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 currence Check box below for type of ownership and complete all red Publicly Traded Corporation – Pages 1,2,3,7 ✓Non Publicly Traded Corporation – Pages 1,2,4,7	
GENERAL INFORMATION to be completed by all t	ypes of ownership
Pharmacy Name: American Specialty Pho	irmacy
Physical Address: 10 Medical Pluy, Ste 105,	Farmers Branch, Tx 75234
Mailing Address: 2733 W 1544 Street	
City: Plano State: Te	<u>x a.5</u> Zip Code: <u>\</u>
Telephone: <u>314-432-4432</u> Fax: <u>913</u>	-243-3260
Toll Free Number: 888-495-8215 (Requ	uired per NAC 639.708)
E-mail: licensing @ aspx.com Webs	ite: www.asprx, com
Managing Pharmacist: <u>Dessica Stapletor</u>	License Number: 49734
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
☑ □ Retail	□ □ Off-site Cognitive Services
☐ I Hospital (# beds)	☐ Parenteral **
□ ☑ Internet	☐ ☑ Parenteral (outpatient)
□ 🖰 Nuclear	Outpatient/Discourse
☐ ☑ Ambulatory Surgery Center	☐ Mail Service
☑ □ Community	☐ ☑ Long Term Care
□ ☑ Other:	☐ Sterile Compounding **
	☐ ☑ Non Sterile Compounding
All boxes must be checked	☐ Mail Service Sterile Compounding **
For the application to be complete	Other Services:

^{**}If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

					-	
Within the last five (5) years:				(5)	 	

vvitnin	the last live (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 교
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 □
Copie	answer to question 1 through 5 is "yes", a signed statement of explanation as of any documents that identify the circumstance or contain an order, agrestion may be required.	must be attached. ement, or other
correc	by certify that the answers given in this application and attached documentate. I understand that any infraction of the laws of the State of Nevada regulation of an authorized pharmacy may be grounds for the revocation of this particular.	ating the
under correct emplo	e read all questions, answers and statements and know the contents thereof penalty of perjury, that the information furnished on this application are truct. I hereby authorize the Nevada State Board of Pharmacy, its agents, sere by ees, to conduct any investigation(s) of the business, professional, social aground, qualification and reputation, as it may deem necessary, proper or definition.	e, accurate and vants and and moral
At	Name of Authorized Person Name of Authorized Person Name of Authorized Person Name of Authorized Person	Page 2
Board	Use Only Date Processed: 12-7-15 Amount: \$500.0	

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION
State of Incorporation: Texas
Parent Company if any:
Mailing Address: 2133 W 15th Street
City: State: Zip:
Telephone: $214-910-2520$ Fax: $214-919-2524$
Contact Person: MONICA Penn
For any corporation non publicly traded, disclose the following:
1) List top 4 persons to whom the shares were issued by the corporation?
a) Phodul Hameed 3619 Crescent Ave. Dalbs, Tx 75205 Name Address
b) Name Address
C)
Name Address
d) Name Address
2) Provide the number of shares issued by the corporation. 100,000
3) What was the price paid per share?
4) What date did the corporation actually receive the cash assets?
5) Provide a copy of the corporation's stock register evidencing the above information
List any physician shareholders and percentage of ownership.
Name:
Name:
Hours of Operation for the pharmacy:
Monday thru Fridayampmpmpm
Sunday Colodampm 24 Hours N/A
A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number:

Page 4

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relate	es to the person listed	<u>as</u>
the owner.		
Owner's Name: Abdul Hamcod		
Business Name: American Specially than	macy	_
Current Business Address: 2733 W 154 Street		
City: State: TX Zip C		_
Telephone: <u>214-919-2520</u> Fax: <u>21</u>	4-919-2524	_
List any physician shareholders and percentage of ownership.		
Name: Abdul Hamfod	%: <u>\</u> \\\	
Name:	<u></u> %:	_
Name:	%:	_
Name:	<u></u> %:	
Hours of Operation for the pharmacy:		
Monday thru FridayamSaturo	day Clackam	pm
Sundaypm 24 Ho	ours MA	
A Nevada business license is not required, however if the pharmac license please provide the number:	cy has a Nevada business	ı

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

1. Abdul Hamped
Responsible Person of American Specially Pharmacy
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law
that may occur in a pharmacy owned or operated by said corporation.
I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.
I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.
Original Signature of Person Authorized to Submit Application, no copies or stamps Placed Print Name of Authorized Person Date



TEXAS STATE BOARD OF PHARMACY

Jeanne D. Waggener, R Ph.

