

# 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 1,2,5,7,16

☐ 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: CUSTOMCEUTICAL COMPOUNDING

Physical Address: 4611 E SHEA BLVD, BLDG 3 #180

Mailing Address: 4611 E SHEA BLVD, BLDG 3 #180

City: PHOENIX State: AZ Zip Code: 85028

Telephone: 480.516.0272 Fax: 602.761.4275

Toll Free Number: 1.855.711.3053 (Required per NAC 639.708)

E-mail: Sarah@rxbycc.com Website: rxbycc.com

Managing Pharmacist: Sarah Simmers, PharmD License Number: AZ - S017695

### TYPE OF PHARMACY

AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

(SHIPPING  
RX'S  
PATIENT  
SPECIFIC  
TO A  
STATE WE  
ARE LICENSE  
IN.)

92235

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## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

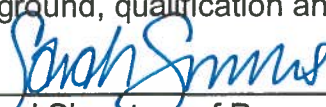
Within the last five (5) years:

- 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

SARAH SIMMERS  
Print Name of Authorized Person

3/10/16  
Date

Page 2

Board Use Only

Date Processed: 3/28/16

Amount: \$500.00

# APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

## OWNERSHIP IS A PARTNERSHIP

General \_\_\_\_\_ Limited ✓

Partnership Name: CUSTOMCEUTICAL COMPOUNDING, LLC

Mailing Address: 4611 E SHOA BLVD, BLDG 3 #180

City: PHOENIX State: AZ Zip Code: 85028

Telephone Number: 480-516-0272 Fax Number: 602-761-4275

Contact Person: Sarah Simmers / James Burch

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership  
Use separate sheet if necessary

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
<u>Sarah Simmers, PharmD</u>	<u>G</u>	<u>50%</u>
<u>James Burch, PharmD</u>	<u>G</u>	<u>50%</u>

List names of 4 largest partners and percentage of ownership: ✓

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

List any physician shareholders and percentage of ownership. - ✓

Name: \_\_\_\_\_ %: \_\_\_\_\_  
 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: None

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

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

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

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

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

SARAH SIMMERS, PharmD  
Print Name of Authorized Person

3/18/16  
Date



## Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007  
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005  
P) 602-771-2727 f) 602-771-2749 www.azpharmacy.gov

### CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW:

**Name:** Customceutical Compounding  
4611 E. Shea Blvd. #180  
Phoenix, AZ 85028

**License No.:** Y005317

**Date Issued:** November 1, 2010

**Expiration Date:** October 31, 2017

**Status:** Open

**Disciplinary Action:** None

**Notes:** None



A handwritten signature in blue ink, which appears to read "Kimi Moses".

**Kimi Moses**  
Executive Secretary  
Arizona State Board of Pharmacy  
March 18, 2016

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# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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☐ 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: FAMILY PHARMACY

Physical Address: 2698 N. GALLOWAY AVE., SUITE 108

Mailing Address: SAME AS ABOVE

City: MESQUITE State: TX Zip Code: 75150

Telephone: 972-270-5600 Fax: 469-906-4400

Toll Free Number: 855-855-6437 (Required per NAC 639.708)

E-mail: lmspharmacygalloway@gmail.com Website: \_\_\_\_\_

Managing Pharmacist: TOM JOSEPH License Number: 57328

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

92002

## 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.

*Stephen Thomas*

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

*STEPHEN THOMAS*

Print Name of Authorized Person

*12/15/2015*

Date

Page 2

Board Use Only

Date Processed: *3/14/16*

Amount: *\$ 500.00*



APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: TEXAS  
Parent Company if any: ROSS AVENUE PHARMACY LLC  
Mailing Address: P. O. Box 830938  
City: RICHARDSON State: TX Zip: 75081  
Telephone: 972-270-5600 Fax: 469-906-4400  
Contact Person: STEPHEN THOMAS (PRESIDENT)

For any corporation non publicly traded, disclose the following:

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

a)	<u>N/A</u>	
	Name	Address
b)	<u>N/A</u>	
	Name	Address
c)	<u>N/A</u>	
	Name	Address
d)	<u>N/A</u>	
	Name	Address

2) Provide the number of shares issued by the corporation. 10,000

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

4) What date did the corporation actually receive the cash assets? Aug 2014

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

List any physician shareholders and percentage of ownership.

