

**10**

**10A**

**NEVADA STATE BOARD OF PHARMACY**

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

**APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY 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 Outsourcing Facility  
☐ Ownership Change (Provide current license number if making changes:) OUT \_\_\_\_\_  
☒ 503a OR ☒ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Publicly Corporation or Partnership

- ☐ Publicly Traded Corporation – Pages 1-3 & 4      ☐ Partnership – Pages 1-3 & 6  
☒ Non Publicly Traded Corporation – Pages 1-3 & 5      ☐ Sole Owner – Pages 1-3 & 7

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

Facility Name: Complete Pharmacy and Medical Solutions, LLC

Physical Address: 5829 NW 158th Street

City: Miami Lakes State: FL Zip Code: 33014

Telephone: 305-397-2035 Fax: 888-843-2367

Toll Free Number: 305-397-2035 (Required per NAC 639.708)

E-mail: compliance.cpms@gmail.com Website: www.completepharm.com

Supervising Pharmacist: Gregory G. Gaiser Nevada License #: N/A

**SERVICES PROVIDED**

Yes/No

- ☐ ☒ Parenteral  
☒ ☐ Sterile Compounding  
☒ ☐ Non Sterile Compounding  
☐ ☒ Mail Service Sterile Compounding  
☐ ☐ Other Services: \_\_\_\_\_

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only      Date Processed: \_\_\_\_\_      Amount: 500.00

## APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY

Page 2

FEI Number (From FDA application): 260353814

Please provide the name of the facility as registered with the FDA and the registration number:

Complete Pharmacy and Medical Solutions, LLC Registration Number: 004417520

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.

Complete Pharmaceuticals

Please provide the name and Nevada license number of the supervising pharmacist:

Name: Esan Forde Nevada License Number: 20050A Nevada business license is not required, however if the Outsourcing Facility has a Nevada business license please provide the number: N/AThis 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, cite 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.

**APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3**

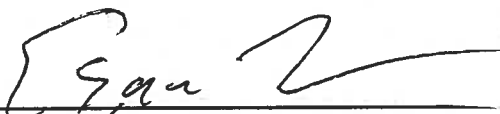
I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized Outsourcing Facility may be grounds for the revocation of this permit.

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. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



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

E. AN Forde

Print Name of Authorized Person

3 / 27 / 19

Date

**APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY****Page 5****OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**State of Incorporation: FloridaParent Company if any: N/AAddress: 5829 NW 158th StreetCity: Miami Lakes State: FL Zip: 33014Telephone: 305-397-2035 Fax: 888-843-2367Contact Person: Gregory G. Gaiser

For any corporation non publicly traded, disclose the following:

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

a) Gregory G. Gaiser (100%) 5829 NW 158th Street Miami Lakes, FL 33014  
Name Addressb) \_\_\_\_\_  
Name Addressc) \_\_\_\_\_  
Name Addressd) \_\_\_\_\_  
Name Address2) Provide the number of shares issued by the corporation. N/A3) What was the price paid per share? N/A4) 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

**Include with the application for a non 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**



Department of Health



## License Verification

COMPLETE PHARMACY AND MEDICAL SOLUTIONS  
COMPLETE PHARMACEUTICS

Printer Friendly Version

License Number: PH28339

Data As Of 11/6/2018

License Information	Secondary Locations	Discipline/Admin Action	Supervising Practitioners
Profession	Pharmacy		
License	PH28339		
License Status	OBLIGATIONS/		
Qualifications	Special Sterile Compounding		
License Expiration Date	2/28/2021		
License Original Issue Date	07/22/2014		
Address of Record	5829 NW 158 STREET MIAMI LAKES, FL 33014		
Discipline on File	Yes - <i>Click on Discipline/Admin Action tab to see more details</i>		
Public Complaint	Yes - <i>Click on Discipline/Admin Action tab to see more details</i>		
<div>Back</div>			

For instructions on how to request a license certification of your Florida license to be sent to another state from the Florida Department of Health, please visit the License Certifications web page.



[Privacy Statement](#) | [Disclaimer](#) | [Email Advisory](#) | [Accessibility](#)

© 2015 FL HealthSource, All Rights Reserved Florida Department of Health | Division of Medical Quality Assurance Search Services

# *State of Florida*

## *Department of State*

I certify from the records of this office that COMPLETE PHARMACY AND MEDICAL SOLUTIONS, LLC is a limited liability company organized under the laws of the State of Florida, filed on June 8, 2007.

