

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

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

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

Application must be printed legibly or typed

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

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

<input type="checkbox"/> Publicly Traded Corporation	<input type="checkbox"/> Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation	<input type="checkbox"/> Pages 1,2,4a,4b,7,8a,8b	<input checked="" type="checkbox"/> Sole Owner <input type="checkbox"/> 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: BENZER NVI LLC

Physical Address: 3035 S MARILLAND PARKWAY #120

Mailing Address: 125 W. COUNTRY CLUB DR TAMPA, FL 33612

City: LAS VEGAS State: NEVADA Zip Code: 89019

Telephone: 702-891-0365 Fax: 702-891-0389

Toll Free Number: _____

E-mail: JRIVERA@BENZERPHARMACY.COM Website: _____

Managing Pharmacist: Kenneth Morang License Number: 09311

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday 10 am 1 pm
 Sunday — am — pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

91113

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

ALPESH PATEL
Print Name of Authorized Person

10/28/2015
Date

Board Use Only

Received: 11/23/15 Amount: \$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

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

Owner's Name: ALPESH PATEL
Business Name: BENDER PHARMACY
Current Business Address: 3035 S. MARILAND PARKWAY #1120
City: LAS VEGAS State: NV Zip Code: 89019
Telephone: 702-891-0305 Fax: 702-891-0389

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Are you a registered pharmacist in Nevada? Yes No License #: _____

SOLE OWNER

Include with the application for a sole owner

Designated representative form. Download the form from the website under the [New Applications] tab. The forms are available under the *documents for all types of businesses.*

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law **prior** to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

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

STATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

I, ALPESH PATEL

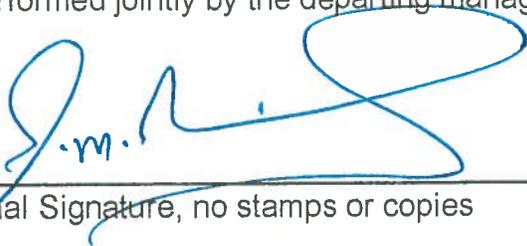
Responsible Person of BENZER PHARMACY

hereby acknowledge and understand that in addition to the corporation, 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, 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, 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

10/28/2015

Date

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 10/30/15

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 BENZER / RX CARE
Nature of Pharmacy or Wholesaler

Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

MORANG Last Name KENNETH First Name THOMAS-KANIA Middle Name
KANIA Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) KENNETH THOMAS

1616 BROADMOOR CIRCLE Present Residence Address-Street or RFD Boulder City City NEVADA / 89005 State/Zip

4235 E CHARLESTON BLVD Present Business Address 8-21-15 Dates LAS VEGAS, NV City 89104 State/Zip

CLINICAL PHARMACIST Present Position with the Pharmacy or Wholesaler 8-21-15 Dates (WELLCHARE PHARMACY)
Phone: Residence 1- Business 702-553-2574

Date of Birth _____ SAN FRANCISCO, CALIFORNIA Place of Birth (City, County, State)

54 Age _____ Social Security Number MALE Sex

BLUE Color of Eyes BROWN Color of Hair MEDIUM Complexion 250 Weight LARGE Build 6'4" Height

Scars, tattoos or distinguishing marks and/or characteristics LONG SCAR ON (L) KNEE; SCAR ON (R) ELBOW AND WRIST

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 KM

MARITAL INFORMATION-Continued

A. **Current Marriage** SUN CITY, AZ Maricopa County
Date 7/1/11 City, County and State
 Spouse's full name (Maiden) LAURIE ANN IWINSKI S.S. No. 7
 Date of Birth 1/1/1978 Place of Birth GREENSBURG, PA
 Resident address 1610 BROADMOOR CIR. Boulder NV 89005
Street City State Zip
 Telephone: Residence Business 702-634-5545
 Spouse's employer BRIOVA Occupation Pharmacist
 Address of employer 8350 BRIOVA DR. LAS VEGAS NV 89113
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below: (N/A)

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

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

Name	Street	City	State	Zip	Telephone

3. **FAMILY INFORMATION:**

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

Name	Birth Date	Birth Place	Residence Address

B. **Child Support Information:**
 Please mark the appropriate response:

I am not subject to a court order for the support of child.

I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

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.

Name (Maiden)	Birth Date	Address	Occupation
Father			
EDWIN SMITH MORANG III		DECEASED	
Mother			RETIRED
MARY ANN THOMAS		533 5th street Boulder City NV 89005	
Father-in-Law			RETIRED
JAMES THOMAS JEWINSKI		4900 RANCHO RD Pahrump, NV 89041	
Mother-in-Law			
Cheryl Joyce CIPRA		DECEASED	

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
KATHLEEN HELEN KANIA		633 5th street B.C. NV 89005	DISABLED
Spouse		Jerry Lynn Clark	Deceased
Robert KANIA MORANG		3002 Azure Bay Las Vegas 89117	Electrician
Spouse		Judy Darlene Young	Consultant
JANINE MARIE KANIA		1312 EISA DR. B.C., NV 89005	FLOOR SUPERVISOR
Spouse		Russell Thompson	Supervisor Consultant Tommy Ford Construction
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	A.J. Mitchell	B.C., NV		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	BCHS Jr/Sr HIGH	Boulder City, NV	8/1976-1979	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	UNLV LAS VEGAS, NV		8/1980-1983	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other	U of A pharmacy school	TUCSON, AZ	6/1983-1986	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any... B.S. in Pharmacy

College or university where obtained... University of Arizona School of Pharmacy

Applicant's initial KM

5 MILITARY INFORMATION:

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

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County CLARK State Nevada Date registered MAY 1979

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

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No

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

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

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No if yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
SARAH IWINSKI maybe under Miller	SISTER-IN-LAW	Embezzlement	Las Vegas	2010-2009?