Name:	<u>N/A</u>	%:	
Name:	<u>N/A</u>	%:	

**Hours of Operation for the pharmacy:**

Monday thru Friday	<u>9:00</u> am	<u>5:30</u> pm	Saturday	<u>9:00</u> am	<u>1:00</u> 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: \_\_\_\_\_

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, STEPHEN THOMAS

Responsible Person of FAMILY PHARMACY # 2

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

STEPHEN THOMAS

Print Name of Authorized Person

12/15/2015

Date



## TEXAS STATE BOARD OF PHARMACY

**Re:** Family Pharmacy #2

**Address:** 2698 North Galloway Avenue, Suite 108  
Mesquite, Texas 75150

**License No.:** 28761

**Date Issued:** August 29, 2013

**Licensure Status:** Active


**Expiration Date:** August 31, 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. Family Pharmacy #2 (Texas Pharmacy License #28761) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

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

September 3, 2015  
Date



The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49<sup>th</sup> Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

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

STATE OF TEXAS )  
 ) ss.  
DALLAS COUNTY )

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

1. I am the PRESIDENT for FAMILY PHARMACY #2 (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

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

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

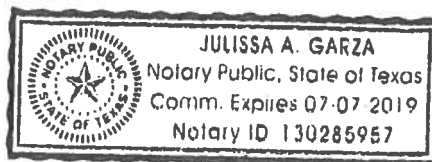
FURTHER AFFIANT SAYETH NOT.

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

SUBSCRIBED AND SWORN TO  
before me, a notary public this  
day of January, 2016.

Julissa A. Garza  
NOTARY PUBLIC

\_\_\_\_\_  
Name



# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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

Pharmacy Name: HYBRID PHARMA LLC

Physical Address: 1015 W Newport Center Dr. # 106A

Mailing Address: (same)

City: Deerfield Beach State: FL Zip Code: 33442

Telephone: 954 708 2771 Fax: 954 708-2993

Toll Free Number: 828 960-1786 (Required per NAC 639.708)

E-mail: Dr.raja@hybridpharma.com Website: www.hybridpharma.com

Managing Pharmacist: \_\_\_\_\_ License Number: \_\_\_\_\_

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☒ ☐ Other: FDA 503 facility

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services  
☒ ☐ Parenteral \*\*  
☐ ☒ Parenteral (outpatient)  
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☐ ☒ Mail Service  
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☒ ☐ Mail Service Sterile Compounding \*\*  
☐ ☒ Other Services: \_\_\_\_\_

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92096

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

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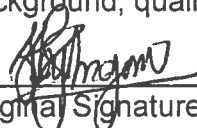
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Original Signature of Person Authorized to Submit Application, no copies or stamps

Ponswamy Rajalingam  
Print Name of Authorized Person

3rd March 2016  
Date

Page 2

Board Use Only

Date Processed:

3/15/16

Amount:

\$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Owner's Name: Dr. PONSWAMY RAJALINGAM, Ph.D

Business Name: Hybrid Pharma L.L.C

Current Business Address: 1015, W. Newport Center Drive, 106A

City: Deerfield Beach State: FL Zip Code: 33442

Telephone: 954 708 2771 Fax: 954 708 2993

List any physician shareholders and percentage of ownership.

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

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

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

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

**Hours of Operation for the pharmacy:**

Monday thru Friday 10:00am 6:00pm

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: \_\_\_\_\_

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Ponswamy Rajalingam  
Responsible Person of Hybrid Pharma LLC

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

Ponswamy RAJALINGAM  
Print Name of Authorized Person

3/3/16  
Date





March 6, 2016

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

Re: Out-of-State license for Hybrid Pharma LLC, Deerfield Beach, FL 33442

Dear Board of Pharmacy:

I am herewith submitting Application for Out-Of-State Pharmacy License for the Nevada State Board of Pharmacy.

Hybrid Pharma LLC is a Florida State Registered Pharmacy with Community License and Sterile Compounding License. We are also one of the FDA 503B registered pharmacy. I do hope we meet the required requirement for Nevada Board of Pharmacy for Out-of-State license. In case of questions, concerns and/or need additional information please contact me at your earliest convenience.

Thanking you,

A handwritten signature in black ink, appearing to read "Dr. P. Rajalingam", is written over a horizontal line.

