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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.00002
☐ 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: Atlas Pharmaceuticals, LLC

Physical Address: 711 East Carefree Hwy., Ste. 107

City: Phoenix State: AZ Zip Code: 85085

Telephone: 844-661-1829 Fax: 623-582-7970

Toll Free Number: 844-661-1829 (Required per NAC 639.708)

E-mail: licensing@atlasdrugs.net Website: www.atlasdrugs.com

Supervising Pharmacist: Jerry Depa Nevada License #: 12508 ✓

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): 64-1861454

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

Atlas Pharmaceuticals, LLC; 3013030904

Please 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: Jerry DepaNevada License Number: 12508A 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

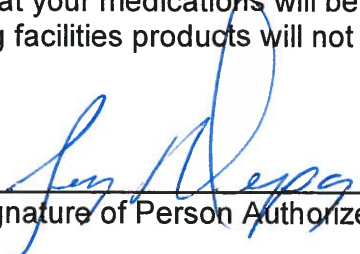
I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized Outsourcing Facility may be grounds for the revocation of this permit.

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 Depa
Print Name of Authorized Person

1-4-19
Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY**Page 4****OWNERSHIP IS A PUBLICLY TRADED COMPANY**State of Incorporation: N/A

Parent Company if any: _____

Corporation Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

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: _____

Registration number issued: _____

Stock Exchange: _____

Include 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.

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY**Page 5****OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**State of Incorporation: DelawareParent Company if any: EVP Pharmaceuticals, Inc.Address: 711 East Carefree Hwy., Suite 140City: Phoenix State: AZ Zip: 85085Telephone: 617-314-4404 Fax: N/AContact Person: Georgia Wraight

For any corporation non publicly traded, disclose the following:

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

a) Please see attached

Name	Address
------	---------

b) N/A

Name	Address
------	---------

c) N/A

Name	Address
------	---------

d) N/A

Name	Address
------	---------

2) Provide the number of shares issued by the corporation. Please see attached3) What was the price paid per share? Please see attached4) What date did the corporation actually receive the cash assets? Please see attached5) Provide a copy of the corporation's stock register evidencing the above information
Please see attached**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

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY

Page 6

OWNERSHIP IS A PARTNERSHIP

General _____ Limited _____

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____

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>
_____	_____	_____
_____	_____	_____

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY

Page 7

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

Owner's Name: N/A

Business Name: _____

Current Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____



ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
<http://www.azpharmacy.gov>

462

Receipt Date: 09/18/2018
Receipt Number: 201838867
Receipt Amount \$: 1000.00

Resident Manufacturer/503B Outsourcer

503B, Compounding - Non-Sterile, Compounding - Sterile

Issued to :

Atlas Pharmaceuticals, LLC
711 EAST CAREFREE HWY SUITE 207
PHOENIX, AZ 85085

PERMIT NO
M001042

EXPIRES
10/31/2020

Atlas Pharmaceuticals
711 EAST CAREFREE HWY SUITE 107
PHOENIX, AZ 85085

Kam Gandhi
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749



WALLET CARD

NAME : Atlas Pharmaceuticals, LLC
LICENSE NUMBER : M001042
EXPIRES : 10/31/2020

<http://www.azpharmacy.gov>

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C. R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.



1:5
341/656
ATLAS PHARMACEUTICALS
711 EAST CAREFREE HWY., STE. 207
PHOENIX, AZ 85085-8508



10027283.2/002314

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RA0529959	06-30-2019	\$3047

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,4,5	MANUFACTURER	05-08-2018

ATLAS PHARMACEUTICALS
711 EAST CAREFREE HWY., STE. 107
PHOENIX, AZ 85085-8508

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
RA0529959	06-30-2019	\$3047

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ATLAS PHARMACEUTICALS
711 EAST CAREFREE HWY., STE. 107
PHOENIX, AZ 85085-8508

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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)