Applicant's initial KIM

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes No (Other than divorces)
 if yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
September 1988 present	1610 Broadmoor Circle	Boulder City	NV 89005

Applicant's initial KIM
 Page 5

copy

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.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
9/1986	SAVON - VARIOUS LOCATIONS IN LAS VEGAS AREA	Approx 18,000 hrs.
Title Description of Duties		Name of Supervisor
STAFF/MANAGING PHARMACIST - Interpreted & Filled Rx's, performed counseling pts - DC's, Fars. managed total daily operations, scheduled RPH's & - Floating RPH's, TRAINING, Inventory control, budgets, orders		ELLE GILBERT
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
FEB 1994 - MARCH 2013	MEDCO/ESI 6225 ANNIE OAKLEY DR LAS VEGAS, NV 89120	Approx 38,000 hrs
Title Description of Duties		Name of Supervisor
STAFF SUPERVISOR Pharmacist wrote SOP's, worked as Customer Service RPH @ a Quality RPH. supervised staff in order review RPH, SR DUP, DUR, FEQA, TIME-OFF for RPH's		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Attached Resume for OTHER POSITIONS WORKED.		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
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Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours

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.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Charlotte Boyce</u>	Home <u>607 Fairway Dr.</u>	<u>Henderson</u>	<u>NV</u>	<u>89015</u>		<u>20yrs</u>
Employer <u>Brioua</u>	Business <u>8350 Brioua Dr</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89113</u>		
Name <u>Tony Scott</u>	Home <u>540 Bender Ct</u>	<u>Boulder City,</u>	<u>NV</u>	<u>89005</u>		<u>10yrs</u>
Employer <u>Discount guns & Ammo</u>	Business <u>3054 Highland Dr. Suite B</u>	<u>L.V.</u>	<u>NV</u>	<u>89109</u>	<u>702</u>	
Name <u>Torri Haney</u>	Home <u>1635 Indian Wells Dr.</u>	<u>B.C.</u>	<u>NV</u>	<u>89005</u>		<u>9 20yrs</u>
Employer <u>STAY AT HOME MOM</u>	Business <u>—</u>					
Name <u>Cliff Walker</u>	Home <u>1126 Lila Ct</u>	<u>B.C.</u>	<u>NV</u>	<u>89005</u>		<u>19yrs</u>
Employer <u>PRO CARE LANDSCAPE</u>	Business <u>1126 Lila Ct</u>	<u>BC</u>	<u>NV</u>	<u>89005</u>		
Name <u>Robin Berneke</u>	Home <u>207 Ultra Dr.</u>	<u>Henderson</u>	<u>NV</u>	<u>89074</u>		<u>20yrs</u>
Employer <u>unemployed R/A</u>	Business <u>—</u>					

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 | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |
- Yes No
 If yes, state type, where and years held

A Pharmacist License In State of Arizona #8749 (Inactive)

11. 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.

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

13. 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:

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

SPOUSE IS A PHARMACIST. LAURIE ANN MORANG

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? Yes No



Date of photograph 11/2/15

Applicant's initial KM

STATE OF Florida

SS.

COUNTY OF DADE

I, Kenneth Mozang, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler 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 its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

[Handwritten Signature]
.....
Original Signature of Applicant

Subscribed and Sworn to before me this 30 day of October

[Handwritten Signature]
.....
.....
Notary Public

(seal)



Applicant's initial KM
.....
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ADDITIONAL INFORMATION

~~SA~~

SISTER IN LAW - SARAH IWINSKI (MILLER)

- Embezzlement

Do Not ~~know~~ know any details

Applicant's initials

KM

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)

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(Please provide current license number if making changes: PH_02853)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CONCIERGE COMPOUNDING PHARMACEUTICALS, INC

Physical Address: 1887 WHITNEY MESA DRIVE

Mailing Address: SAME

City: HENDERSON State: NEVADA Zip Code: 89014

Telephone: 888-367-3092 Fax: 702-463-3111

Toll Free Number: 888-367-3092

E-mail: SALLY@CCRXPAIN.COM Website: CCRXPAIN.COM

Managing Pharmacist: SALLY CHIA License Number: 18013

Hours of Operation:

Monday thru Friday 6 am 5 pm Saturday 6 am 1 pm
 Sunday am pm 24 Hours

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

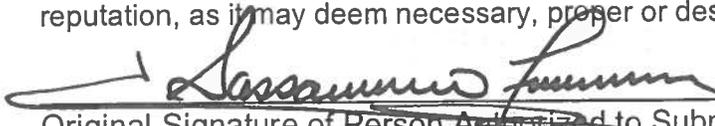
Within the last five (5) years:

- 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
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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. *See attach*

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

Farshad Sassounian

Print Name of Authorized Person

9-26-15

Date

Board Use Only

Received: _____ Amount: \$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: n/a