Dr. P. Rajalingam Ph.D  
President  
drraja@hybridpharma.com

Encl: Filled application form & Cashier's Check for \$500.00  
Florida Board of Pharmacy Inspection Reports  
State of Florida Licenses  
State of Florida Registration of the Corporations  
Florida Board of Pharmacy Settlement Agreement

1015 W. Newport Center Drive Suite #106-A Deerfield Beach FL 33442

Ph: 954 708 2771 Fax: 954 708 2993 [www.hybridpharma.com](http://www.hybridpharma.com)



Grossman, Furlow  
& Bayó, LLC  
ATTORNEYS AT LAW

February 26, 2016

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

Re: Application, Hybrid Pharma, LLC

Dear Board of Pharmacy:

We represented Hybrid Pharma, LLC, in the State of Florida in connection with the 2015 disciplinary action against their community pharmacy permit, Florida Board of Pharmacy Case No. 2013-09618. The Final Order is enclosed as **Exhibit A**.

The disposition of this case was a fine of three thousand dollars (\$3,000), costs of three thousand five hundred dollars (\$3,500), additional semiannual inspections for one year to ensure compliance with the Florida Statutes and rules of the Board of Pharmacy, completion of a 20 hour continuing education course on the subject of sterile compounding, and correction of the alleged deficiencies noted in the Administrative Complaint.

Since the filing of the Final Order, Hybrid Pharma has completed all the obligations minus the last semiannual inspection, which is due in either March or April of 2016. In addition, our client has continued to maintain continual compliance with applicable rules and regulations for their Community Pharmacy Permit.

Recently, our client has also obtained a Sterile Compounding Permit with the State of Florida. In order to obtain that permit, Hybrid Pharma passed an inspection that is considerably more thorough than an inspection for a Community Pharmacy Permit. This license is current and active, with no restrictions. In order to maintain up to date knowledge on applicable rules and regulations regarding sterile compounding, Hybrid Pharma had their Pharmacist and Pharmacy Technician complete a USP<797> and Environmental Sampling Continuing Education course given by EM Labs.

Please let me know if you have any questions, or if there is any additional documentation or information we may provide.

Sincerely,

Edwin A. Bayó

cc: Hybrid Pharma, LLC

FILED DATE **APR 23 2015**

Department of Health

By: Angel Sanders

Deputy Agency Clerk

**STATE OF FLORIDA  
BOARD OF PHARMACY**

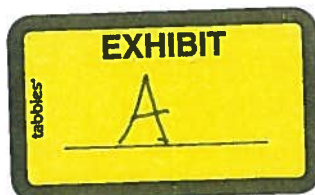
DEPARTMENT OF HEALTH, PETITIONER,	CASE NO.: 2013-09618
HYBRID PHARMA, LLC, RESPONDENT.	LICENSE NO.: PH 26436

**FINAL ORDER**  
**APPROVING SETTLEMENT AGREEMENT**

THIS CAUSE came before the Board of Pharmacy (hereinafter the "Board") pursuant to Section 120.57(4), *Florida Statutes*, on April 8, 2015, in Tampa, Florida, for consideration of a Settlement Agreement (attached hereto as Exhibit A) entered into between the parties in the above-styled cause. Upon consideration of the Settlement Agreement, the documents submitted in support thereof, and being otherwise advised in the premises, it is hereby **Ordered** and **Adjudged**:

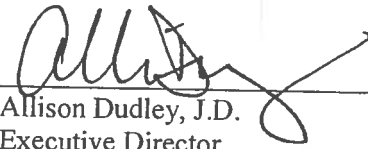
1. The Settlement Agreement as submitted is hereby approved, adopted, and incorporated herein by reference. Accordingly, the parties shall adhere to and abide by all the terms of the Settlement Agreement.
2. Costs of investigation and prosecution are \$ 3,500.00.

This Final Order shall take effect upon being filed with the Clerk of the Department of Health.



DONE AND ORDERED this 22nd day of April, 2015.

BOARD OF PHARMACY



Allison Dudley, J.D.

Executive Director

On Behalf of

Michele Weizer, PharmD, Chair

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by U.S. Mail to **Hybrid Pharma, LLC**, 1015 West Newport Center Drive, Unit 106A, Deerfield Beach, Florida 33442; and via electronic mail to **Mitchell T. McRae, Esquire**, mmcrae@mcraelawfirm.com ; **Matthew Witters**, Assistant General Counsel, Prosecution Services Unit, matthew.witters@flhealth.gov, and to **David D. Flynn**, Assistant Attorney General, Department of Legal Affairs, david.flynn@myfloridalegal.com this 23<sup>rd</sup> day of April, 2015.