The document number of this limited liability company is L07000060786.

I further certify that said limited liability company has paid all fees due this office through December 31, 2019, that its most recent annual report was filed on April 5, 2019, and that its status is active.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Twenty-fourth day of June,  
2019*



*Randy Rye*  
**Secretary of State**

Tracking Number: 8596056939CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



## Law Office of R. Javier Guerra PLLC

*Attorneys and Counselors at Law*

111 W. Olmos Dr.

San Antonio, TX 78212

Phone: 210.829.7183

Facsimile: 210.910.6144

guerrallawfirm@hotmail.com

Re: Pharmacy Board Issues

S. Carolina      Date of Incident:      2014

On or about December 10, 2015, the South Carolina Board of Pharmacy entered an Agreement to Relinquish Permit against the South Carolina non-resident pharmacy permit number 15515 held by Complete Pharmaceuticals LLC (licensed in South Carolina as Complete Pharmacy and Medical Solutions). The Agreement accepted the voluntary relinquishment of Complete Pharmaceuticals LLC's South Carolina pharmacy permit and provided that the pharmacy is ineligible to reapply for a non-resident permit in the future.

Florida              Date of Incident:      July 2014

On or about February 25, 2015, the Florida Board of Pharmacy entered a Final Order Approving Settlement Agreement against the Florida pharmacy license number PH 22993 held by Complete Pharmaceuticals LLC (licensed in Florida as Complete Pharmacy and Medical Solutions). The Order was based on allegations that the pharmacy engaged in sterile compounding without a Florida sterile compounding permit. The Order imposed a \$2,000 fine and directed the pharmacy to correct the deficiencies and violations identified in the Administrative Complaint.

Texas                Date of Incident:      September 2, 2014

From on or about September 2, 2014, through on or about November 9, 2015, Complete Pharmaceuticals LLC (previously licensed as Complete Pharmacy and Medical Solutions), 5829 Northwest 158th Street, Miami Lakes, Florida 33014, unlawfully shipped sterile preparations into Texas when it did not possess a Class E-S license.

Date of Incident:      September 2016 – January 2017

From on or about September 1, 2016, through on or about January 23, 2017, Complete Pharmaceuticals LLC, 5829 Northwest 158th Street, Miami Lakes, Florida 33014, was engaged in the operation of a non-resident pharmacy in violation of Texas Pharmacy Board Rules, in that the pharmacy was not under the supervision of a pharmacist-in-charge licensed as a pharmacist in Texas. License was reprimanded and assessed a penalty of \$6,000 for both alleged violations.

Alabama:          Date of Incident:      2015-2016

Alabama alleged that Complete Pharmacy and Medical Solutions, a non-resident pharmacy shipped sterile products to Alabama without possessing a permit required by the state. The pharmacy's permit as a non-resident pharmacy was placed on probation and administratively fined \$15,000.00.

- Oregon      Date of Incident:      January 1, 2015 – March 29, 2016  
The Oregon State Board of Pharmacy disciplined Complete Pharmacy and Medical Solutions for failing to obtain a permit to dispense prescriptions and compounding patient specific drug products in the State of Oregon from January 1, 2015 through March 29, 2016. An administrative fine of \$50,000 (\$40,000 stayed pending no further licensing violations for 3 years).
- Ohio      Date of Incident:      2014-2015  
The State of Ohio Board of Pharmacy disciplined Complete Pharmacy and Medical Solutions by imposing a \$1,000 fine for a negative answer to the legal question on their renewal application.
- Minnesota      Date of Incident      2016  
The Minnesota Board of Pharmacy reprimanded and imposed a \$3,500 fine on Complete Pharmacy and Medical Solutions for the prior disciplinary actions taken by other states as well as for violations of Minnesota's statutes concerning office stock.
- Alabama      Date of Incident      2018  
The Alabama State Board Denied a permit as a 503B wholesaler/distributor.