Corporation Name: CONCIERGE COMPOUNDING PHARMACEUTICALS, INC

Mailing Address: 1887 WHITNEY MESA DRIVE

City: HENDERSON State: NV Zip: 89014

Telephone: 888-367-3092 Fax: 702-463-3111

Contact Person: FRED@CCRXPAIN.COM

For any corporation non publicly traded, disclose the following:

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

a) FARSHAD SASSOUNIAN 1887 WHITNEY MESA DRIVE HENDERSON, NV 89014
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

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

3) What was the price paid per share? 100% of stock transferred for \$28,067

4) What date did the corporation actually receive the cash assets? 10/1/15

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

STATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

I, FARSHAD SASSOUNIAN

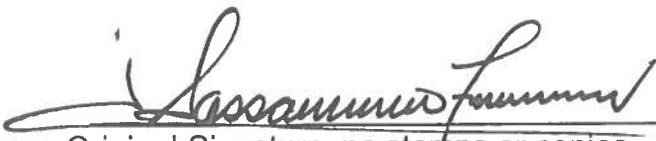
Responsible Person of CONCIERGE COMPOUNDING PHARMACEUTICALS, INC.

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 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

9-26-15
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: SALLY CHIA

License #: 18013

Pharmacy Name: CONCIERGE COMPOUNDING PHARMACEUTICALS, INC

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.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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: _____

On or around October 15, 2013, Concierge Compounding Pharmacy entered into a Consent Order with the State of Oregon Board of Pharmacy (the "Board"). The Board submitted notice to Concierge on August 15, 2013 that alleged potential violations of Oregon pharmacy regulations and proposed a \$10,000.00 civil penalty per violation as permitted by Oregon statute. Instead of insisting upon this penalty, the Board agreed to settle with Concierge and only sought payment of \$3,000.00 while holding any future payments in abeyance for two years and agreeing to waive future payments after the expiration of the two-year period. Significantly, the Board did not seek to impact Concierge's ability to apply for a license in Oregon or take any other action to impact any other aspects of licensure with Oregon. Concierge determined that acceptance of this minor penalty was in its best interest given the potential costs associated with challenging the Board's allegations. Concierge did not admit to any wrongdoing and the Board did not insist upon any such admission in the Consent Order. *Consent Order*, attached hereto.

On November 29, 2013, The South Carolina State Board of Pharmacy (the "Board") denied Concierge's application for a nonresident pharmacy permit. The Board determined that Concierge had not met the standards of pharmacy as required by South Carolina law. Specifically, the Board determined that Concierge's practices were not consistent with current pharmacy compounding standards found in S.C. Code Ann. § 40-43-86(CC)(6). This particular code section provides:

The pharmacist shall ensure that there are formulas and logs maintained either electronically or manually. Formulas must be comprehensive and include ingredients, amounts, methodology, and equipment, if needed, and special information regarding sterile compounding. The pharmacist shall ensure that components used in compounding are accurately weighed, measured, or subdivided as appropriate at each stage of the compounding procedure to conform to the formula being prepared. Any chemical transferred to a container from the original container must be labeled with the same information as on the original container and the date of transfer placed on the label. The pharmacist shall establish and conduct procedures so as to monitor the output of compounded prescriptions, i.e., capsule weight variation, adequacy of mixing, clarity, pH of solutions, and, where appropriate, procedures to prevent microbial contamination of medications purported to be sterile. (emphasis added).

The Board determined that Concierge may re-file its application after the expiration of one (1) year. *Order*, attached hereto.

The Texas State Board of Pharmacy (the "Board") placed Concierge on 1-year probation as a result of the felony conviction of one of its officers. This information was voluntarily disclosed to the Board in Concierge's application. Significantly, the Board granted Concierge's application and issued a license.

On January 9, 2015, the Ohio State Board of Pharmacy denied Concierge's application for a nonresident pharmacy license as a result of the felony conviction of one of its officer and also due to making a false statement on the application regarding disciplinary actions against one of the pharmacist because officer was unaware of the disciplinary actions.



OHIO STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, OH 43215-6126

-Equal Opportunity Employer and Service Provider-

TEL: 614/466-4143

E-MAIL: exec@bop.state.oh.us

FAX: 614/752-4836

TTY/TDD: Use the Ohio Relay Service: 1-800/750-0750

URL: <http://www.pharmacy.ohio.gov>

ORDER OF THE STATE BOARD OF PHARMACY

(Case Number 2013-1308)

In The Matter Of:

Concierge Compounding Pharmaceuticals
c/o Hootan Melamed, R.Ph.
1887 Whitney Mesa Drive
Henderson, NV 89014

-THIS IS A RED INK STAMP-

I certify this to be a true and exact copy of
the original document on file with the
Ohio State Board of Pharmacy

Steven W. Schieffelt

Steven W. Schieffelt, Esq., Executive Dir.

Date: 1/9/15

-MUST HAVE BOARD SEAL TO BE OFFICIAL-

INTRODUCTION

The Matter of Concierge Compounding Pharmaceuticals came for hearing on December 2, 2014, before the following members of the Board: Michael A. Moné, R.Ph.; (presiding); Edward T. Cain, Public Member; Melinda J. Ferris, R.Ph.; Margaret A. Huwer, R.Ph.; Richard F. Kolezynski, R.Ph.; Megan E. Marchal, R.Ph.; Fred M. Weaver, R.Ph. and Kilee S. Yarosh, R.Ph.