  
DEPUTY AGENCY CLERK

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2013-09618**

**HYBRID PHARMA, LLC,**

**RESPONDENT.**

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**SETTLEMENT AGREEMENT**

Pursuant to Section 120.57(4), Florida Statutes, the parties offer this Settlement Agreement to the Board of Pharmacy ("Board") as disposition of the Amended Administrative Complaint, attached as Exhibit A, in lieu of further administrative proceedings.

**STIPULATED FACTS**

1. At all times material to this matter, Hybrid Pharma, LLC, was a permitted community pharmacy in the state of Florida, having been issued permit number PH26436. Respondent's mailing address of record is 1015 West Newport Center Drive, Unit 106A, Deerfield Beach, Florida 33442.

2. Respondent was charged by an Amended Administrative Complaint, filed by the Department of Health ("Department") and properly

served upon Respondent, with violations of Chapters 456 and 465, Florida Statutes.

3. Respondent neither admits nor denies the allegations of fact contained in the Amended Administrative Complaint for purposes of these proceedings only.

#### **STIPULATED LAW**

1. Respondent admits that Respondent is subject to the provisions of Chapters 456 and 465, Florida Statutes, and the jurisdiction of the Department.

2. Respondent admits that the allegations in the Amended Administrative Complaint, if proven true, would constitute violations of law and cause the Respondent to be subject to discipline by the Board of Pharmacy.

#### **PROPOSED DISPOSITION**

1. **Appearance**- Respondent shall be present when this Settlement Agreement is presented to the Board and under oath shall answer all questions asked by the Board concerning this case and its disposition.

2. **Fine-** The Board of Pharmacy shall impose an administrative fine of **THREE THOUSAND DOLLARS (\$3,000.00)**. The fine shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320**, within **30 days** from the date the Final Order approving and Incorporating this Settlement Agreement (Final Order) is filed with the Department Clerk.

3. **Costs-** The Board of Pharmacy shall impose the total, administrative costs associated with the investigation and prosecution of this matter in an amount not to exceed **THREE THOUSAND FIVE HUNDRED DOLLARS (\$3,500.00)**. Total costs shall be assessed when the Settlement Agreement is presented to the Board. The costs shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320**, within **90 days** from the date the Final Order is filed with the Department Clerk.

4. **Semi-annual Inspections-** The Department shall conduct semi-annual inspections to ensure compliance with the Florida Statutes and the rules of the Board of Pharmacy at Respondent's physical location at

Respondent's cost for one (1) year from the date of the filing of the Final Order incorporating this settlement agreement.

5. **Continuing Education-** Respondent's prescription department manager of record shall successfully complete a Continuing Education course on the subject of **STERILE COMPOUNDING** consisting of **TWENTY (20) HOURS** of credit, which has been approved by the Florida Board of Pharmacy, within **one (1) year** of the filing of a Final Order accepting and incorporating this Settlement Agreement. Within ten (10) days of completion of the course and/or receipt of the certificate of completion, Respondent shall mail a copy of the continuing education certificate of completion to the Pharmacy Compliance Officer at the address listed in paragraph two (2) above.

6. **Correction of Alleged Deficiencies-** At its sole expense, but without admitting any specific deficiency or violation, Respondent shall immediately, or at least forthwith, correct and address all alleged deficiencies and violations listed or alleged in the Administrative Complaint, to the extent necessary to comply with Florida law.

7. **Future Conduct-** Respondent shall not violate Chapters 456, 465, 499, or 893, Florida Statutes; the rules promulgated pursuant thereto;



or any other state or federal law, rule, or regulation relating to the practice or to the ability to practice pharmacy.

8. **Violation of Terms-** It is expressly understood that a violation of the provisions of this Settlement Agreement as approved and incorporated into the Final Order of the Board of Pharmacy shall constitute a violation of an order of the Board for which disciplinary action may be initiated against Respondent pursuant to Chapter 465, Florida Statutes.

9. **No Force or Effect until Final Order-** It is expressly understood that this Settlement Agreement is subject to approval by the Board and has no force or effect until the Board incorporates the terms of this Settlement Agreement into its Final Order.