**Arizona State Board of Pharmacy**

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007

Mailing Address: P.O. Box 18520, Phoenix, AZ 85005

P) 602-771-2727 F) 602-771-2749 www.azpharmacy.gov

VERIFICATION OF ARIZONA LICENSURE

This is to certify the status of the permit of:

Name: Atlas Pharmaceuticals LLC
711 East Carefree Hwy, Suite107
Phoenix, Arizona 85085

Permit No.: M001042

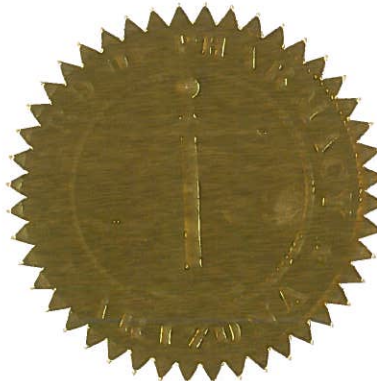
Permit Type: Manufacturer-503B Outsourcer

Original Issue Date: August 9, 2017

Expiration Date: October 31, 2020

Status: Open

Disciplinary Action: None



A handwritten signature in blue ink that reads "Sonia Carrillo".

Sonia Carrillo

Program Project Specialist

Arizona State Board of Pharmacy

November 23, 2018

Ownership Ledger

EVP Pharmaceuticals, Inc. f/k/a Eaton Veterinary Pharmaceutical, Inc.

Report Date: 6/18/2018

Cert. No.	Name	Type	Date of Issuance	Basis of Issuance	Date of Disposition	Basis of Disposition	Outstanding	Number
1	Robert L. Eaton	Common Stock	5/8/2012	Original Issue	5/10/2012	Transfer to certificate(s) 3, Balance cancelled	No	12,090,000
2	Sabrina A. Eaton	Common Stock	5/8/2012	Original Issue	5/10/2012	Transfer to certificate(s) 4, Balance cancelled	No	12,090,000
3	Robert L. Eaton	Common Stock	5/10/2012	Transfer from certificate(s) 1	7/14/2017	Transfer to certificate(s) 5	No	6,890,000
4	Sabrina A. Eaton	Common Stock	5/10/2012	Transfer from certificate(s) 2	7/14/2017	Transfer to certificate(s) 5	No	6,890,000
5	Direct Vet Marketing, Inc.	Common Stock	7/14/2017	Transfer from certificate(s) 3, 4			Yes	13,780,000
Total Outstanding:								13,780,000

Ownership Ledger

EVP Pharmaceuticals, Inc. f/k/a Eaton Veterinary Pharmaceutical, Inc.

Report Date: 6/18/2018

Cert. No.	Name	Type	Date of Issuance	Basis of Issuance	Date of Disposition	Basis of Disposition	Outstanding	Number
PA-1	Ampersand 2011 Limited Partnership	Series A Convertible Preferred Stock	5/10/2012	Original Issue	7/14/2017	Transfer to certificate(s) A-3	No	6,890,000
PA-2	Huntington Capital Fund II, L.P.	Series A Convertible Preferred Stock	5/10/2012	Original Issue	7/14/2017	Transfer to certificate(s) A-3	No	2,296,667
PA-3	Direct Vet Marketing, Inc.	Series A Convertible Preferred Stock	7/14/2017	Transfer from certificate(s) A-1, A-2			Yes	9,186,667
Total Outstanding:								9,186,667



711 East Carefree Hwy., Ste. 207
Phoenix, AZ 85085
844-661-1829

January 4, 2019

Nevada State Board of Pharmacy
431 W Plumb Ln
Reno, NV 89509

Re: Change of Ownership - Atlas Pharmaceuticals, LLC

Dear Board:

Attached please find the application for a Change in Ownership for Atlas Pharmaceuticals, LLC ("Atlas").

