Abuse Task Force are pleased to announce the release of a guideline document intended to educate pharmacists on naloxone use and administration with the goal of providing increased patient access to this life-saving medication for opioid overdose. NALOXONE ACCESS: A Practical Guideline for Pharmacists, provides information on the following:

- Patient Selection
- How Naloxone is Supplied
- Prescribing and Dispensing
- Acquisition and Reimbursement
- Storage
- Supporting Laws and Regulations
- Frequently Asked Questions (FAQs)
- Patient Information Sheets for both Intranasal and Intramuscular Administration of Naloxone

Task Force Chair Bethany DiPaula, PharmD, BCPP, Associate Professor at the University of Maryland, noted that the Naloxone Access guide was intended to fill a gap in information available to pharmacists. "Prevention and proper treatment of opioid overdose is a national public health priority. Pharmacists can play an important role by making naloxone, a life-saving antidote, available to the community. However, this medication has unique administration, legal, and procurement issues. This guide should make it easier for pharmacists by providing necessary naloxone dispensing and educational information that cannot easily be found in any other single source."

CPNP's Incoming President Raymond Love, PharmD, BCPP, FASHP, Professor at the University of Maryland, pointed to the role that pharmacists can and should play in reducing the opioid overdose epidemic. "It seems that every day brings a new headline about opioid abuse and overdose. Yet pharmacists are often left out of this discussion when they can play a key role in improving access to the life-saving drug naloxone."

The NALOXONE ACCESS: A Practical Guideline for Pharmacists, will be a living document that is updated and maintained on the CPNP website as a freely available source of information.

About CPNP
The College of Psychiatric and Neurologic Pharmacists (CPNP) envisions a world where every individual with a psychiatric or neurologic disorder has a care team that includes a neuropsychiatric pharmacist accountable for optimal medication therapy. As the voice of the specialty, our mission is to advance the reach and practice of neuropsychiatric pharmacists.
CPNP is a professional association of over 1700 pharmacists who are trained to work directly with patients and caregivers to apply specialized clinical knowledge and skills, educate and train healthcare professionals, and develop new knowledge in order to improve health outcomes for those individuals with psychiatric and neurologic disorders. Members apply evidence-based, cost-efficient best practices as a member of a treatment team to achieve patient recovery and improved quality of life.

Recognizing the comorbid nature of substance abuse and psychiatric disorders, CPNP has made a commitment to define and establish the role of neuropsychiatric pharmacists in substance abuse with initial emphasis on defining the role of the pharmacist in buprenorphine treatment and providing naloxone rescue education. CPNP is seeking partners for this effort, entering into new alliances, and establishing educational programs to support these efforts.
Independent Healthcare Monitors

May 14, 2015
Larry L. Pinson, Executive Director
Nevada State Board of Pharmacy
431 W. Plumb Ln.
Reno, NV, 89509

Re: Independent Healthcare Monitors

Dear Larry,

The purpose of this letter is to introduce you and the Members of your Board to Independent Healthcare Monitors (IHM), a monitoring company assisting licensees with compliance. While the state boards of pharmacy all share a common mandate and a commitment to public protection and patient safety, sometimes it serves the public better to keep a licensee in practice despite their regulatory discrepancies.

In these cases (medication errors, adherence to security standards, employee diversion and compliance issues) an innovative approach may be needed in order to balance public safety and protection without suspension, revocation, or probation of a license.

An independent monitor will accomplish greater compliance results by utilizing regulator initiated settlement agreements to assist the licensee in complying with board regulations and best practices. These agreements may include a consent agreement, deferred prosecution agreement, non-prosecution agreement, or deferred probationary agreement.

These types of agreements have been proposed by the United States Department of Justice as a means of resolving criminal cases “without a formal conviction”. While the DOJ outlined best practices for monitors for corporate setting, those practices can be applied to disciplinary matters as well. The principles and model set forth by the DOJ summarize select criteria applicable for monitoring in pharmacy and other health care areas. For more information on the Morford Memorandum which discusses the use of independent monitors in connection with regulator agreements, please see http://www.justice.gov/dag/memorandum-heads-department-components-united-states-attorneys

Independent Healthcare Monitors (IHM) is a monitoring company available to assist licensees in complying with these agreements and ensures compliance reporting to boards. IHM associates consist of former board executive officers, compliance investigators, a patient safety consultant (ISMP), and former DEA Supervisory Investigator. This expert group assists in crafting and carrying out these monitoring agreements in compliance with the state board requirements.

IHM is available to meet with your board to discuss further and to answer any questions.

Sincerely,

[Signature]

Donna Horn, Ph. D. Ph.
Independent Healthcare Monitors

One Central Street, Suite 201, Middleton, MA 01949
Tel: 978.646.0091 Fax: 978.646.0092 www.independenthealthcaremonitors.com
Independent Healthcare Monitors

Overview: Why is there a need for Independent Monitors?

Regulators share a commitment to public protection and patient safety. Often times these regulators, including professional licensing boards, are looking to strike the balance between public safety and protection while allowing licensees to continue to practice and serve their communities. An example to this is when the regulator enters into a settlement agreement with the licensee, where the licensee continues to practice with restrictions. But how does the regulator know if the licensee is complying with the terms of the agreement?

Independent Healthcare Monitors (IHM) addresses this issue. IHM is an independent monitor who can work with the regulator and/or licensee to address and remedy the issues that lead to the infraction or disciplinary action.