10. **Purpose of Agreement-** This Settlement Agreement is executed by Respondent for the purpose of avoiding further administrative action with respect to this particular case. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to, or in conjunction with, consideration of the Settlement Agreement. Petitioner and Respondent agree to support this Settlement Agreement at the time it is presented to the Board and shall offer no evidence, testimony, or argument that disputes or

contravenes any stipulated fact or conclusion of law. Furthermore, should this Settlement Agreement not be accepted by the Board, It is agreed that the presentation and consideration of this Settlement Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration, or resolution of these proceedings.

11. **Not Preclude Additional Proceedings-** Respondent and the Department fully understand that this Settlement Agreement as approved and Incorporated into the Final Order will not preclude additional proceedings by the Board or Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint.

12. **Waiver of Attorney's Fees and Costs-** Respondent waives the right to seek any attorney's fees and costs from the Department in connection with this disciplinary proceeding.

13. **Waiver of Procedural Rights-** Respondent waives all rights to further administrative procedure and to appeal and further review of this Settlement Agreement and the Final Order.

14. **Current Addresses-** Respondent shall keep current its mailing address and its practice address with the Board of Pharmacy and the

Compliance Officer and shall notify the Board of Pharmacy and the Compliance Officer of any change of mailing address or practice address within ten (10) days of the change.

15. **Time of the Essence**- Time is of the essence In all respects concerning this agreement.

WHEREFORE, the parties request that the Board enter a Final Order approving and incorporating this Settlement Agreement in resolution of this matter.

SIGNED this 23<sup>rd</sup> day of JANUARY, 2015.



Institutional Representative for  
Hybrid Pharma, LLC  
Case No. 2013-09618

STATE OF FLORIDA  
COUNTY OF BROWARD

Before me personally appeared Ponswamy Rajalingam, whose identity is known to me or by \_\_\_\_\_ (type of identification), and who, under oath, acknowledges that his/her signature appears above.

Sworn to and subscribed before me this 23<sup>rd</sup> day of JANUARY, 2015.

Notary Public Mitchell T. McRae  
My Commission Expires:

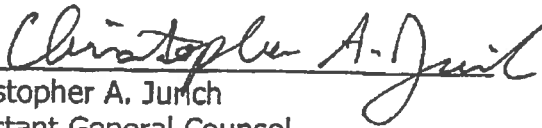
DOH v. Hybrid Pharma, LLC  
DOH Case No.: 2013-09618

7



APPROVED this 23rd day of January, 2015.

John H. Armstrong, MD, FACS  
State Surgeon General and  
Secretary of Health

  
Christopher A. Jurich  
Assistant General Counsel

Counsel for Petitioner  
Christopher A. Jurich  
Florida Bar No. 0099014  
Assistant General Counsel  
Department of Health  
Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399  
Tel.: (850) 245-4444 ext. 8174  
Fax: (850) 245-4683

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK *Angel Sanders*  
DATE NOV 05 2014

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2013-09618**

**HYBRID PHARMA, LLC,**

**RESPONDENT.**

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**AMENDED ADMINISTRATIVE COMPLAINT**

COMES NOW, Petitioner, Department of Health ("Department"), by and through its undersigned counsel, and files this Amended Administrative Complaint before the Board of Pharmacy against Respondent, Hybrid Pharma, LLC, and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of pharmacy pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 465, Florida Statutes.

2. At all times material to this Amended Administrative Complaint, Respondent was a permitted community pharmacy within the state of Florida, having been issued permit number PH26436.

3. Respondent's address of record is 1015 West Newport Center Drive, Unit 106A, Deerfield Beach, Florida 33442.

4. At all times material to this Amended Administrative Complaint, Respondent engaged in the compounding of high-risk level compounded sterile preparations ("CSPs").

Facts Relating to June 14, 2013 Inspection

5. On or about June 14, 2013, the Department conducted a routine inspection of Respondent at its address of record.

6. The inspection on or about June 14, 2013 revealed that beyond-use dates ("BUDs") were assigned to one or more high-risk level CSPs that exceeded permitted time periods without evidence of appropriately conducted sterility testing.

7. The inspection on or about June 14, 2013 revealed that one or more high-risk level CSPs greater than 25 units did not have appropriately conducted antimicrobial testing done prior to dispensing.

8. The inspection on or about June 14, 2013 revealed that personnel authorized to compound high-risk level CSPs did not complete a media-filled test representing high-risk level sterile compounding within the 6 months preceding the inspection.

