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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: Central Admixture Pharmacy Services, Inc.

Physical Address: 6580 Snowdrift Road #100

City: Allentown State: PA Zip Code: 18106

Telephone: 610-395-5170 Fax: 610-395-5178

Toll Free Number: 855-275-2270 (Required per NAC 639.708)

E-mail: Greg.Smith@CAPSpharmacy Website: www.capspharmacy.com

Supervising Pharmacist: Greg Smith Nevada License #: 198444

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): 3009590582Please provide the name of the facility as registered with the FDA and the registration number:
Central Admixture Pharmacy Services, Inc. #3009590582Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
NA

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

Name: Greg Smith Nevada License Number: 19844A Nevada business license is not required, however if the Outsourcing Facility has a Nevada business license please provide the number: NoneThis 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

Tom Wilverding

Print Name of Authorized Person

3/18/2019

Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY

Page 5

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: B. Braun of America Inc.

Address: 824 12th Avenue

City: Bethlehem State: PA Zip: 18108

Telephone: 919-806-4448 Fax: _____

Contact Person: Tom Wilverding

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
 - a) B. Braun owns 100% of the shares of Central Admixture Pharmacy Services, Inc.

Name	Address
------	---------
 - b) _____

Name	Address
------	---------
 - c) _____

Name	Address
------	---------
 - d) _____

Name	Address
------	---------
- 2) Provide the number of shares issued by the corporation. _____
- 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

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

CENTRAL ADMIXTURE PHARMACY SERVICES, INC.
DISCIPLINARY ACTIONS

11/23/1993 - Florida Department of Business and Professional Regulation

Complaint alleged prescriptions were being improperly dispensed. According to the Florida Administrative Code, the pharmacist must be directly and immediately available to the patient when dispensing prescriptions. CAPS dispenses to a third party hospital when dispensing prescriptions. CAPS received a rule change from the Florida legislature, which provided for a license to fit the description of CAPS' operation and provision of modern, safe and effective pharmacy admixture services to the medical industry in the state of Florida. A Stipulation was entered into on October 4, 1996, as "disposition of the Administrative Complaints." The Stipulation called for an administrative fine of \$2,000 and a representative of CAPS to enroll in and complete a 12 hour continuing education course.

3/1/1995 – Illinois Department of Professional Regulation

Complaint alleged CAPS was providing a majority of its sales to home health care or hospital patients while licensed as a Division I retail pharmacy and CAPS was not compliant with the Illinois Pharmacy Practice Act of 1987 85/18 relating to record keeping. CAPS immediately corrected the record keeping violation and applied for a Division II Pharmacy License and a Wholesale Distributor License. The Department of Professional Regulations and CAPS entered into a Stipulation and Recommendation For Settlement in May of 1996. The Stipulation noted the Division I license would be replaced by a Division II which would be issued by the state of Illinois. There was also a minor reprimand against the pharmacist in charge and a minor fine paid.

8/3/1994 - Michigan Department of Commerce, Bureau of Occupational and Professional Regulation
Order requiring CAPS to cease and desist from acting as a manufacturer in the State of Michigan. Prior to any need for an administrative hearing, CAPS filed an application for a wholesaler license with the state of Michigan and registered with the Federal Food and Drug Administration (FDA). CAPS registration as a wholesaler satisfied the state requirements.

9/16/2005 - Maryland Board of Pharmacy

Order requiring CAPS to temporarily cease operations during an investigation of certain issues related to aseptic sterile compounding. CAPS implemented corrective action plans to address its aseptic sterile compounding procedures. On January 31, 2006, CAPS adequately implemented a sufficient corrective action plan and the Maryland facility reopened.

**CENTRAL ADMIXTURE PHARMACY SERVICES, INC.
CITATIONS**

**Central Admixture Pharmacy Services, Inc.
160 W. Forrest Avenue
Englewood, NJ 07631**

8/16/2016 (Current) -New Jersey Board of Pharmacy

Failed to submit Central Prescription Handling Agreements with New York hospital customers to the Board. Cooperation Agreements (as agreed upon by the NJ DAG, as an alternative to the Central Prescription Handling Agreement) have been submitted to the Board. Currently awaiting confirmation from Board of resolution of citation.