Concierge Compounding Pharmaceuticals was represented by Johnathan A. Secret. The State of Ohio was represented by Charissa D. Payer, Assistant Attorney General.

SUMMARY OF EVIDENCE

State's Witnesses:

1. Hootan Melamed, R.Ph., Respondent
2. Sheri Zapadka, R.Ph., Ohio State Board of Pharmacy

Respondent's Witnesses:

1. Hootan Melamed, R.Ph., Respondent

State's Exhibits:

- | | | |
|--------|---|----------|
| 1. | Proposal to Deny/Notice of Opportunity for Hearing | 07-11-14 |
| 1A-1C. | Procedurals | |
| 2. | Terminal Distributor of Dangerous Drugs Application | 04-24-13 |
| 2A. | Terminal Distributor of Dangerous Drugs Application | 04-15-14 |
| 3. | United States District Court, Central District of California
Judgment and Probation/Commitment Order | 01-19-01 |
| 4. | Nevada State Board of Pharmacy Correspondence | 07-02-13 |
| 4A. | Nevada State Board of Pharmacy Notice of Intended Action
and Accusation | 12-14-11 |
| 4B. | Nevada Board of Pharmacy Order Ratifying Oral Stipulation | 08-13-06 |

Respondent's Exhibits:

- | | | |
|----|--|----------|
| A. | Attachments to Terminal Distributor of Dangerous Drugs Application | 04-24-13 |
| B. | Compliance Training Power Point | 01-01-14 |

FINDINGS OF FACT

After having heard the testimony, observed the demeanor of the witnesses, considered the evidence, and weighed the credibility of each, the State Board of Pharmacy finds the following to be fact:

- (1) Records of the Board of Pharmacy indicate that on or about April 24, 2013, Hootan Melamed was the President for Concierge Compounding Pharmaceuticals, 1887 Whitney Mesa Drive, Henderson, Nevada 89014 and that on April 24, 2013, Concierge Compounding Pharmaceuticals submitted an application for registration as a Terminal Distributor of Dangerous Drugs.
- (2) On or about April 24, 2013, applicant did knowingly make a false statement with purpose to secure the issuance of a license or registration, to wit: the application shows a negative answer to the following question: "[h]as the applicant, owner(s), Responsible Person, any agent, or any employee of the location being licensed, or any officer of the corporation, ever been the subject of disciplinary action by any state or federal agency?" On two separate occasions, employee-pharmacist, Michelle Lynn Badten, was disciplined by the Nevada Board of Pharmacy. On November 8, 2009, Pharmacist Badten's license to practice pharmacy in Nevada was revoked for falsifying prescriptions to obtain Oxycontin to support her addiction to narcotic pain medications. Pharmacist Badten admitted that she had been addicted to Oxycontin for approximately five years and had filled, purchased and falsified as many as 50 prescriptions to support her drug addiction. Pharmacist Badten's license to practice pharmacy was later reinstated. Nevada State Board of Pharmacy v. Michelle Badten, R.Ph., Nevada Board of Pharmacy Case No. 09-051-RPH-S. On April 18, 2012, Pharmacist Badten's license to practice pharmacy in Nevada was again disciplined for failing to batch test compounded products for which she was responsible and for failing to verify the correctness of the compounding of a product for which she was responsible. Pharmacist Badten's Nevada license was placed on one year of probation, which included a prohibition against compounding until there was successful completion of a pharmacist remediation program Nevada State Board of Pharmacy v. Michelle Badten, R.Ph., et al., Nevada Board of Pharmacy Case Nos. 11-092A-RPH-S, 11-092B-RPH-S, 11-092C-RPH-S, 11-092-PH-S.
- (3) On or about January 19, 2001, Pharmacist and President of Concierge Compounding Pharmaceuticals, Hootan Melamed, was convicted of Conspiracy to Commit Securities Fraud, a Class D Felony. He was sentenced to the custody of the Bureau of Prisons for a term of 10 months, five months of which was to be completed in a home detention program with electronic monitoring, and five months of which was to be completed in a community correctional facility. He was ordered to pay restitution and interest. United States of America v. Hootan Melamed, U.S. Dist. Ct. No. CR00-7-GAF.

CONCLUSIONS OF LAW

- (1) The State Board of Pharmacy concludes that paragraph (2) of the Findings of Fact constitutes a violation of 4729.57(A)(1) of the Ohio Revised Code.
- (2) The State Board of Pharmacy concludes that paragraph (2) of the Findings of Fact constitutes a violation of 4729-9-19 (A)(3) and (A)(6) of the Ohio Administrative Code.
- (3) The State Board of Pharmacy concludes that paragraph (3) of the Findings of Fact constitutes a violation of 4729-9-19 (A)(1) of the Ohio Administrative Code.

DECISION OF THE BOARD

Pursuant to Sections 3719.03 and 4729.53 of the Ohio Revised Code, and after consideration of the record as a whole, the State Board of Pharmacy hereby refuses to license or register Concierge Compounding Pharmaceuticals. and, therefore, denies the Application for a Terminal Distributor of Dangerous Drugs license submitted by Concierge Compounding Pharmaceuticals on April 24, 2013 and April 15, 2014.

Ms. Marchal moved for Findings of Fact; Ms. Huwer seconded the motion. Motion passed (Aye-7/Nay-0).