President Waco

Buford T. Abeldt, Sr., R.Ph. Vice President

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Houston
Charles F. Wetherbee

Boerne

Dennis F. Wiesner, R.Ph. Austin

Gay Dodson, R.Ph.
Executive Director Secretary
Austin

Re:

American Specialty Pharmacy

Address:

10 Medical Parkway, Suite 105 Farmers Branch, Texas 75234

License No.:

29107

Date Issued:

March 25, 2014

Licensure Status:

Active

Expiration Date:

March 31, 2016

Type of Pharmacy:

Community - Class A

Prior Disciplinary Orders:

No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. American Specialty Pharmacy (Texas Pharmacy License #29107) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Allison Benz, R.Ph., M.S.

Director of Professional Services Texas State Board of Pharmacy

June 5. 2015

Date



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

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

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\$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.

Mew Pharmacy or Downership 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 ☐ Powner – Pages 1,2,6,7				
GENERAL INFORMATION to be completed by all types of ownership				
Pharmacy Name: American Specialty Pharmacy				
Physical Address: 2414 Babcock Rd, Ste 106 San Antonio, TX 78229				
Mailing Address: 2733 W 15th Street				
City: Plano State	: Texas Zip Code: 75075			
Telephone: <u>210-417-4567</u> Fax:	210-858-6007			
Toll Free Number: <u>888-412-5929</u>	(Required per NAC 639.708)			
E-mail: licensing@americanspecialtypharmacy.com	Website: <u>www.americanspecialtypharmacy.com</u>			
Managing Pharmacist: Krista Garcia	License Number: 51824			
TYPE OF PHARMACY AND	SERVICES PROVIDED			
TYPE OF PHARMACY AND Yes/No	SERVICES PROVIDED Yes/No			
Yes/No	Yes/No			
Yes/No ☑ □ Retail	Yes/No □ □ ✓ Off-site Cognitive Services			
Yes/No ☑/ □ Retail □ ☑/ Hospital (# beds)	Yes/No □ ☑ Off-site Cognitive Services ☑ □ Parenteral **			
Yes/No □ Retail □ □ ' Hospital (# beds) □ □ □ ' Internet	Yes/No □ □ ✓ Off-site Cognitive Services □ □ Parenteral ** □ □ Parenteral (outpatient) □ □ Outpatient/ Discharge			
Yes/No ☑ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear	Yes/No □ □ ✓ Off-site Cognitive Services □ □ Parenteral ** □ □ Parenteral (outpatient) □ □ Outpatient/ Discharge			
Yes/No \[\sqrt{\sq}}}}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}\ergin{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \sqit{\sqrt{\sqrt{\sq}}}}}}}} \ergintioneni	Yes/No □ □ □ ✓ Off-site Cognitive Services □ □ Parenteral ** □ □ Parenteral (outpatient) □ □ Outpatient/Pischarge □ □ Mail Service □ □ ✓ Long Term Care			
Yes/No \[\times' \cap \text{Retail} \\ \tau \times' \text{Hospital (# beds \)} \\ \tau \times' \text{Internet} \\ \tau \times' \text{Nuclear} \\ \tau \text{Y Ambulatory Surgery Center} \\ \times' \tau \text{Community} \end{arrightarrow}	Yes/No □ □ □ ✓ Off-site Cognitive Services □ □ Parenteral ** □ □ Parenteral (outpatient) □ □ Outpatient/Discharge □ □ Mail Service □ □ ✓ Long Term Care □ □ Sterile Compounding ** □ Non Sterile Compounding			
Yes/No Yes/No Retail Retail Internet Inte	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 **			
Yes/No \[\times' \cappa \text{Retail} \\ \tau \text{Hospital (# beds)} \\ \tau \text{Internet} \\ \tau \text{V Nuclear} \\ \tau \text{Ambulatory Surgery Center} \\ \tau \text{Community} \\ \tau \text{Other:} \\ \tau	Yes/No □ □ □ ✓ Off-site Cognitive Services □ □ Parenteral ** □ □ Parenteral (outpatient) □ □ Outpatient/Discharge □ □ Mail Service □ □ ✓ Long Term Care □ □ Sterile Compounding ** □ Non Sterile Compounding			