Sincerely,



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R. Javier Guerra

**10B**

**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY 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 OUTSOURCING FACILITY

☒ Ownership Change (Provide current license number if making changes:) OUT WH02253

☐ 503a OR ☐ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4

☒ Partnership - Pages 1-3 & 6 **LLC**

☐ Non Publicly Traded Corporation – Pages 1-3 & 5

☐ Sole Owner – Pages 1-3 & 7

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

Facility Name: SterRx, LLC

Physical Address: 141 Idaho Avenue

City: Plattsburgh State: New York Zip Code: 12903

Telephone: 1-518-324-7879 Fax: n/a

Toll Free Number: 1-844-319-7799 (Required per NAC 639.708)

E-mail: terry.wiley@sterrx.com Website: www.sterrx.com

Supervising Pharmacist: Sue E. Martin Nevada License #: pending

**SERVICES PROVIDED**

Yes/No

☐ ☐ Parenteral

☐ ☒ Sterile Compounding

☐ ☐ Non Sterile Compounding

☐ ☐ Mail Service Sterile Compounding

☐ ☐ Other Services: \_\_\_\_\_

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: \_\_\_\_\_

Amount: 500.00

**APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY****Page 2**FEI Number (From FDA application): Federal Tax ID: 61-1718460Please provide the name of the facility as registered with the FDA and the registration number:  
SterRx, LLC      FDA Establishment: 301-084-0309Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.  
N/A

Please provide the name and Nevada license number of the supervising pharmacist:

Name: Sue E. Martin Nevada License Number: pendingA Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: N/AThis 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, cite 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.

**APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3**

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 OUTSOURCING FACILITY 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. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



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

Jerry C. Webb

Print Name of Authorized Person

6/24/2015

Date

## OWNERSHIP IS A PARTNERSHIP

## General

Limited LLC

Partnership Name: SterRx, LLC

**Mailing Address: 141 Idaho Avenue**

City: Plattsburgh State: New York Zip Code: 12903

Telephone Number: 1-518-324-7879 Fax Number: n/a

**Contact Person:** Jerry Webb, Executive Vice President

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

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
-------------	---------------	-------------------

ATTACHED

List names of 4 largest partners and percentage of ownership:

Name: Sagent Pharmaceuticals, Inc. %: 63.6

**Name:** Next Generation Trust Services fbo Terry Wiley **%:** 8.5

Name: Carl Martin %: 5.6

Name: Kent Smeltz %: 5.6

List any physician shareholders and percentage of ownership.

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

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

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

**SterRx, LLC - Capitalization Table**

**Giving effect to purchase of common units of Gary and Tana Hanley by Sagent Pharmaceuticals**

Unitholder	Pre-Closing				% FD
	Common Units	Series A Preferred Units	Total		
Carl Martin	0	882,353	882,353	5.6%	
Kent Smeltz	0	882,353	882,353	5.6%	
Sagent Pharmaceuticals, Inc.	0	3,921,569	3,921,569	25.0%	
Gary Hanley & Tana Hanley	6,058,250	0	6,058,250	38.6%	
Timothy J. Miller	100,000	0	100,000	0.6%	
Justin L. Miller	7,500	0	7,500	0.0%	
Charles M. Kaulfuss ift Sandra Hawkins	25,000	0	25,000	0.1%	
Sandra Hawkins ift Charles M. Kaulfuss	694,375	0	694,375	4.4%	
Next Generation Trust Services fbo Terry Wiley	1,339,763	0	1,339,763	8.5%	
Denis G. LaVigne & Dawn LaVigne	170,700	0	170,700	1.1%	
James McKee III	475,000	0	475,000	3.0%	
Next Generation Trust Services fbo Mary M. McKee	475,000	0	475,000	3.0%	
Jeff LaBombard	500,000	0	500,000	3.2%	
Winslow Moore and Vera Delorme	154,412	0	154,412	1.0%	
<b>TOTAL</b>	<b>10,000,000</b>	<b>5,686,275</b>	<b>15,686,275</b>		

Common Units	Post-Closing			% FD
	Series A Preferred Units	Total		
0	882,353	882,353	5.6%	
0	882,353	882,353	5.6%	
6,058,250	3,921,569	9,979,819	63.6%	
0	0	0	0.0%	
100,000	0	100,000	0.6%	
7,500	0	7,500	0.0%	
25,000	0	25,000	0.1%	
694,375	0	694,375	4.4%	
1,339,763	0	1,339,763	8.5%	
170,700	0	170,700	1.1%	
475,000	0	475,000	3.0%	
475,000	0	475,000	3.0%	
500,000	0	500,000	3.2%	
154,411	0	154,412	1.0%	
<b>10,000,000</b>	<b>5,686,275</b>	<b>15,686,275</b>		