7/15/14 - New Jersey Board of Pharmacy

\$2,000 – Fined for exceeding the technician to pharmacist ratio of 2:1. \$2,000 fine was paid and corrective action letter was submitted to the Board. Matter closed.

\$5,000 – Fined for failure to submit Central Prescription Handling Agreements with New Jersey hospital customers to the Board. \$5,000 fine was paid and Central Prescription Handling Agreements were submitted to the Board. Matter closed.

2/10/06 – New Jersey Board of Pharmacy

\$500.00 - Fined for no sink in anteroom. \$500.00 fine was paid and sink installed. Matter closed.

\$500.00 – Fined for no Eyewash Station. \$500.00 fine paid and installed eye wash station. Matter closed.

\$500.00 - Fined for violation of the Tech/Pharmacist Ratio. \$500.00 fine paid. Matter closed.

**Central Admixture Pharmacy Services, Inc.
9730 Martin Luther King Jr. Highway, Units C & D
Lanham, MD 20706**

12/19/2011 Maryland Board of Pharmacy

\$2,000.00 - Fine for inspection finding of un-registered Technicians. \$2,000.00 fine paid. Matter closed.

**Central Admixture Pharmacy Services, Inc.
10370 Slusher Drive, Unit 6
Santa Fe Springs, CA 90670**

2/27/2015 – California Board of Pharmacy

Pharmacy License citation: \$2,500 – Fined for violation of Tech/Pharmacist Ratio. \$2,500 fine paid. Matter closed.

Sterile Compounding License citation: violation of Tech/Pharmacist Ratio. No fine. Matter closed.

9/22/2008 – California Board of Pharmacy

\$750.00 - Fined for violation of Tech/Pharmacist Ratio. \$750.00 fine paid. Matter closed.

Central Admixture Pharmacy Services, Inc.

1433 Sams, Suite A & C

Harahan, LA 70123

12/07/11 - Louisiana Board of Wholesale Distributors

\$750.00 – Fined for failure to secure front door of pharmacy allowing for unauthorized entry and access from outside. \$750.00 fine paid and front door secured. Matter closed.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTRAL ADMIXTURE PHARMACY SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTRAL ADMIXTURE PHARMACY SERVICES, INC." WAS INCORPORATED ON THE FIFTH DAY OF DECEMBER, A.D. 1990.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



2248466 8300

SR# 20190369771

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202107924

Date: 01-18-19

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

10/26/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

CENTRAL ADMIXTURE PHARMACY SERVICES, INC.

is duly registered to do business under the laws of the Commonwealth of Pennsylvania and remains a registered Foreign Business Corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Certificate of Registration shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

A handwritten signature in cursive script, reading "Robert Lanes".

Acting Secretary of the Commonwealth

Certification Number: TSC181026171586-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

NEVADA STATE BOARD OF PHARMACY

(Licensee mailing address for window envelope)

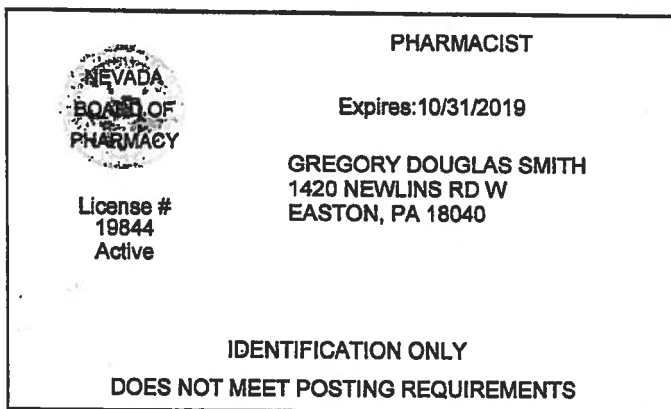
THIS STUB IS YOUR RECEIPT

Date: 03/28/2018
Amount: 330.00
License #: 19844

GREGORY DOUGLAS SMITH
1420 NEWLINS RD W
EASTON, PA 18040

(ID Card)