Ms. Ferris moved for Conclusions of Law; Ms. Yarosh seconded the motion. Motion passed (Aye-7/Nay-0).

Mr. Cain moved for Action of the Board; Ms. Ferris seconded the motion. Motion passed (Aye-7/Nay-0).

SO ORDERED.

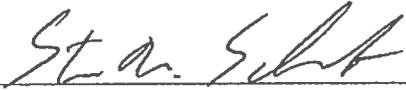
It is hereby certified by this Board that the above language is a copy of the Order entered upon its journal in this case.

Section 119.12 of the Ohio Revised Code authorizes an appeal from this Order. An order that denied admission to an examination, or denied the issuance or renewal of a license or registration, or revoked or suspended a license, may be appealed to the court of common pleas in the Ohio county of your place of business or in your Ohio county of residence. Any other order may be appealed to the Court of Common Pleas of Franklin County, Ohio.

Such an appeal, setting forth the order appealed from and the grounds of the appeal, must be commenced by the filing of the ORIGINAL Notice of Appeal with the State Board of Pharmacy and a copy with the appropriate court within fifteen (15) days after the mailing of this Order and in accordance with the requirements of Section 119.12 of the Ohio Revised Code.

BY ORDER OF THE STATE BOARD OF PHARMACY

ORDER MAILED & EFFECTIVE: January 9, 2015

By: 
Steven W. Schierholt, Esq., Executive Director

SWS/rlc
Certified Mail / Return Receipt
7011 1150 0001 6782 5375

c: Charissa D. Payer, Assistant Attorney General

RECEIVED

OCT 14 2013

OREGON BOARD OF PHARMACY

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

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In the Matter of)	Case No. 2013-0196
)	
)	CONSENT ORDER
Concierge Compounding Pharmaceuticals, Inc.)	
)	
Respondent)	

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Civil Penalty; Answer Required ("Notice") regarding the Respondent in the above-captioned matter; and

WHEREAS; the above-noted Notice was duly served on the Respondent as required by law; and

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

WHEREAS, the Respondent 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, Respondent acknowledges that the allegations in the Notice, if proven in a contested case proceeding would constitute grounds for imposition of a civil penalty as described herein; and

WHEREAS, Respondent does not admit or deny any wrongdoing and any liability with respect to the allegations in the Notice, and Respondent enters into this Agreement for the purpose of resolving this matter in order to avoid further litigation expenses and avoid the unpredictability inherent in litigation; and

WHEREAS, the Respondent consents to the civil penalty as set forth herein;

The Board finds that the allegations in the Notice are true and hereby imposes the following civil penalty:

1. The Respondent shall pay a civil penalty to the Board in the amount of \$10,000 with \$3,000 of the civil penalty to be paid within ten (10) days from the effective date of this Consent Order. The remaining \$7,000 civil penalty is stayed for two (2) years and will be waived after the expiration of this two (2) year period, so long as Respondent does not commit any licensing violations of a similar kind to those alleged in the Notice within this two (2) year period. The aforementioned two (2) year period commences on the effective date of this Consent Order.

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2. This Consent Order shall become effective immediately upon issuance by the Board.

3. In the event that the Respondent fails to timely pay the civil penalty as ordered herein, the Board may take further action, after notice and hearing.

CONSENT

I hereby acknowledge that I am the authorized representative of Respondent. On behalf of the Respondent, I further certify that I have read and understand the Notice and this Consent Order and am aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's final order. On behalf of the Respondent I agree to the Board entering the Consent Order.

 Allen Lumner

Authorized Representative
Concierge Compounding Pharmaceuticals, Inc.
Respondent

10/9/13

Date

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

 Gary Miner

Gary Miner, R.Ph.,
Compliance Director

10/15/13

Date

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BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

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In the Matter of)	Case No. 2013-0196
)	
Concierge Compounding Pharmaceuticals, Inc.)	NOTICE OF PROPOSED
)	CIVIL PENALTY;
Respondent)	ANSWER REQUIRED
)	

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Under the authority granted to the Oregon Board of Pharmacy (Board) pursuant to ORS Chapter 689 (the Oregon Pharmacy Act), including ORS 689.135, 689.145, 689.155 and 689.832(1), the Oregon Board of Pharmacy proposes to impose a civil penalty against Concierge Compounding Pharmaceuticals, Inc. located at 1887 Whitney Mesa Dr in Henderson, NV (Respondent) because Respondent violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

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Respondent engaged in the distribution of drugs into Oregon without registering with the Oregon Board of Pharmacy as a drug outlet in violation of ORS 689.305, and ORS 689.335 which is grounds for imposition of a civil penalty pursuant to ORS 689.832(1), 689.335(1), 689.405(1)(e)(B), and 689.445.

Based on these alleged violations, the Board proposes to impose a civil penalty in an amount of \$10,000 per violation.

HEARING RIGHTS

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation's attorney must file a written request for hearing with the Board within 21 days from the date this notice was mailed. The corporation's attorney may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

If the corporation requests a hearing, the corporation's attorney will be notified of the time and place of the hearing. Before the commencement of the hearing, the corporation will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing.

48 If the corporation does not request a hearing within 21 days, or if it withdraws a hearing
49 request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear
50 at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the
51 Board issues a final order by default, it designates its file on this matter as the record.