appearance at the board meeting,

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within	the last five	(5) years:		
1)	any interest,	oration, any owner(s), shareholder(s) of ever been charged, or convicted of a for or (including by way of a guilty plea or n	elony or gross	Yes □ No ☑
2)		oration, any owner(s), shareholder(s) o ever been denied a license, permit or o		Yes □ No 🔯
3)	interest, ever	oration, any owner(s), shareholder(s) or been the subject of an administrative roceeding relating to the pharmaceutica	action, board citation,	Yes □ No ☑'
4)	interest, ever	oration, any owner(s), shareholder(s) or been found guilty, pled guilty or entere o any offense federal or state, related t	ed a plea of nolo	Yes □ No ☑′
5)	interest, ever	oration, any owner(s), shareholder(s) or surrendered a license, permit or certif otherwise (other than upon voluntary of	icate of registration	Yes □ No ☑′
Copies	answer to que s of any docu sition may be	estion 1 through 5 is "yes", a signed sta ments that identify the circumstance or required.	tement of explanation m contain an order, agree	nust be attached. ement, or other
correc	t. I understar	the answers given in this application and that any infraction of the laws of the norized pharmacy may be grounds for the	State of Nevada regula	ting the
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.				
Origin	al Signature c	of Person Authorized to Submit Applica	tion, no copies or stamp	OS .
	ul Hameed		11/18/2015	
Print N	lame of Autho	orized Person	Date	Page 2
Board	Use Only	Date Processed:	Amount: <u>\$500.0</u> 0)

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: Abdul Hameed Business Name: American Specialty Pharmacy Current Business Address: 2733 W 15th Street City: Plano State: Texas Zip Code: 75075 Telephone: 214-919-2520_____ Fax: 214-919-2524 List any physician shareholders and percentage of ownership. Name: Abdul Hameed %: 100 Name: %: Name: %: %: **Hours of Operation for the pharmacy:** Monday thru Friday 9 am Saturday pm Closedam Sunday Closed am pm 24 Hours N/A 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

ı, <u>Abdul Hameed</u>	
Responsible Person of American Specialty	Pharmacy
hereby acknowledge and understand that in addition	n to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be	e responsible for any violations of pharmacy law
that may occur in a pharmacy owned or operated by	y said corporation.
I further acknowledge and understand that th	ne corporation's, any owner(s), shareholder(s)
or partner(s)may be named in any action taken by the	he Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation	1.
I further acknowledge and understand that th	ne corporation's, any owner(s), shareholder(s)
or partner(s) cannot require or permit the pharmacis	st(s) in said pharmacy to violate any provision
of any local, state or federal laws or regulations per	taining to the practice of pharmacy.
The same of the sa	
Original Signature of Person Authorized to Submit A	Application, no copies or stamps
Abdul Hameed	11/18/2015
Print Name of Authorized Person	Date



TEXAS STATE BOARD OF PHARMACY

Re:

American Specialty Pharmacy

Address:

2414 Babcock Road, Suite 106

San Antonio, Texas 78229

License No.:

29664

Date Issued:

November 26, 2014

Licensure Status:

Active

Expiration Date:

November 30, 2016

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. American Specialty Pharmacy (Texas Pharmacy License #29664) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Margarita Zamarripa

Senior Administrative Assistant

Professional Services

Texas State Board of Pharmacy

November 17, 2015

Date



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

Blank

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)

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New Pharmacy or Ownership Change (Provide culotheck box below for type of ownership and complete all I	required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☑ Non Publicly Traded Corporation – Pages 1,2,4,7	☐ Sole Owner – Pages 1,2,6,7
A Non rubicity riduod corporation . ages 1,2,1,1	
GENERAL INFORMATION to be completed by all	types of ownership
Pharmacy Name: <u>Care Solutions</u>	,
Physical Address: 1838 Elm Hill Pike	, Suite 117
Mailing Address: 1838 Elm Hill Pike	, the same of the
City: Nashville State:	TN Zip Code: 37210
Telephone: <u>615-329-2288</u> Fax:	65-333-8431
Toll Free Number: 800-830.4321 (Red	quired per NAC 639.708)
E-mail: Pharmon @ Caresolution, netweb	site:
Managing Pharmacist: Pamela Flohr	
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
□ 🕱 Retail	□ 🛱 Off-site Cognitive Services
☐ ☑ Hospital (# beds)	1⊈ □ Parenteral **
, ,	· · · · · · · · · · · · · · · · · · ·
☐ ☑ Internet	ズ □ Parenteral (outpatient)
□ 🕱 Muclear	☐ Parenteral (outpatient) ☐ ☑ Outpatient/Discharge
1	
□ ☒ Nuclear □ ☒ Ambulatory Surgery Center □ ☒ Community	☐ X Outpatient/Discharge ☐ X Mail Service ☐ X Long Term Care
□ 岚 Nuclear □ ሺ Ambulatory Surgery Center	☐ XÍ Outpatient/Discharge ☐ XÍ Mail Service ☐ XÍ Long Term Care XÍ ☐ Sterile Compounding **
□ ☒ Nuclear □ ☒ Ambulatory Surgery Center □ ☒ Community □ ☒ Other: Ḥome Infusion	☐ ☒ Outpatient/Discharge ☐ ☒ Mail Service ☐ ☒ Long Term Care ☒ ☐ Sterile Compounding ** ☐ ☒ Non Sterile Compounding
□ ☒ Nuclear □ ☒ Ambulatory Surgery Center □ ☒ Community □ ☒ Other: 屛 Infusion All boxes must be checked	□ X Outpatient/Discharge □ X Mail Service □ X Long Term Care X □ Sterile Compounding ** □ X Non Sterile Compounding X □ Mail Service Sterile Compounding **
□ ☒ Nuclear □ ☒ Ambulatory Surgery Center □ ☒ Community □ ☒ Other: Ḥome Infusion	☐ ☒ Outpatient/Discharge ☐ ☒ Mail Service ☐ ☒ Long Term Care ☒ ☐ Sterile Compounding ** ☐ ☒ Non Sterile Compounding

