

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: RIGHT VALUE DRUG STORES, INC dba CARIE BOYD'S PRESCRIPTION SHOP

Physical Address: 122 GRAPEVINE HWY, HURST, TX 76054

Mailing Address: 122 GRAPEVINE HWY

City: HURST State: TX Zip Code: 76054

Telephone: 817-282-9376 Fax: 817-282-1709

Toll Free Number: 800-930-4361 (Required per NAC 639.708)

E-mail: licensing@carieboyd.com Website: www.carieboyd.com

Managing Pharmacist: David Smith License Number: 51244 (Texas)

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

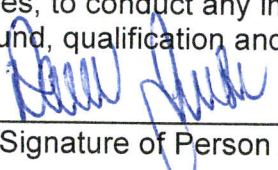
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


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

David Smith

Print Name of Authorized Person

Date

08-22-2010

Page 2

Board Use Only

Date Processed: _____

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Texas

Parent Company if any: Right Value Drug Stores, Inc

Mailing Address: 122 Grapevine Hwy

City: Hurst State: TX Zip: 76054

Telephone: 817-282-9376 Fax: 817-282-1709

Contact Person: David Smith

For any corporation non publicly traded, disclose the following:

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

a) Richard Appling II (100% Ownership) 3616 Bentley Ct, Denton, TX 76210
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. n/a

3) What was the price paid per share? n/a

4) What date did the corporation actually receive the cash assets? n/a

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

List any physician shareholders and percentage of ownership.

Name: n/a %: _____

Name: n/a %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 6:00 pm Saturday N/A am N/A pm
Sunday N/A am N/A 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: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

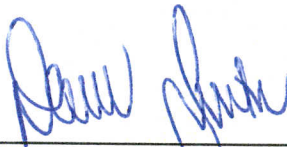
I, DAVID SMITH

Responsible Person of RIGHT VALUE DRUG STORES, INC DBA CARIE BOYD'S PRESCRIPTION SHOP

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

DAVID SMITH

Print Name of Authorized Person

08-22-2016

Date

Richard Earl Appling II, Pharmacist License No. 37892. Alleged violation: as pharmacist-in-charge and corporate officer of Denton Prescription Shop in Denton, TX, allowed pharmacy to ship prescription drugs to New Jersey without licensure from that state. Agreed Board Order accepted by licensee and entered by the Board on 08-05-14: 2-year probation with conditions and fined \$5000.

Richard Earl Appling II, Pharmacist License No. 37892. Alleged violation: as pharmacist-in-charge and corporate officer, allowed an employee to perform technician duties with no registration. Agreed Board Order accepted by licensee and entered by the Board on 12-04-12: license fined \$1000.

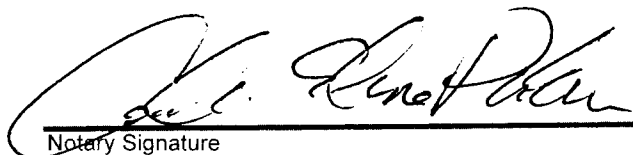


Signature

9/23/16
Date

Richard Earl Appling II

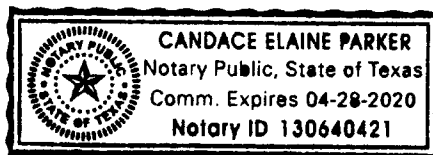
Print name



Notary Signature

8/23/16
Date

Texas Denton
State County



NEVADA STATE BOARD OF PHARMACY

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☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: PHARMCO, LLC

Physical Address: 901 N MIAMI BEACH BLVD STE 1;2 NORTH MIAMI BEACH, FL 33162

Mailing Address: 901 NORTH MIAMI BEACH BLVD SUITE 1;2

City: NORTH MIAMI BEACH State: FLORIDA Zip Code: 33162

Telephone: 305-919-7399 Fax: 305-919-7424

Toll Free Number: 888-919-7411 (Required per NAC 639.708)

E-mail: ACCOUNTING@PHARMCOLLC.COM Website: PHARMCOPHARMACY.COM

Managing Pharmacist: PAMELA M ROBERTS License Number: PS39370

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
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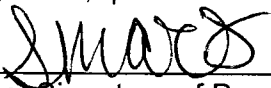
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Original Signature of Person Authorized to Submit Application, no copies or stamps

SHITAL P MARS

Print Name of Authorized Person

9-14-2016

Date

Page 2

Board Use Only

Date Processed: _____

Amount: \$ 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: DELAWARE
Parent Company if any: PROGRESSIVE CARE, INC
Corporation Name: PROGRESSIVE CARE, INC
Mailing Address: 901 NORTH MIAMI BEACH BLVD STE 1; 2
City: NORTH MIAMI BEACH State: FLORIDA Zip: 33162
Telephone: 786-757-2060 Fax: _____
Contact Person: SHITAL P MARS

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

Date of Incorporation: 10-31-2006
Registration number issued: CUSIP# 74332G108 SEC FILE # 000-52684
Stock Exchange: OTC MARKETS

Hours of Operation for the pharmacy:

Monday thru Friday 8³⁰ am 6³⁰ pm (FRI 6⁰⁰ PM) Saturday 11 am 4 pm
Sunday — am — pm 24 Hours NA

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

Must be included with the application for a publicly traded corporation

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

List of officers and directors.

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, SHITAL P MARS

Responsible Person of PHARMCO, LLC

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

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

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Smars

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

SHITAL P MARS

Print Name of Authorized Person

9-14-2016

Date

To whom it may concern:

On May 25, 2011, PharmCo, LLC received a violation determination with assessed fine in regard to the Company's failure to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program. PharmCo, LLC failed to submit a "zero" report indicating no dispensing a total 3 of times during the period of July 1, 2010 to November 10, 2011. For this violation, the Company paid a fine of \$5,500 and relinquished its license on February 15, 2012.

During this time period, PharmCo, LLC was under different corporate management, all members of which are no longer employed by the Company. Current management including the CEO, CFO, and Pharmacy Manager were only recently made aware of these prior violations. Current management would like to stress that since their involvement, no other violations of this kind or magnitude have occurred at the pharmacy, nor has the pharmacy been cited for any procedural violations by any state board of pharmacy regulation.

Shital P Mars



CEO

Mission:

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

**Rick Scott**

Governor

Celeste Philip, MD, MPH

Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

September 8, 2016

Pharmco LLC
901 North Miami Beach Blvd
Ste 1 And 2
North Miami Beach, FL 33162

RE: License Certification for Pharmco, LLC

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the
above referenced Health Care Practitioner:

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH22381
ORIGINAL CERTIFICATION:	11/17/2006
EXPIRATION DATE:	02/28/2017
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No

To expedite the verification process, the above format is the standard format for all healthcare
practitioners. If you have questions regarding the status of this license, please call the Customer
Contact Center at (850) 488-0595, option 5.

Sincerely,



Angela Bellamy
Regulatory Specialist II

/ab

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of Operations
4052 Bald Cypress Way, Bin C10 • Tallahassee, FL 32399-3251
PHONE: (850) 488-0595 • FAX: (850) 245-4791



Accredited Health Department
Public Health Accreditation Board