As you can see from the attached corporate organizational chart and organizational document, Atlas is a wholly owned subsidiary of EVP Pharmaceuticals, Inc. EVP Pharmaceuticals, Inc. is a wholly owned subsidiary of Direct Vet Marketing, Inc. Direct Vet Marketing, Inc. will become a wholly owned subsidiary of a newly formed publicly traded company, Covetrus, Inc. which will be listed on the NASDAQ stock exchange as the result of a corporate merger involving a division of Henry Schein.

The change in ownership is happening above the parent level of Atlas. Neither Atlas, nor its immediate parent, EVP Pharmaceuticals, Inc., or its grandparent, Direct Vet Marketing, Inc. are changing. The only change is that the ultimate corporate parent at the great-grandparent level will now be a publicly traded company.

We are providing this application in accordance with your rules in advance of Covetrus, Inc. completing its public registration. We will continue to update the board as information on Covetrus, Inc. becomes publicly available.

If the Board does not consider this to be a change of ownership, or does not require this application, please notify us immediately, and disregard the application and check.

If you have any questions regarding the application or the corporate organizational changes, please contact Summer Roper licensing@atlaspharmaceuticals.net.

Thank you for your prompt attention to this matter.

Respectfully,

Georgia Wraight,
President, Treasurer and Secretary



Atlas Pharmaceuticals, LLC
 711 East Carefree Hwy., Ste. 107
 Phoenix, AZ 85085
 844-661-1829
 EIN: 64-1861454

Atlas Pharmaceuticals, LLC is 100% wholly owned by EVP Pharmaceuticals, Inc.

Atlas Pharmaceuticals, LLC Officer:
 Georgia Wraight, President, Secretary, Treasurer
 711 East Carefree Hwy., Ste. 207
 Phoenix, AZ 85085
 844-661-1829

Parent Company Ownership Information:

EVP Pharmaceuticals, Inc.
 711 East Carefree Hwy., Ste. 140
 Phoenix, AZ 85085
 877-518-4589
 EIN: 26-4027812

EVP Pharmaceuticals, Inc. is 100% wholly owned by Direct Vet Marketing, Inc.

EVP Pharmaceuticals, Inc. Officer:
 Georgia Wraight, President, Secretary, Treasurer
 711 East Carefree Hwy., Ste. 140
 Phoenix, AZ 85085
 877-518-4589

Grandparent Company Ownership Information:

Direct Vet Marketing, Inc.
 7 Custom House, Ste. 5
 Portland, ME 04101
 888-280-2221
 EIN: 27-2669147

Direct Vet Marketing, Inc. is 100% wholly owned by Covetrus, Inc.

Direct Vet Marketing, Inc. Officer:
 Benjamin Shaw, CEO
 7 Custom House, Ste. 5
 Portland, ME 04101
 Business Number: 888-280-2221

Great Grandparent Ownership Information:

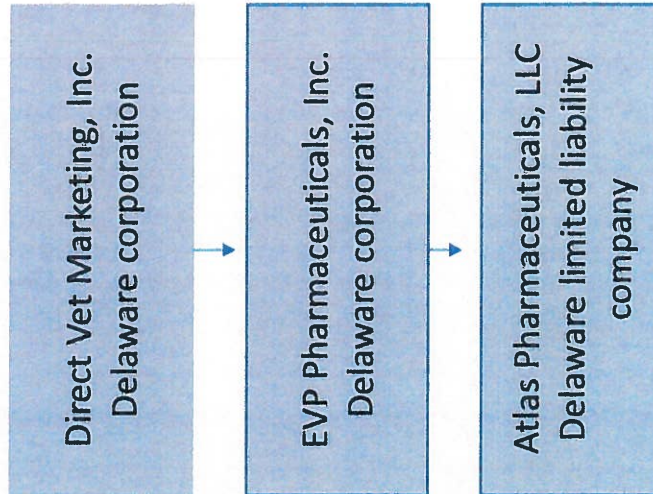
Covetrus, Inc.
 7 Custom House, Ste. 5
 Portland, ME 04101
 888-280-2221
 EIN: 83-2881992