\*Note: percentages do not add to precisely 100.0% due to rounding





THE STATE EDUCATION DEPARTMENT/THE UNIVERSITY OF THE STATE OF NEW YORK/ALBANY, NY 12234

NEW YORK STATE BOARD OF PHARMACY, Kimberly Leonard, Executive Secretary  
 89 Washington Avenue, 2<sup>nd</sup> Floor, Albany, NY 12234-1000  
 Tel. (518) 474-3817, ext. 130; Fax (518) 473-6995  
 E-mail: pharmbd@nysed.gov ; Web: www.op.nysed.gov

August 22, 2017

**Verification of an In State or Nonresident Pharmacy,  
 Manufacturer/Repacker/Wholesaler or Individuals Licensed in New York:**

Online verification of the registration status of an in State or Nonresident pharmacy, and/or manufacturer/repacker/wholesaler, as well as the license and registration status of licensed professionals, can be performed free of charge at <http://www.op.nysed.gov/opsearches.htm>. An additional search can be performed on each verification screen to determine if an establishment or licensee has been disciplined by this Department.

Note: No other form of verification is available for pharmacy establishments. Please do not use "request for Written Confirmation of New York State Licensure" for verification of a registered establishment; that form is used only for certification or verification of licensed individuals.

**Verification of Licensed Professionals (not establishments):**

The Board Office cannot provide letters of good standing or license verification; however, the Certification/Verification Unit can provide documentation that will likely meet your needs.

A form must be submitted with the appropriate fee for either a certification or verification of a license. The difference between certification and verification is explained on the form which is available at <http://www.op.nysed.gov/documents/confirmoflic.pdf>.

I hope this information is helpful.

Thank you.



## Office of the Professions

### Verification Searches

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The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

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#### Pharmacy Establishment Information \*

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06/20/2019

**Type :** OUTSOURCE FACILITY

**Legal Name :** STERRX, LLC

**Trade Name :**

**Street Address :**

141 IDAHO AVENUE

PLATTSBURGH, NY 12903-0000

**Registration No :** 034102

**Date First Registered :** 03/14/16

**Registration Begins :** 03/01/19

**Registered through :** 02/28/22

**Supervisor :** [035182](#) MARTIN SUE

**Establishment Status :** ACTIVE

**Successor :** NONE

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\* Use of this online verification service signifies that you have read and agree to the [terms and conditions of use](#). See [HELP glossary](#) for further explanations of terms used on this page.

- Use your browser's back key to return to establishment list.
- You may [search](#) to see if there has been recent disciplinary action against this registered establishment.



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RS0547591	02-29-2020	\$3047

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2, 3,3N,4,L1	MANUFACTURER	12-31-2018

STERRX LLC  
141 IDAHO AVENUE  
PLATTSBURGH, NY 12903-3987

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RS0547591	02-29-2020	\$3047

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2, 3,3N,4,L1	MANUFACTURER	12-31-2018

STERRX LLC  
141 IDAHO AVENUE  
PLATTSBURGH, NY 12903-3987

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**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

Form DEA-223 (9/2016)

THE UNIVERSITY OF THE STATE OF NEW YORK  
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

NAME OF SUPERVISOR  
SUE MARTIN

2019-22



THIS IS TO CERTIFY

STERRX, LLC  
141 IDAHO AVENUE  
PLATTSBURGH, NY 12903

is duly recorded as a

REGISTERED OUTSOURCING FACILITY

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF MARCH, 2019.  
THIS CERTIFICATE EXPIRES ON THE TWENTY-EIGHTH DAY OF FEBRUARY, 2022.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER

034102



*Kimberly A. Leonard*  
EXECUTIVE SECRETARY  
STATE BOARD OF PHARMACY

State of New York  
Department of State } ss:

I hereby certify, that STERRX, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/15/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 10th day of June two  
thousand and nineteen.*

Whitney Clark  
Deputy Secretary of State