52
53 **ANSWER REQUIRED**
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55 Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you
56 must also provide, within 21 days from the date this contested case notice was served, a written
57 answer to the allegations set forth in this contested case notice. Your written answer must include
58 an admission or denial of each factual matter alleged in the notice and a short and plain statement
59 of each relevant affirmative defense you may have. Except for good cause, factual matters
60 alleged in the notice and not denied in the answer shall be presumed admitted; failure to raise a
61 particular defense in the answer will be considered a waiver of such defense; new matters alleged
62 in the answer (affirmative defenses) shall be presumed to be denied by the agency; and evidence
63 shall not be taken on any issue not raised in the notice and the answer.
64

65 **Hearing Request and Answers:**
66 **Consequences of Failure to Answer**
67 **855-001-0015**

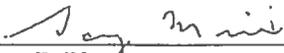
68 (1) A hearing request, and answer when required, shall be made in writing to the
69 Board by the party or his attorney and an answer shall include the following:

- 70 (a) An admission or denial of each factual matter alleged in the notice;
71 (b) A short and plain statement of each relevant affirmative defense the party
72 may have.
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74 (2) Except for good cause;

- 75 (a) Factual matters alleged in the notice and not denied in the answer shall be
76 presumed admitted;
77 (b) Failure to raise a particular defense in the answer will be considered a
78 waiver of such defense;
79 (c) New matters alleged in the answer (affirmative defenses) shall be
80 presumed to be denied by the agency; and
81 (d) Evidence shall not be taken on any issue not raised in the notice and the
82 answer.
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85 BOARD OF PHARMACY
86 FOR THE STATE OF OREGON

87
88 
89 Gary Miner, R.Ph.,
90 Compliance Director

87
88 8/15/13
89 Date

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93 DATE OF MAILING via email 8-16-2013



TEXAS STATE BOARD OF PHARMACY

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Waco

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Brazoria

Clay Dodson, R.Ph.
Executive Director Secretary
Austin

August 23, 2013

Concierge Compounding Pharmaceuticals, Inc.
c/o Sally Chia, R.Ph.
Pharmacist-in-Charge
1887 Whitney Mesa Drive
Henderson, NV 89014

RE: In the Matter of Concierge Compounding Pharmaceuticals, Inc.

Dear Ms. Chia:

Enclosed is a copy of Agreed Board Order (ABO) #L-13-019 that was entered by the Texas State Board of Pharmacy (TSBP) concerning the above-referenced matter. TSBP entered this Order on August 6, 2013. The requirements and conditions of the enclosed Order and matters relating to the Order are discussed below.

PHARMACY LICENSE GRANTED

As a result of the entering of this Order, TSBP granted pharmacy license (number 28699) to Concierge Compounding Pharmaceuticals, Inc., 1887 Whitney Mesa Drive, Henderson, Nevada 89014.

PROBATION PERIOD

As a result of the entering of this Order, the pharmacy license issued to Concierge Compounding Pharmaceuticals, Inc. is suspended for a period of one (1) year, with such suspension probated under the conditions that Concierge Compounding Pharmaceuticals, Inc. will abide by all the laws and rules pertaining to the practice of pharmacy. Such probation period commences upon issuance of the pharmacy license. Accordingly, the pharmacy license held by Concierge Compounding Pharmaceuticals, Inc. is on probation beginning August 8, 2013, and continuing through August 7, 2014.

Conclerge Compounding Pharmaceuticals, Inc.
August 23, 2013
Page 2

PROBATION FEE

Under the terms of this Order, Conclerge Compounding Pharmaceuticals, Inc. must pay a probation fee of \$1,200.00. This fee is due on or before November 4, 2013. The cashier's check or money order must be made payable to the "Texas State Board of Pharmacy" and submitted to the Board's office by the due date. Please include the ABO number (#L-13-019) on the cashier's check or money order. Note: TSBP will not accept partial payments. You must submit payment for the full amount by the due date.

LICENSE RENEWAL APPLICATIONS

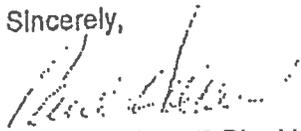
Prior to the next expiration date of pharmacy license #28699, the pharmacy will receive a license renewal application to complete and to return to the Texas State Board of Pharmacy. This application will require a pharmacy representative to answer the question:

"Has the PHARMACY, THE PHARMACY'S owner or any officer or partner (if the pharmacy is owned by a corporation or partnership) been the subject of any professional disciplinary action or are any such actions pending against you by a regulatory authority within the last 36 months?..."

As a result of the entry of ABO #L-13-019, Conclerge Compounding Pharmaceuticals, Inc. must answer "yes" to this question for 36 months from the date of the termination of all sanctions. Consequently, a Conclerge Compounding Pharmaceuticals, Inc. representative must answer "yes" to this question on any renewal applications submitted beginning August 6, 2013, and continuing through August 7, 2017.

If you have any questions about this Order, please contact me at (512) 305-8039.

Sincerely,


E. Paul Holder, R.Ph., MSc, Pharm.D.
Assistant Director of Enforcement

PH:lc

Enclosure: Agreed Board Order #L-13-019

Concierge Compounding Pharmaceuticals, Inc.
August 23, 2013
Page 3

c: Mistry Whitcomb
TSBP Licensing Specialist

Hootan Melamed, President
Concierge Compounding Pharmaceuticals, Inc.
3651 Lindell Road #D179
Las Vegas, NV 89103

AGREED BOARD ORDER #L-13-019

RE: IN THE MATTER OF
CONCIERGE COMPOUNDING
PHARMACBUTICALS, INC.
(APPLICANT FOR TEXAS
PHARMACY LICENSE)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy ("Board") the matter of the Application for Pharmacy License submitted by Concierge Compounding Pharmaceuticals, Inc. ("Applicant"), 1887 Whitney Mesa Dr., Henderson, Nevada 89014.