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Withir	the last five	(5) years:							
1)	any interest	, ever been cha	wner(s), shareho arged, or convicte way of a guilty p	ed of a felor	ny or gros	S	Yes □	No	X
2)	Has the cor any interest registration	, ever been der	wner(s), shareho nied a license, pe	older(s) or p ermit or cert	artner(s) viificate of	with	Yes 🗆	No	X
3)	interest, eve	er been the sub	wner(s), shareho ject of an admini ting to the pharm	istrative act	ion, board	with any I citation,	Yes 🗆	No	X
4)	interest, eve	er been found g to any offense	wner(s), shareho guilty, pled guilty federal or state,	or entered a	a plea of r	with any nolo	Yes 🗆] No	ÌXI
5)	interest, eve	er surrendered	wner(s), shareho a license, permit her than upon vo	or certificat	te of regis	tration	Yes □	l No	Ø
Copie	answer to questions of any docsistion may be	uments that ide	gh 5 is "yes", a sigentify the circums	gned staten tance or co	n <mark>ent of ex</mark> ntain an c	planation n order, agree	n <mark>ust be</mark> ement, d	attacl or oth	ned. er
correc	t. I understa	and that any inf	given in this appli raction of the law acy may be grou	s of the Sta	ate of Nev	ada regula	ting the	true	and
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.									
Origin	al Signature	of Person Auth	norized to Submit	t Application	n, no copi	es or stamp	os		
		pher Pow	ers		10	1.20.15			
Print I	Name of Aut	horized Person			Date		F	age 2	2
Board	Use Only	Date Processe	ed:		Amount:	\$ 500.	00		

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Florida	
Parent Company if any: NA	
Mailing Address: 1838 Elm Hill Pike	Suite 117
City: Nashville State:	TN zip: 37210
Telephone: <u>1015-329-2288</u> Fax	: 615-333-8431
Contact Person: Pamala Harmor	
For any corporation non publicly traded, disclose th	e following:
1) List top 4 persons to whom the shares were	
a) Timothy Powers 1821 Legin Name Add	ress Winter Park FL 32789
b) Andrew Miller 7944 Figh	ress Lev Island Drive Miami, FL 33109 ress
c) N/A	
Name Add	ress
d) N A	
Name Add	10.
2) Provide the number of shares issued by the	corporation. <u>500</u>
3) What was the price paid per share?	\$.01
4) What date did the corporation actually receive	ve the cash assets? May 6, 1992
5) Provide a copy of the corporation's stock reg	
List any physician shareholders and percentage of	ownership.
Name: NA	%:
Name: Name:	
Hours of Operation for the pharmacy:	
Monday thru Friday 8 am 5 pm	Saturday PRN ampm
Sunday PRN ampm	24 Hours X RPh available
A Nevada business license is not required, however license please provide the number:NA	er if the pharmacy has a Nevada business

Page 4



STATE OF TENNESSEE DEPARTMENT OF HEALTH DIVISION OF HEALTH LICENSURE AND REGULATION OFFICE OF HEALTH RELATED BOARDS 665 Mainstream Drive, Second Floor Nashville, TN 37243 http://tn.gov/health

Tennessee Board of Pharmacy
Pharmacy
1-800-778-4123 or

October 21, 2015

Care Solutions, Inc. 1838 Elm Hill Pike. Ste. 117 Nashville, TN 37210-3726

TO WHOM IT MAY CONCERN:

This verification can be considered primary source. To expedite the verification process, this is the standard format used by the Tennessee Board of Pharmacy. We are pleased to furnish the following information from our files:

PROFESSION:

Pharmacy

NAME:

Care Solutions, Inc.

1838 Elm Hill Pike, Ste. 117

Nashville, TN 37210

LICENSE NUMBER:

2325

ISSUE DATE:

August 13, 1992

EXPIRATION DATE:

October 31, 2016

CURRENT STATUS:

Licensed

STATUS DATE:

August 13, 1992

SPECIAL ENDORSEMENT:

Controlled Substance Registration

Sterile Compounding

COMMENTS: There is derogatory information in our files concerning this facilty. The State of Tennessee only provides the above infromation. Disciplinary information is available on our web site at http://health.state.tn.us or you may contact the licensee for further information.