Trim ID Card to fit your wallet



**STATE OF NEVADA
STATE BOARD OF PHARMACY
PHARMACIST**

License Type: PHARMACIST

License #: 19844

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

Expires: 10/31/2019
STATUS: Active

1st License Date: March 28, 2018

GREGORY DOUGLAS SMITH
1420 NEWLINS RD W
EASTON, PA 18040

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Central Admixture Pharmacy Services, Inc. (CAPS) - OFFICERS

Name and Title

Thomas J. Wilverding
President

Business Address and Phone:

2530 Meridian Parkway, Suite 200
Durham, NC 27713
919-806-4448
tom.wilverding@capspharmacy.com

Name and Title

Michael A. Koch
SR. Vice President, Professional Services

Business Address and Phone:

16800 Aston Street, Suite 150
Irvine, CA 92606
949-660-2701
mike.koch@capspharmacy.com

Name and Title

Bruce Heugel
Treasurer (Chief Financial Officer)

Business Address and Phone:

824 Twelfth Avenue
Bethlehem, PA 18018
610-997-4050
bruce.heugel@bbraunusa.com

Name and Title

Cathy L. Codrea
Secretary

Business Address and Phone:

824 Twelfth Avenue
Bethlehem, PA 18018
610-997-4581
cathy.codrea@bbraunusa.com

Central Admixture Pharmacy Services, Inc.

16800 Aston Street, Suite 150
Irvine, CA 92606

State of Incorporation: Delaware

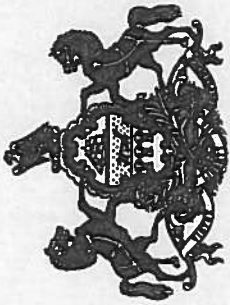
C Corporation
33-0439686

B. Braun of America Inc.

824 12th Avenue
Bethlehem, PA 18108

State of Incorporation: Pennsylvania

Owns CAPS stock 100%
23-2115335



Certificate of Licensure

Certificate No. 8000002947

(A certificate starting with a number 4, 5 or 6 does not permit the possession or sale of controlled substances or prescription drugs.)

Category:

Wholesaler/distributor

Drug & Device Registration

132 Kline Plaza
Suite A
Harrisburg, PA 17104
(717) 787-4779

CENTRAL ADMIXTURE PHARMACY SERVICES, INC.
6580 SNOWDRIFT ROAD, SUITE 100
ALLENTOWN, PA 18106

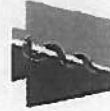
The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992.

Issuance Date: May 07, 2018

Expiration Date: The Last Day of May, 2019

Nancy J. Lescavage

Nancy J. Lescavage
Deputy Secretary for Quality Assurance

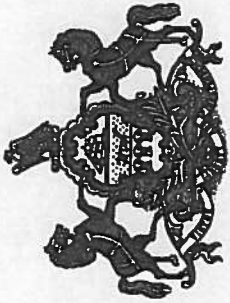


pennsylvania
DEPARTMENT OF HEALTH

Rachel L. Levine

Rachel L. Levine, MD
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.



Certificate of Registration

Certificate No. 1000003945

(A certificate starting with a number 4, 5 or 6 does not permit the possession or sale of controlled substances or prescription drugs.)

Category:

Drug & Device Registration

132 Kline Plaza
Suite A
Harrisburg, PA 17104
(717) 787-4779

Manufacturer (Prescription)

CENTRAL ADMIXTURE PHARMACY SERVICES, INC.
6580 SNOWDRIFT ROAD, SUITE 100
ALLENTOWN, PA 18106

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: May 07, 2018

Expiration Date: The Last Day of May, 2019

Nancy J. Lescavage

Nancy J. Lescavage
Deputy Secretary for Quality Assurance



Rachel L. Levine

Rachel L. Levine, MD
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.