9. The inspection on or about June 14, 2013 revealed that Respondent did not have an anteroom certified within ISO Class 8 level of particulate contamination.

10. The inspection on or about June 14, 2013 revealed that Respondent's compounding logs were not properly maintained and were missing required information.

Facts Relating to September 27, 2013 Inspection

11. On or about September 27, 2013, the Department conducted a routine inspection of Respondent at its address of record.

12. The inspection on or about September 27, 2013 revealed that BUDs were assigned to one or more high-risk level CSPs that exceeded permitted time periods without evidence of appropriately conducted sterility testing.

13. The inspection on or about September 27, 2013 revealed that one or more high-risk level CSPs greater than 25 units did not have appropriately conducted antimicrobial testing done prior to dispensing.

14. The inspection on or about September 27, 2013 revealed that Respondent did not have an anteroom certified within ISO Class 8 level of particulate contamination.

Facts Relating to November 12, 2013 Inspection

15. On or about November 12, 2013, the Department conducted a routine inspection of Respondent at its address of record.

16. The inspection on or about November 12, 2013 revealed that BUDs were assigned to one or more high-risk level CSPs that exceeded permitted time periods without evidence of appropriately conducted sterility testing.

17. The inspection on or about November 12, 2013 revealed that one or more high-risk level CSPs greater than 25 units did not have appropriately conducted antimicrobial testing done prior to dispensing.

18. The inspection on or about November 12, 2013 revealed that Respondent's compounding records were not properly maintained and were missing required information.

Facts Relating to April 30, 2014 Inspection

19. On or about April 30, 2014, the Department conducted a routine inspection of Respondent at its address of record.

20. The inspection on or about April 30, 2014 revealed that BUDs were assigned to one or more high-risk level CSPs that exceeded permitted time periods without evidence of appropriately conducted sterility testing.



21. The inspection on or about April 30, 2014 revealed that one or more high-risk level CSPs greater than 25 units did not have appropriately conducted antimicrobial testing done prior to dispensing.

22. The inspection on or about April 30, 2014 revealed that personnel authorized to compound high-risk level CSPs did not complete a media-filled test representing high-risk level sterile compounding within the 6 months preceding the inspection.

23. The inspection on or about April 30, 2014 revealed that Respondent's compounding records were not properly maintained and were missing required information.

#### **COUNT ONE**

24. Petitioner realleges and incorporates paragraphs one through twenty-three as if fully set forth herein.

25. Section 456.072(1)(k), Florida Statutes (2012-2013), provides that failing to perform a statutory or legal obligation placed upon a licensee constitutes grounds for disciplinary action.

26. Section 465.023(1)(c), Florida Statutes (2012-2013), provides that the department or the board may revoke or suspend the permit of any pharmacy permittee, and may fine, place on probation, or otherwise

discipline any pharmacy permittee if the permittee, or any affiliated person, partner, officer, director, or agent of the permittee, including a person fingerprinted under Section 465.022(3), Florida Statutes, has violated any of the requirements of this chapter or any of the rules of the Board of Pharmacy.

27. Rule 64B16-27.797(1)(I)4., Florida Administrative Code, provides that for properly stored sterilized high-risk preparations, in the absence of passing a sterility test, the storage periods cannot exceed the following time periods: before administration, the CSPs are properly stored and exposed for not more than 24 hours at controlled room temperature, and for not more than 3 days at a cold temperature (2-8 degrees Celsius) and for not more than 45 days in solid frozen state at -20 degrees Celsius or colder.

28. Rule 64B16-27.797(7)(a)3., Florida Administrative Code, requires that high-risk sterile preparations greater than 25 units have antimicrobial testing prior to dispensing.

29. Rule 64B16-27.797(1)(a), Florida Administrative Code, provides that the anteroom area is to be maintained within ISO Class 8 level of particulate contamination.

30. Rule 64B16-27.797(1)(l)7., Florida Administrative Code, provides that each person authorized to compound high-risk level CSPs demonstrates competency by completing a media-filled test that represents high-level compounding semiannually.