Sincerely.

Tennessee Board of Pharmacy

VERFFACLTY

BEFORE THE TENNESSEE STATE BOARD OF PHARMACY

IN THE MATTER OF:)
)
CARE SOLUTIONS, INC. #2325)
5211 LINBAR DRIVE, SUITE 508)
NASHVILLE, TN 37211) Case No. 2014002301
)

CONSENT ORDER

Comes now the Division of Health Related Boards of the Tennessee Department of Health (State), by and through the Office of General Counsel and Respondent, Care Solutions, Inc. (Respondent) and respectfully moves the Tennessee Board of Pharmacy (Board) for approval of this Consent Order affecting Respondent's pharmacy license in the State of Tennessee.

I. Authority and Jurisdiction

The Board regulates and supervises pharmacies, pharmacists, pharmacy technicians, and pharmaceutical manufacturers, wholesalers, and distributors licensed to practice pursuant to the Tennessee Pharmacy Practice Act (Practice Act), Tennessee Code Annotated Section (Tenn. Code Ann. §) 63-10-101, et seq., including the discipline of licensees, as well as those who are required to be licensed, who violate the Practice Act and the Rules promulgated by the Board, Official Compilation of Rules and Regulations of the State of Tennessee (Tenn. Comp. R. & Regs.), 1140-01-.01, et seq. The Board enforces the Practice Act to promote and protect the health, safety and welfare of the public; accordingly, it is the policy of the Board to require strict compliance with the law and to apply the law to preserve the quality of pharmacy care provided in Tennessee.

II. Stipulations of Fact

1. Respondent has been at all times pertinent hereto licensed by the Board as a pharmacy in

- the State of Tennessee, having been granted license number 2325 on August 13, 1992, which currently has an expiration date of October 31, 2016.
- 2. On December 2, 2014, investigation revealed that Respondent relocated its facility to the Elm Hill Pike, Nashville, Tennessee location and had been doing business at that facility since November 19, 2014 without obtaining an inspection for the relocated facility.

III. Stipulated Grounds for Discipline

- The State of Tennessee Board of Pharmacy has the authority to revoke, suspend, or impose other lawful disciplinary action, including a civil penalty for any violation of any laws relating to drugs or to the practice of pharmacy and/or the Board's rules pursuant to TENN. CODE ANN. §63-10-305, and TENN. COMP. R. & REG. 1140-08-.01 [CIVIL PENALTIES].
- 4. The Stipulations of Fact are sufficient to establish that Respondent has violated the following statutes or rules which are part of the Act, TENN. CODE ANN. § 63-10-101, et seq. and TENN. COMP. R. & REGS., 1140-01-.01, et seq., for which disciplinary action by the Board is authorized.
- The facts stipulated in paragraphs 2 and 3, *supra*, constitute grounds for which the Board may discipline a Respondent's license to practice pharmacy pursuant to Tenn. Comp. R. & Regs. 1140-01-.08 [APPLICATION FOR PHARMACY PRACTICE SITE, MANUFACTURER AND WHOLESALER/DISTRIBUTOR LICENSES], the relevant portion of which reads as follows:
 - (1) Application for a license to operate as a pharmacy practice site, manufacturer or wholesaler/distributor within the state of Tennessee shall be submitted to the office of the board at least thirty (30) days prior to the scheduled opening date. No pharmacy practice site, manufacturer or wholesaler/distributor may open within the state of Tennessee until

- a license has been obtained; and such license will not be issued until an inspection by an authorized representative of the board has been made.
- (2) An application for an existing pharmacy practice site, manufacturer or wholesaler/distributor physically located within the state of Tennessee must be filed when the pharmacy practice site, manufacturer or wholesaler/distributor changes name, location or ownership.

IV. Stipulated Disposition

Without admitting to the truth of the allegations herein or to any alleged failure to comply with a lawful order or duly promulgated rule in violation(s) of Tenn. Code Ann. § 63-10-305(8) and for the purpose of avoiding further administrative actions with respect to this cause, Respondent agrees to the following:

Respondent agrees to pay a one thousand dollar (\$1,000.00) civil penalty due and payable immediately upon execution of this Consent Order.

V. Notice

7. The Respondent, by its signature to this Consent Order, waives the right to a contested case hearing and any and all rights to judicial review in this matter. Respondent agrees that presentation to and consideration of this Consent Order by the Board for ratification and all matters divulged during that process shall not constitute unfair disclosure such that the Board or any of its members shall be prejudiced to the extent that requires their disqualification from hearing this matter should this Order not be ratified. Likewise, all matters, admissions and statements disclosed or exchanged during the attempted ratification process shall not be used against the Respondent in any subsequent proceeding unless independently entered into evidence or introduced as admissions.

8. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to challenge or contest the validity of this Consent Order. Respondent understands that by signing this Consent Order, Respondent is allowing the Board to issue its order without further process. In the event that the Board rejects this Consent Order for any reason, it will be of no force or effect for either party.

9. Should this Consent Order not be accepted by the Board, it is agreed that the presentation and consideration of this Consent Order shall not unfairly or illegally prejudice the Board or any of its members from further participation in or resolution of these proceedings, including a formal disciplinary hearing.

10. Furthermore, Respondent acknowledges that they understand that they have a right to a hearing under the provisions of the Uniform Administrative Procedures Act, Tenn. Code Ann. Title 4, Chapter 5, but that they hereby waive that right in order to enter into this proposed Consent Order.

11. A violation of this Order shall constitute a separate violation of the Pharmacy Practice Act, Tenn. Code Ann. § 63-10-305(8), and is grounds for further disciplinary action by the Board.

APPROVED FOR ENTRY:

Representative of Care Solutions, Inc.

Pharmacy License No. 2325

Respondent

DATE

2/13/15

Stefan Cange (RPR # 031057)
Assistant General Counsel

Tennessee Department of Health Office of General Counsel 665 Mainstream Drive, 2nd Floor Nashville, Tennessee 37243

(615) 741-1611

Approval by the Board

ACCORDINGLY, IT IS ORDERED that the agreements of the parties will, and hereby do, become the Final Order of the Board.

Chairperson/Acting Chairperson Tennessee Board of Pharmacy

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

1, Christopher Powers
Responsible Person of Care Solutions 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
Christopher Powers 10.20.15
Print Name of Authorized Person Date

This pharmacy has contacted the board and would like to postpone and will contact us for a future meeting.

Blank

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.

Malou Dharmany or Maunarahin Change (Dunite and			
New Pharmacy or Gownership Chang e (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			
☐ 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: Pharmacy Pharmacy	enticals, Inc.		
Physical Address: 14450 Getz Roach			
Mailing Address: Same as above			
City: Noblesville State: IN Zip Code: 46060			
Telephone: 866 660-6715 Fax: 88	8-660-6716		
Toll Free Number: 888-660-6715 (Req	quired per NAC 639.708)		
E-mail: Cheardene Pharmakiner net Webs	site: Pharmakmmfg. net		
Managing Pharmacist: Michelle Beland, Rth License Number: 26020308A			
Managing Pharmacist: Michelle Deland, K	16 License Number: 260 2 0 3 0 8 A		
Managing Pharmacist: Nichelle Deland, K TYPE OF PHARMACY AND	License Number: 26020308A SERVICES PROVIDED		
TYPE OF PHARMACY AND	SERVICES PROVIDED		
TYPE OF PHARMACY AND Yes/No	SERVICES PROVIDED Yes/No		
TYPE OF PHARMACY AND Yes/No □ Retail	SERVICES PROVIDED Yes/No □ Off-site Cognitive Services		
TYPE OF PHARMACY AND Yes/No □ □ □ Retail □ □ Hospital (# beds)	SERVICES PROVIDED Yes/No □ Off-site Cognitive Services □ Parenteral **		
TYPE OF PHARMACY AND Yes/No □ ဩ Retail □ ဩ Hospital (# beds) □ 및 Internet	SERVICES PROVIDED Yes/No □ □ □ □ □ □ □ □ □ □		
TYPE OF PHARMACY AND Yes/No □ □ □ Retail □ □ □ Hospital (# beds) □ □ □ Internet □ □ □ Nuclear	Yes/No □ □ Off-site Cognitive Services □ □ Parenteral ** □ □ Parenteral (outpatient) □ □ Outpatient/Discharge		
TYPE OF PHARMACY AND Yes/No □ □ □ Retail □ □ Hospital (# beds) □ □ □ Internet □ □ Nuclear □ □ Ambulatory Surgery Center	Yes/No □ Ø Off-site Cognitive Services □ Ø Parenteral ** □ Ø Parenteral (outpatient) □ Ø Outpatient/Discharge □ Ø Mail Service		
TYPE OF PHARMACY AND Yes/No □ □ □ Retail □ □ Hospital (# beds) □ □ □ Internet □ □ Nuclear □ □ Ambulatory Surgery Center □ □ Community	Yes/No □ □ □ □ □ □ □ □ □ □		
TYPE OF PHARMACY AND Yes/No □ □ □ Retail □ □ Hospital (# beds) □ □ □ Internet □ □ Nuclear □ □ Ambulatory Surgery Center □ □ Community	Yes/No □ □ Off-site Cognitive Services □ □ Parenteral ** □ □ Parenteral (outpatient) □ □ Outpatient/Discharge □ □ Mail Service □ □ Long Term Care □ Sterile Compounding **		
TYPE OF PHARMACY AND Yes/No □ 兒 Retail □ 兒 Hospital (# beds) □ 兒 Internet □ 兒 Nuclear □ 兒 Ambulatory Surgery Center □ 路 Community □ Other: 5038 Dut Sourcing	Yes/No □ □ Off-site Cognitive Services □ □ Parenteral ** □ □ Parenteral (outpatient) □ □ Outpatient/Discharge □ □ Mail Service □ □ Long Term Care □ Sterile Compounding ** □ □ Non Sterile Compounding		