Such infractions include Quality-Related Events (QRE) [errors], compliance issues, adherence to security/accountability standards, and other state and federal regulatory issues.

IHM assists the licensee in analyzing work flow and developing practices and policies to minimize risks of the infraction recurring. The Board or other regulator decides and directs the monitoring and is kept apprised of the practices the licensee is implementing.

About IHM: Our Services

IHM’s team has in-depth knowledge and expertise in the practice areas to be remedied.

- IHM will initiate recommendations to implement and monitor the licensee’s compliance with the terms of the agreement and, most importantly, COMMUNICATE findings and progress to the regulator.
- Work with the licensee to provide analysis and investigation of the root causes of infractions and develop strategies for implementation of corrective actions.
- Help in working towards settlement agreements that provide for both public protection and the continued practice of the licensee.
- IHM’s services are no cost to the regulator and can reduce litigation costs to the licensee, often resulting in a more efficient and effective settlement.
- IHM’s services improve the practices of the licensee.
IHM performs assessments for a wide variety of healthcare organizations and practice settings, including hospitals, health systems, and independent, chain and long term care community/ambulatory pharmacies, mail order pharmacies, wholesale distributors, and all licensed healthcare professionals.

IHM has experience assisting boards of pharmacy, medicine, nursing, dentistry, and other regulators including public health departments and Medicaid programs.

About IHM: Who We Are

IHM’s team has the knowledge and experience in the practice areas to be monitored. The expert consulting team includes former members and employees of state boards of pharmacy, pharmacists, attorneys, and former investigative agents with extensive background in medication error reduction, state regulations, federal laws and antidrug diversion tactics. The team has the capability to work collectively with all levels of staff.

Lori A. Bassinger, R.Ph, J.D.

Ms. Bassinger has nearly two decades of experience as a health policy consultant working on issues related to medication error reduction, drug and health law, state regulation and public policy. Her projects include directing an expert panel for the Massachusetts Department of Public Health, and developing corporate policies for the Massachusetts Board of Registration in Pharmacy.

Jack Crowley

Mr. Crowley is a former U.S. Drug Enforcement Administration (DEA) supervisory investigator. During his nearly 29-year tenure with the DEA, Jack was sought by pharmaceutical industry officials, professional health care groups and associations, and DEA registrants to resolve complex federal regulations matters related to controlled substances.

Donna Horn R.Ph, D.Ph.

Ms. Horn, a registered pharmacist, has over 15 years of regulatory experience as well as more than 25 years of experience in the retail/chain community pharmacy practice setting. Since 2006, she has been Director of Patient Safety – Community Pharmacy at the Institute for Safe Medication Practices where she specializes in medication error prevention. Donna also served as President of both the National Association of Boards of Pharmacy and the American Society of Pharmacy Law.

Charles Young, R.Ph, CFE

Mr. Young has more than twenty years with the Massachusetts Board of Registration in Pharmacy. He has served as an investigator and later as Chief Executive Officer. His area of specialty is in continuous quality improvement and controlled substance loss prevention. Chuck received distinct recognition for his work from the Betsy Lehman Center for Patient Safety and Medical Error Prevention and from the Department of Justice, DEA, for Outstanding Contributions in the Field of Drug Law Enforcement. Chuck also served as Treasurer of NABP and received its Honorary President Award.
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NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

JUNE 10th, 2015 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 June, 2015 Board meeting.

Licensing Activity:

- 11 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 35 licenses were granted for Out-of-State pharmacies, pending receipt of a favorable inspection for all compounding pharmacies.
- 13 licenses were granted for Out-of-State wholesalers.
- 2 licenses were granted for a Nevada MDEG, and one denied for Medicaid & Medicare fraud convictions.
- 6 licenses were granted for Nevada pharmacies, and one denied for lack of qualified personnel.
- 3 licenses were granted for Nevada wholesalers.
- Pharmacist MP was denied to sit for examination as a pharmacist due to past disciplinary actions.
- Physician AV was granted a controlled substances registration after addressing past impaired driving issues to the Board’s satisfaction.

Disciplinary Actions:

- Pharmacist PD was fined $500 and ordered 3 hours of extra CE and pharmacy WG was charged administrative fees for misfilling a prescription with four times stronger than ordered, causing patient harm. Pharmacists SB, KP and ME were dismissed.
- Pharmacist JJ and pharmacist BH were both fined $1500 & $750 respectively and & ordered completion of 4 & 2 hours of extra CE respectively for misfilling two prescriptions. Pharmacy WG was ordered to pay administrative costs & retrain pharmacy staff on DUR and counseling procedures.
- Pharmaceutical technician LM was ordered an evaluation by PRN-PRN for testing positive to cocaine during a random drug screen.
Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements; reports on national meetings; and collaboration with other state agencies.
- An election for President was held to replace Board’s sitting President who moved to Arizona.

Public Hearing

Amendment of Nevada Administrative Code 453.540 Schedule IV. Because of potential abuse of certain unregulated products, law enforcement has requested that the Board of Pharmacy add additional compounds to Schedule IV.

Workshop

Amendment of Nevada Administrative Code 639.926 Transmission of information regarding dispensing of controlled substances to certain persons. Amends the rule that presently establishes frequency of the controlled substance information transmitted to the Board. Amendment will improve the timeliness of the date to improve the quality of the data provided to practitioners and pharmacies pursuant to NRS 453.1545 and SB459.