31. The Department inspections on or about June 14, 2013, and/or September 27, 2013, and/or November 12, 2013, and/or April 30, 2014, revealed that Respondent violated one or more of the aforementioned rules governing the standards of practice for compounding sterile preparations in one or more of the following ways:

- a. Assigning BUDs exceeding permitted time periods to high-risk level CSPs that had not passed appropriately conducted sterility testing in violation of Rule 64B16-27.797(1)(i)4., Florida Administrative Code; and/or
- b. Dispensing high-risk level CSPs greater than 25 units without appropriately conducted antimicrobial testing prior to dispensing in violation of Rule 64B16-27.797(7)(a)3., Florida Administrative Code; and/or

- c. Not having an anteroom area maintained within ISO Class 8 level of particulate contamination in violation of Rule 64B16-27.797(1)(a), Florida Administrative Code; and/or
- d. Personnel authorized to compound high-risk level CSPs did not complete a media-filled test representing high-level compounding within the past 6 months in violation of Rule 64B16-27.797(1)(i)7., Florida Administrative Code.

32. Based on the foregoing, Respondent has violated Section 456.072(1)(k), Florida Statutes (2012-2013), by and through a violation of Section 465.023(1)(c), Florida Statutes (2012-2013), by and through a violation of one or more of the following rules of the Board of Pharmacy: Rules 64B16-27.797(1)(i)4., 64B16-27.797(7)(a)3., 64B16-27.797(1)(a), and 64B16-27.797(1)(i)7., Florida Administrative Code.

### **COUNT TWO**

33. Petitioner realleges and incorporates paragraphs one through twenty-three as if fully set forth herein.

34. Section 456.072(1)(k), Florida Statutes (2012-2013), provides that failing to perform a statutory or legal obligation placed upon a licensee constitutes grounds for disciplinary action.

35. Section 465.023(1)(c), Florida Statutes (2012-2013), provides that the department or the board may revoke or suspend the permit of any pharmacy permittee, and may fine, place on probation, or otherwise discipline any pharmacy permittee if the permittee, or any affiliated person, partner, officer, director, or agent of the permittee, including a person fingerprinted under Section 465.022(3), Florida Statutes, has violated any of the requirements of this chapter or any of the rules of the Board of Pharmacy.

36. Rule 64B16-28.140(4), Florida Administrative Code, provides that a written record shall be maintained for each batch/sub-batch of a compounded product under the provisions of Rule 64B16-27.700, F.A.C. This record shall include: (a) Date of compounding; (b) control number for each batch/sub-batch of a compounded product; (c) complete formula for the compounded product; (d) signature or initials of the pharmacist or pharmacy technician performing the compounding; (e) signature or initials of the pharmacist responsible for supervising pharmacy technicians involved in the compounding process; (f) names of the manufacturers of the raw materials used; (g) quantity in units of finished products or grams

of raw materials; (h) package size and number of units prepared; and (i) name of the patient who received the particular compounded product.


37. The Department inspections on or about June 14, 2013, and/or November 12, 2013, and/or April 30, 2014 revealed that Respondent did not maintain complete compounding records containing all information required by Rule 64B16-28.140(4), Florida Administrative Code.

38. Based on the foregoing, Respondent has violated Section 456.072(1)(k), Florida Statutes (2012-2013), by and through a violation of Section 465.023(1)(c), Florida Statutes (2012-2013), by and through a violation of Rule 64B16-28.140(4), Florida Administrative Code.

WHEREFORE, the Petitioner respectfully requests that the Board of Pharmacy enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 5<sup>th</sup> day of November, 2014.

John H. Armstrong, MD, FACS  
State Surgeon General and  
Secretary of Health

  
CHRISTOPHER A. JURICH  
Assistant General Counsel  
Fla. Bar No. 0099014  
Florida Department of Health  
Office of the General Counsel  
4052 Bald Cypress Way, Bln C-65  
Tallahassee, FL 32399-3265  
Telephone: (850) 245-4444  
Facsimile: (850) 245-4683  
Email: christopher.jurich@flhealth.gov

/CAJ

PCP Meeting: June 19, 2014  
PCP Members: Michele Weizer, PharmD  
Debra Glass, PharmD

### **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

### **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**



# 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: Premier Pharmacy Labs, Inc.

Physical Address: 8265 Commercial way Weeki Wachee 34613

Mailing Address: PO Box 6510

City: Spring Hill State: Florida Zip Code: 34611

Telephone: 800-752-7139 Fax: 800-868-4978

Toll Free Number: 800-752-7139 (Required per NAC 639.708)