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Withir	n 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 ဩ
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 ఏ
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 ఏ
Copie	answer to question 1 through 5 is "yes", a signed statement of explanation mess of any documents that identify the circumstance or contain an order, agreestition may be required.	nust be attached ement, or other
correc	by certify that the answers given in this application and attached documentate. I understand that any infraction of the laws of the State of Nevada regulation of an authorized pharmacy may be grounds for the revocation of this pe	tina the
under correct employ	read all questions, answers and statements and know the contents thereof. penalty of perjury, that the information furnished on this application are true. I hereby authorize the Nevada State Board of Pharmacy, its agents, servagees, to conduct any investigation(s) of the business, professional, social arround, qualification and reputation, as it may deem necessary, proper or des	, accurate and ants and nd moral
Origina	Cagrie Sewiden	
Origina	al Signature of Person Authorized to Submit Application, no copies or stamp	S
Print N	ame of Authorized Person Date	
		Page 2
Board	Use Only Date Processed: 12.9.15 Amount: \$500:00	

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information	ation relates to	the person	listed as
the owner.		-	
Owner's Name: Paul J Elmer, RPh			
Business Name: Pharmakm Pharma	centicals,	Inc.	
Current Business Address: 14450 Getz	- Road		
City: Noblesville State: IN	Zip Code:	46060	
Telephone: 888-660-6715			
List any physician shareholders and percentage of own	ership.		
Name:		%:	
Hours of Operation for the pharmacy:			
Monday thru Friday <u>1:30</u> am <u>5:30</u> pm	Saturday	<u>8:₩</u> am	(2:00 pm
Sundayampm	24 Hours		
A Nevada business license is not required, however if the number:		a Nevada bus	siness

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

1, Caprice Bourden
Responsible Person of Pharmaken 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 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
Caprice Bearden 11/9/2015
Print Name of Authorized Person Date



Non-Resident License Application

To Whom It May Concern:

Roxsan Pharmacy has had a recent Change of Ownership; therefore, we are re-registering so that we can continue to provide patient care services and ship medications to your state.

Our pharmacy provides retail, fertility, and compounded prescriptions. We take pride in being one of the few pharmacies in the nation that are contracted with EMD Serono; thereby, allowing us to obtain and provide fertility medications. During the years, Roxsan Pharmacy has established relationships and trust with both the patients and physicians within your state. We hope to continue to provide care and services to these patients utilizing these time-sensitive medications.

With the new ownership, we have made many changes to the pharmacy, including a new mission statement, an updated staff, with ongoing retraining of all team members. Also, we have in place a more extensive and improved Standard Operational Procedures handbook. Recently, we have had a change in Pharmacist In Charge (PIC) and appointed a new Compliance Officer. Thus far, we have made enormous strides in improving the pharmacy operation and compliance with the ever-changing pharmacy rules and regulations.

We kindly ask the Board to grant us an approval for registration so that we can continue to provide our patients with the uninterrupted services they require. We thank you for your time and consideration of our application. If you have any questions and/or inquiries, please do not hesitate to contact me.

Thank you again.

Sincerely,

Michael Rashti

Pharmacist In Charge

RoxSan Pharmacy Inc.

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 Downership Chang e (Provide cur Check box below for type of ownership and complete all respectively Traded Corporation – Pages 1,2,3,7 Non Publicly Traded Corporation – Pages 1,2,4,7	equired forms.
Pharmacy Name: 20X San Prayma Physical Address: 465 N. Paxbury Mailing Address: 8mm (City: Bury Hills State: 6 Telephone: (310) 273-1644 Fax: 1317 Toll Free Number: (888) 371-9919 (Reg	Acy Inc. Dr. Zip Code: 10210
E-mail: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	site: <u>www.wxsan.am</u>
Yes/No Retail	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 **
For the application to be complete .	□ X Other Services:

^{**}If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Withir	the last five	(5) years:						
1)	any interest	poration, any ow , ever been char or (including by v	ged, or convicte	ed of a felo	ony or gro	SS	Yes 🗆	No 🗹
2)		poration, any ow , ever been deni ?					Yes □	No 🗹
3)	interest, eve	poration, any ow er been the subje proceeding relati	ect of an admin	istrative ac	tion, boa	rd citation,	Yes □	No 🗹
4)	interest, eve	poration, any ow er been found gu to any offense fe ?	ilty, pled guilty	or entered	a plea of	nolo	Yes □	No 🗹
5)	interest, eve	poration, any ow er surrendered a or otherwise (othe	license, permit	or certifica	ate of regi	istration	Yes □	No 🗹
Copie	answer to qu s of any doc sition may be	estion 1 through uments that iden e required.	5 is "yes", a signify the circums	gned state stance or c	ment of e ontain an	xplanation r order, agre	must be a ement, o	attached. r other
correc	t. Lundersta	t the answers givent that any infrathorized pharma	action of the law	s of the St	tate of Ne	vada regula	ating the	true and
under correct emplo backg	penalty of pot. I hereby a yees, to con round, qualif	estions, answers erjury, that the in authorize the Nev duct any investig ication and reput	aformation furnist wada State Boa gation(s) of the tation, as it may	shed on th rd of Pharr business, y deem ne	is applica macy, its profession cessary, p	tion are true agents, serv nal, social a proper or de	e, accura vants and nd moral esirable.	te and I
Origin	al Signature	of Person Autho		t Applicatio	on, no cop	oies or stam	ps	
J050	the Will		wond		Date	18-19		
Print M	name of Auth	norized Person			Date		P	age 2
Board	Use Only	Date Processed	·		Amount:	\$ 500.00	3	

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICY TRADED CORPORATION

State of Incorporation:	California
Parent Company if any: _	Parallax Health Sciences, Inc. (a Nevada corporation)
Corporation Name:	Roxsan Pharmacy, Inc.
Mailing Address:	465 N. Roxbury Drive
City: Beverly Hills	State: <u>CA</u> Zip:90210
Telephone: <u>310-273-1644</u>	Fax: <u>888-899-3966</u>
Contact Person: Calli Bu	cci
the applicant shall identify registration with the SEC, being traded. You can produce of Incorporation: Registration number issue	s an ownership interest in the applicant is a publicly traded corporation, the officers of that corporation, the date the corporation received its the registration number issued and the exchange at which the stock is evide a copy of the SEC report or copy of Form 10-K. Parent: 07/06/2005 Roxsan: 02/16/1996 d: CIK #0001388410 OTC
Hours of Operation for th	ne pharmacy:
Monday thru Friday 8:30	_am <u>6:00</u> pm Saturday <u>8:30</u> am <u>12:00</u> pm
Sunday <u>Closed</u>	ampm 24 HoursYes
	e is not required, however if the pharmacy has a Nevada business number:

Must be included with the application for a publicly traded corporation

<u>Certificate of Corporate Status</u> (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

Secattached

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

1, Joseph Michael Redmond
Responsible Person of Roxsan Pharmacy 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.
Griginal Signature of Person Authorized to Submit Application, no copies or stamps
Joseph Michael Redmond 12-1-15
Print Name of Authorized Person Date



California State Board of Pharmacy

1625 N. Market Blvd, Suite N219, Sacramento, CA 95834 Phone (916) 574-7900 Fax (916) 574-8618 www.pharmacy.ca.gov BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

July 30, 2015

RE: PHY 52506 Roxsan Pharmacy, Inc 465 N Roxbury Dr Beverly Hills, Ca 90210

License PHY 52506 is current and in good standing. No adverse action has been taken against this license. The license information is as follows:

LICENSE:

РНУ

LICENSE NO:

52506

ISSUED:

7/30/2015

EXPIRES:

7/1/2016

Please contact Amber Dillon for any further questions at 916-574-7938.

Sincerely,

Amber Dillon

Licensing Manager



California State Board of Pharmacy 1625 N. Market Blvd, Suite N219, Sacramento, CA 95834 Phone (916) 574-7900 Fax (916) 574-8618 www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY DEPARTMENT OF CONSUMER AFFAIRS GOVERNOR EDMUND G. BROWN JR.

July 30, 2015

RE: LSC 100674 Roxsan Pharmacy, Inc 465 N Roxbury Dr Beverly Hills, Ca 90210

License LSC 100674 is current and in good standing. No adverse action has been taken against this license. The license information is as follows:

LICENSE:

LSC

LICENSE NO:

100674

ISSUED:

7/30/2015

EXPIRES:

7/1/2016

Please contact Amber Dillon for any further questions at 916-574-7938.

Sincerely,

Licensing Manager

Blank