Covetrus, Inc. publicly traded on the NASDAQ as of February 2019

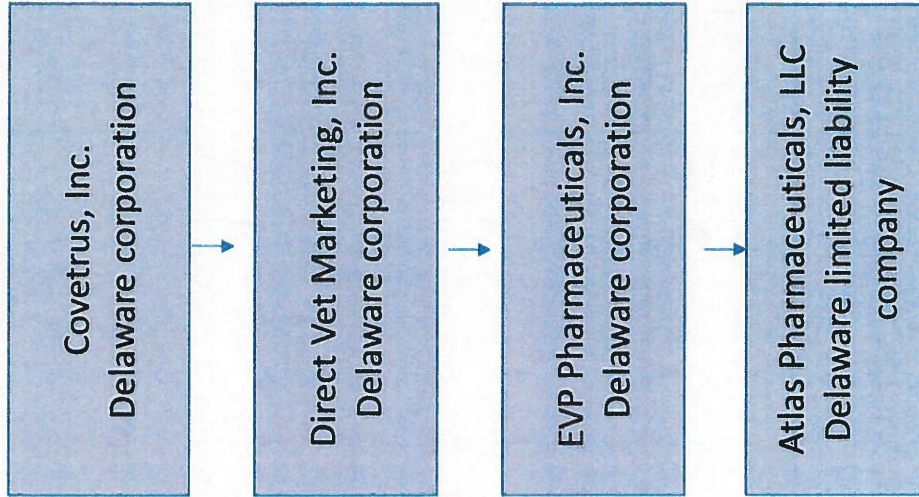
Covetrus, Inc., Officer:
 Benjamin Shaw, CEO
 7 Custom House, Ste. 5
 Portland, ME 04101
 Business Number: 888-280-2221

ATLAS PHARMACEUTICALS, LLC

CORPORATE STRUCTURE BEFORE FEBRUARY 2019



CORPORATE STRUCTURE AFTER FEBRUARY 2019



Corporate Officer Information:

Georgia Wright, President, Treasurer, Secretary

DOB:

Social Security Number:

Residential Address:

Onondaga Lane
Medfield, MA 02052

Contact Number:

0% Interest

January 4, 2019

Direct Vet Marketing, Inc.
List of Officers & Directors

David Shaw, Chairman

Benjamin Shaw, CEO, President, Treasurer, Secretary

Edward McNamara, Director

Ravi Sachdev, Director

Betsy Atkins, Director

Convetrus,
List of Officers & Directors

Benjamin Shaw, CEO

Philip A. Laskawy, Director

Deborah Ellinger, Director

Sandra Helton, Director

Steven Paladino, Director

Holds a New York State CPA License; License Number: 051206

Mark Manoff, Director

Holds a New York State CPA License; License Number: 047607-1

Benjamin Wolin, Director

10B

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: BSO, LLC DBA Belmar Select Outsourcing

Physical Address: 12860 W. Cedar Dr. Suite 211

City: Lakewood State: CO Zip Code: 80228

Telephone: 877-267-3410 Fax: 877-267-3409

Toll Free Number: 877-267-3410 (Required per NAC 639.708)

E-mail: dave@belmarselectoutsourcing.com Website: www.belmarselectoutsourcing.com

Supervising Pharmacist: Samuel Eskenazi Nevada License #: In Process 20093

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): FEI: ~~3011976853~~ 61-1770640Please provide the name of the facility as registered with the FDA and the registration number:
BSO, LLC 3011976853Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
Belmar Select Outsourcing

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

Name: Samuel Eskenazi Nevada License Number: License Issuance in ProcessA Nevada business license is not required, however if the Outsourcing Facility has a Nevada business license please provide the number: NAThis 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 ☐
See attached .F
- 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.

See Attached A

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

David W. Hill

Print Name of Authorized Person

1-15-2019

Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY**Page 4****OWNERSHIP IS A PUBLICLY TRADED COMPANY**State of Incorporation: Not Applicable

Parent Company if any: _____

Corporation Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

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: _____

Registration number issued: _____

Stock Exchange: _____

Include 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.