E-mail: Linda@premierpharmacylabs.com Website: Premierpharmacylabs.com

Managing Pharmacist: Andrea Bourgoin License Number: PS48923

### TYPE OF PHARMACY

AND

### SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds \_\_\_\_\_)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☒ ☐ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☒ ☐ Parenteral \*\*

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☐ ☒ Mail Service

☐ ☒ Long Term Care

☒ ☐ Sterile Compounding \*\*

☒ ☐ Non Sterile Compounding

☒ ☐ Mail Service Sterile Compounding \*\*

☐ ☒ Other Services: \_\_\_\_\_

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

891724

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

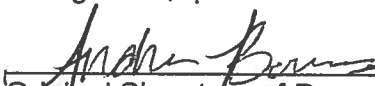
Within the last five (5) years:

- 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

Andrea Bourgoin

Print Name of Authorized Person

21 August 2015

Date

Page 2

Board Use Only

Date Processed: 9/3/15

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Owner's Name: Vern Allen

Business Name: Premier Pharmacy Labs, Inc.

Current Business Address: 8205 Commercial Way

City: Weeki Wachee State: FL Zip Code: 34613

Telephone: (800) 752-7139 Fax: (800) 868-4978

List any physician shareholders and percentage of ownership.

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

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

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

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

**Hours of Operation for the pharmacy:**

Monday thru Friday 9 am 5 pm

Saturday closed am \_\_\_\_\_ pm

Sunday closed am \_\_\_\_\_ pm

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

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

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, VERN ALLEN

Responsible Person of Premier Pharmacy Labs Inc.

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

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

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



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

VERN ALLEN

Print Name of Authorized Person

08/24/2015

Date

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

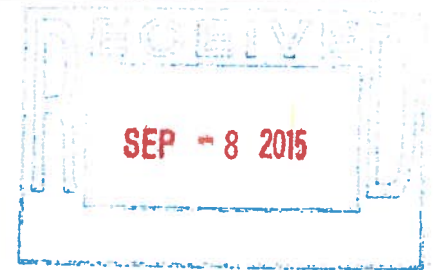


**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

September 1, 2015



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

RE: License Certification for Premier Pharmacy Labs, Inc

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:	PH27284
ORIGINAL CERTIFICATION:	12/11/2013
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,

Cassandra Williams  
Regulatory Specialist II

/cw

**Florida Department of Health**

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

**www.FloridaHealth.gov**

TWITTER: HealthyFLA  
FACEBOOK: FLDepartmentofHealth  
YOUTUBE: fldoh  
FLICKR: HealthyFla  
PINTEREST: HealthyFla

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# 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: SOUTH MIAMI PHARMACY II (D/B/A: SMP PHARMACY SOLUTIONS II)

Physical Address: 7425 SW 42 ST MIAMI, FL 33155

Mailing Address: 7425 SW 42 ST

City: MIAMI State: FL Zip Code: 33155

Telephone: 305-740-9744 Fax: 866-301-1364

Toll Free Number: 855-255-5005 (Required per NAC 639.708)

E-mail: DANTES@SMPPHARMACY.COM Website: WWW.SMPPHARMACY.COM

Managing Pharmacist: JENNY LYNN ALFONSO License Number: PS40256 (FL)

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

91855

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

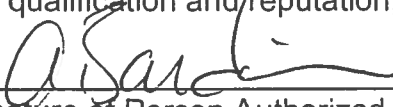
Within the last five (5) years:

- 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

ARMANDO BARDISA, PHARM.  
Print Name of Authorized Person

02/02/2014  
Date

Page 2

Board Use Only

Date Processed: 3/2/16

Amount: \$500.00



APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Owner's Name: ARMANDO BARDISA

Business Name: SOUTH MIAMI PHARMACY II (D/B/A: SMP PHARMACY SOLUTIONS #2)

Current Business Address: 7425 SW 42 ST

City: MIAMI State: FL Zip Code: 33155

Telephone: 305-740-9744 Fax: 866-301-1364

List any physician shareholders and percentage of ownership.

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

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

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

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

**Hours of Operation for the pharmacy:**

Monday thru Friday 9:00 am 7:00 pm

Saturday 10:00 am 2:00 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: N/A

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, ARMANDO BARDISA  
Responsible Person of SOUTH MIAMI PHARMACY II (D/B/A: SMP PHARMACY SOLUTIONS #2)  
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.

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

ARMANDO BARDISA, Armando  
Print Name of Authorized Person

02/02/2016  
Date