By letter dated July 2, 2013, the Board gave preliminary notice to Applicant of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Applicant may have violated:

Section 565.002(b)(2) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3,
Subtitle J (2011), in that allegedly:

COUNT

On or about January 19, 2001, Hootan Melamed (corporate president of Concierge Compounding Pharmaceuticals, Inc.) was convicted of the felony offense of Conspiracy to Commit Securities Fraud in Case No. CR00-7-GAF-2, in the United States District Court for the Central District of California. The action was based on evidence that Mr. Melamed and others artificially inflated the share prices of a company by posting false information on the internet, after which the conspirators sold their shares for a profit of \$211,250. The trial court sentenced Mr. Melamed to 10 months prison followed by 3 years probation and ordered him to pay restitution.

An informal conference was held in the Board's office on July 10, 2013, with Hootan Melamed, Corporate President of Applicant, in attendance. The informal conference was heard by a Board panel comprised of: Dennis F. Wiesner, R.Ph., Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; and Carol Fisher, R.Ph., M.P.A., Director of Enforcement; with Caroline K. Hotchkiss, Staff Attorney, serving as General Counsel. Tyler P. Vance, Staff Attorney, was also in attendance.

At the aforementioned conference, Hootan Melamed, Corporate President of Applicant, waived the right to be represented by legal counsel. By signing this Order, Hootan Melamed, Corporate President of Applicant, neither admits nor denies the truth of the matters previously

set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

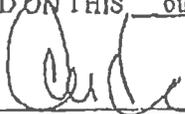
- (1) Applicant shall be granted a Texas Pharmacy License after successfully completing the requirements of licensure as set forth in the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2011) and the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2013).
- (2) Applicant's license shall be suspended for a period of one (1) year, with such period to commence upon issuance of the license. Such suspension shall be probated under the conditions that Applicant abide by the terms of this Order, and shall not violate any pharmacy or drug statute or rule of this state, another state, or the United States with respect to pharmacy, controlled substances, and dangerous drugs.
- (3) Applicant shall pay a probation fee of one thousand two hundred dollars (\$1,200) due ninety (90) days after the entry of this Order.
- (4) Applicant shall be responsible for all costs relating to compliance with the requirements of this Order.
- (5) Applicant shall allow Board staff to directly contact Applicant on any matter regarding the enforcement of this Order.
- (6) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2011), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2013).

Agreed Board Order #L-13-019.
Conclerge Compounding Pharmaceuticals, Inc.
Page 3

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 6th day of August, 2013.



MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:



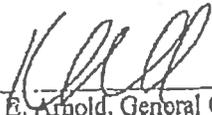
Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:



Hootan Melamed, Corporate President of Conclerge Compounding Pharmaceuticals, Inc.

APPROVED AS TO FORM:



Kerstin E. Arnold, General Counsel
Texas State Board of Pharmacy

0006449 11-24
Office AU # 1210(8)
Operator ID: UZ77305 rano1073

CASHIER'S CHECK

0644902648

PAY TO THE ORDER OF ***TEXAS STATE BOARD OF PHARMACY***

REF: ABO3L-13-019

One thousand two hundred dollars and no cents

\$1,200.00

WELLS FARGO BANK, N.A.
2198 OLYMPIC AVE.
HENDERSON, NV 89014
FOR INQUIRIES CALL (800) 394-3122

VOID IF OVER US \$ 1,200.00
Michael Terry
CONTROLLER

⑆0644902648⑆ ⑆121000248⑆ 511954⑆

0006449 11-24
Office AU # 1210(8)

CASHIER'S CHECK

SERIAL #: 0644902648
ACCOUNT#: 4861-511954

Purchaser: ALLAN LUMMER
Purchaser Account: 3848995126
Operator ID: UZ77305 rano1073

PAY TO THE ORDER OF ***TEXAS STATE BOARD OF PHARMACY***
REF: ABO3L-13-019

One thousand two hundred dollars and no cents

\$1,200.00

September 17, 2013

SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BEFORE THE STATE BOARD OF PHARMACY

In the Matter of:

Concierge Compounding
Pharmaceuticals,

Applicant.

ORDER

This matter came before the State Board of Pharmacy ("Board") for hearing on November 20, 2013 as a result of the Applicant's request for reconsideration of a nonresident pharmacy permit application ("Application") of Concierge Compounding Pharmaceuticals ("Applicant"). Applicant was duly noticed to appear due to a prior denial by the Board. Sally Chia, Pharmacist-in-Charge, appeared on behalf of the Applicant. Applications of this type are governed by S.C. Code Ann. §§40-43-83, 40-43-86, 40-43-89 (1976, as amended), and South Carolina Code of Regulations, Reg. 99-43, as amended.