David W. Hill, CEO & Managing Member
Theresa Weisenbach, VP, Secretary and Treasurer, Member

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY**Page 6****OWNERSHIP IS A PARTNERSHIP**

General _____

Limited _____

Partnership Name: Not Applicable

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____

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>
_____	_____	_____
_____	_____	_____

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____



Lookup Detail View

Licensee Information

This serves as primary source verification of the license.*

**Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by 24-34-102 C.R.S.*

Name	Public Address
BSO, LLC DBA Belmar Select Outsourcing	Lakewood, CO 80228-1971

Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
MFR.0001037	Original	Manufacturer	Active	12/21/2015	11/01/2018	10/31/2020

Board/Program Actions

Discipline
There is no Discipline or Board Actions on file for this credential.

Generated on: 1/4/2019 9:14:31 AM



1:5
400/656
BSO LLC
12860 W CEDAR DR STE 211
DBA: BELMAR SELECT OUTSOURCING
LAKEWOOD, CO 80228-1971



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RB0492772	07-31-2019	\$3047
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3N	MANUFACTURER	07-11-2018
BSO LLC 12860 W CEDAR DR STE 211 DBA: BELMAR SELECT OUTSOURCING LAKEWOOD, CO 80228-1971		

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.

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OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

BSO LLC

is a

Limited Liability Company

formed or registered on 06/16/2015 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20151391668 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/31/2018 that have been posted, and by documents delivered to this office electronically through 11/01/2018 @ 10:37:51 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 11/01/2018 @ 10:37:51 in accordance with applicable law. This certificate is assigned Confirmation Number 11203895 .



Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



(F)

12860 W. Cedar Drive, Suite 211
Lakewood, CO 80228

Tel: (877) 267-3410 | (303) 963-5488
Fax: (877) 267-3409 | (720) 465-9399

info@belmarselectoutsourcing.com

12/27/2018

Board Name
Street Address
City, State & Zip

Re: VA Consent Order

Board Secretary,

Attached you will find a copy of the Consent Order which Belmar Select Outsourcing entered into with the Virginia State Board of Pharmacy on December 20, 2018. This notice is being provided to your Board in accordance with our obligations and duties as a permit holder in your state.

The order stems from the lapse of the Virginia Pharmacist license of a previous employee and Pharmacist-In-Charge during a period of 2017. At that time, BSO was unaware of the lapse, and immediately provided remedy upon discovery. Since that time, additional systems have been in place to prevent a recurrence.

If your State Board requires any additional information, please do not hesitate to contact me.

Respectfully,

Samuel Eskenazi RPh
Quality Compliance Pharmacist
BSO LLC d/b/a Belmar Select Outsourcing



COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions

Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367- 4400
FAX (804) 527- 4475

Board of Pharmacy

804/367-4456

804-527-4472 (fax)

December 20, 2018

Samuel Eskenazi Pharmacist-in-Charge
Bso Llc Dba Belmar Select Outsourcing
12860 W. Cedar Run Dr. Suite 211
Lakewood, CO 80228

CERTIFIED MAIL

Return Receipt Required

Certified Article Number

9414 7266 9904 2091 9203 23

SENDERS RECORD

RE: Case Number 185226

Dear Mr. Eskenazi:

Enclosed is a certified true copy of the Consent Order entered by the Virginia Board of Pharmacy ("Board"), which resolves this matter.

Should you have any questions or concerns regarding this matter, please contact our office at (804)367-4456.