FINDINGS OF FACT

1. Applicant is located in Henderson, Nevada.
2. Applicant submitted an application for a nonresident pharmacy permit ("Application"). The Applicant answered "yes" to the question "Have you pled guilty to any criminal prosecution, felony, or misdemeanor?" and "yes" to the question "Have you ever had an application for a pharmacy permit license, permit, or certificate or technician license or registration denied, refused, or revoked in South Carolina or any other state or country?"
3. Applicant's proposed pharmacist-in-charge is Sally Chia ("PIC"). The PIC is licensed in Nevada with license number 18013.
4. Applicant provided testimony, and has provided testimony in a prior Board appearance, that one of the owners has a federal conviction resulting in the first "yes" answer on the Application.
5. Applicant provided additional testimony regarding the denied permit; Applicant has previously been denied a permit as a nonresident pharmacy in South Carolina.
6. Applicant was asked about several specific policies and procedures and formulas. Related to

lot number 10032013K11, Applicant was questioned why on a 500 gram formula; Applicant would weigh out a "QS" (quantity sufficient) to 510 grams. Applicant testified that regarding measuring out the base, their normal procedure is to weigh out a more than a quantity sufficient of the base, and then add on until they get the actual 500 grams. After they weigh out all the ingredients, they QS to 500 grams. The documents state that the QS is 500, but they do not use a QS of 510 grams; they QS to 500 grams.

7. Applicant never adjusts powders for purity. Applicant does adjust products for water.

CONCLUSIONS OF LAW

In an application hearing, "(t)he applicant shall demonstrate to the satisfaction of the board that the applicant meets all requirements for the issuance of a license." S.C. Code Ann. § 40-1-130 (1976, as amended). Thus, the burden of proof in an application for licensure or certification is on the Applicant to provide full, complete, and accurate responses to all questions on the application and to demonstrate that he or she is qualified for the license sought.

After consideration, the Board determined that approval of the permit should be denied based on testimony. Under the Pharmacy Practice Act, specifically in S.C. Code Ann. § 40-43-83(H), it states "The Board of Pharmacy may deny or refuse to renew a permit if it determines that the granting or renewing of such permit would not be in the public interest. If an application is refused, the board shall notify the applicant in writing of its decision and the reasons for its decision."

Here, the Board finds that it would not be in the public interest because the Board does not believe Applicant has met the standards of pharmacy practice as required by South Carolina law. The Board continues to have serious concerns with Applicant's practice; specifically, the practices listed in the Findings of Fact that are not consistent with current pharmacy compounding standards. Particularly, S.C. Code Ann. §40-43-86(CC)(6) states in relevant part:

The pharmacist shall ensure that there are formulas and logs maintained either electronically or manually. Formulas must be comprehensive and include ingredients, amounts, methodology, and equipment, if needed, and special information regarding sterile compounding. The pharmacist shall ensure that components used in compounding are accurately weighed, measured, or subdivided as appropriate at each stage of the compounding procedure to conform to the formula being prepared. Any chemical transferred to a container from the original container must be labeled with the same information as on the original container and the date of transfer placed on the label. The pharmacist shall establish and conduct procedures so as to monitor the output of compounded prescriptions, i.e.,

capsule weight variation, adequacy of mixing, clarity, pH of solutions, and, where appropriate, procedures to prevent microbial contamination of medications purported to be sterile. (emphasis added).

Here, the procedures testified to do not comport with the minimum standards as set forth in South Carolina law. From Applicant's testimony, it appears that Applicant's component measurement and formulas do not comport. Applicant is using a formula requiring a quantity sufficient to 500 grams, then measuring a quantity sufficient to 510 grams, which is not accurately weighing and measuring, as appropriate to each stage of the compounding procedures to conform to the formula being prepared. The formula followed requires QS to 500 grams, and they measure a QS to 510 grams.

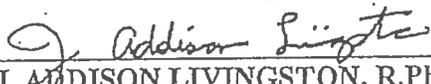
Additionally, the Board has concerns that adjustments are never made for chemical powders that are not 100% pure. Applicant testified that even with active ingredients that are 98% pure, there are no adjustments to bring the active ingredient to the correct 100% potency. Thus, there is concern that, in Applicant's actual practice, there are not adequate procedures to monitor that the output compounded prescription is at the correct strength.

THEREFORE, IT IS ORDERED that Applicant's Application is DENIED. Applicant may reapply for licensure after a period of one year.

AND IT IS SO ORDERED.

SOUTH CAROLINA DEPARTMENT OF
LABOR, LICENSING & REGULATION

STATE BOARD OF PHARMACY



J. ADDISON LIVINGSTON, R.Ph., PharmD
Chairman

January 16, 2014.

South Carolina Department of Labor, Licensing & Regulation

STATE OF SOUTH CAROLINA

COUNTY OF LEXINGTON

In the Matter of:

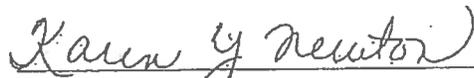
CONCIERGE COMPOUNDING
PHARMACEUTICALS

PY .

CERTIFICATE OF SERVICE BY MAIL

This is to certify that the undersigned has this date, January 16, 2014, served the Order in the above entitled action upon all parties to this cause by depositing a copy hereof, in the United States mail, postage paid, or in the Interagency Mail Service addressed to the party(ies) or their attorney(s) to the following address:

CONCIERGE COMPOUNDING PHARMACEUTICALS
1887 WHITNEY MESA DR
HENDERSON, NV 89014



Karen Y. Newton
Administrative Coordinator
SC Department of Labor, Licensing
and Regulation