Sincerely,

Caroline D. Juran, RPh, DPh
Executive Director

cc: Anne Joseph, Deputy Director, Administrative Proceedings Division
Claire Foley, Adjudication Specialist
Pamela Twombly, Enforcement Division (Case Number 185226)
Susan Brooks, Operations Manager, Administrative Proceedings Division
Rachel G. Pontikes, Attorney
David E. Brown, D.C., Director, Department of Health Professions
Barbara Allison-Bryan, M.D., Chief Deputy Director, Department of Health Professions

DEC 19 2018

DHF

BEFORE THE VIRGINIA BOARD OF PHARMACY

IN RE: BSO LLC d/b/a BELMAR SELECT OUTSOURCING
Permit Number: 0236-000011
Case Number: 185226

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Pharmacy ("Board") and Samuel Eskenazi, Pharmacist-in-Charge, as evidenced by their signatures hereto, in lieu of proceeding to an informal conference, enter into the following Consent Order affecting BSO LLC d/b/a Belmar Select Outsourcing's permit to conduct a non-resident outsourcing facility in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. On September 13, 2016, the Board issued Permit Number 0236-000011 to BSO LLC d/b/a Belmar Select Outsourcing to conduct a non-resident outsourcing facility in the Commonwealth of Virginia. Said permit is scheduled to expire on 9/30/2019. At all times relevant hereto, said permit was in full force and effect.

2. BSO LLC d/b/a Belmar Select Outsourcing violated Virginia Code §§ 54.1-3316(7) and 54.1-3434.5(B) in that between January 1, 2017 and July 28, 2017, BSO LLC shipped medications into Virginia while Lamar Jones, Pharmacist-in-Charge during the above referenced time period, did not have an active Virginia pharmacist license.

CONSENT

BSO LLC d/b/a Belmar Select Outsourcing, by affixing the signature of a representative hereon to this Order, agrees to the following:

**BSO LLC d/b/a Belmar Select Outsourcing
CONSENT ORDER
Page 2 of 3**

1. BSO LLC d/b/a Belmar Select Outsourcing has been advised to seek advice of counsel prior to signing this document and is represented by Rachael G. Pontikes, Esq.;
2. BSO LLC d/b/a Belmar Select Outsourcing is fully aware that without its consent, no legal action can be taken against it or its permit except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;
3. BSO LLC d/b/a Belmar Select Outsourcing acknowledges that it has the following rights, among others: the right to an informal fact-finding conference before the Board; and the right to representation by counsel;
4. BSO LLC d/b/a Belmar Select Outsourcing waives its right to an informal conference;
5. BSO LLC d/b/a Belmar Select Outsourcing admits to the Findings of Fact and Conclusions of Law contained herein and waives its right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;
6. BSO LLC d/b/a Belmar Select Outsourcing consents to the entry of the following Order affecting its right to conduct a non-resident outsourcing facility in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Pharmacy hereby ORDERS as follows:

1. BSO LLC d/b/a Belmar Select Outsourcing, is assessed a MONETARY PENALTY of \$2,000.00. This penalty shall be paid to the Board by certified check or money order made payable to the Treasurer of Virginia within 30 days from the date of entry of this Order. Failure to pay the full monetary penalty by the due date may cause the matter to be sent for collection and constitutes grounds for an administrative proceeding and further discipline.

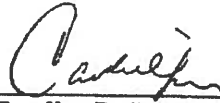
BSO LLC d/b/a Belmar Select Outsourcing
 CONSENT ORDER
 Page 3 of 3

2. BSO LLC d/b/a Belmar Select Outsourcing shall comply with all laws and regulations governing the practice of pharmacy in the Commonwealth of Virginia.

3. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the practice of pharmacy shall constitute grounds for further disciplinary action.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.


FOR THE BOARD



Caroline D. Juran, RPh, DPh
 Executive Director
 Virginia Board of Pharmacy

ENTERED: 12/20/18

SEEN AND AGREED TO:



Samuel Eskenazi, Pharmacist-in-Charge
 BSO LLC d/b/a Belmar Select Outsourcing

State of Colorado
~~COMMONWEALTH OF VIRGINIA~~
 COUNTY/CITY OF Jefferson County / Lakewood, CO, TO WIT:

State of Colorado
 Subscribed and sworn to before me, a notary public in and for the Commonwealth of Virginia at large, on this

17 day of December, 2018.

DILLON JOHN BAKAS
 NOTARY PUBLIC
 STATE OF COLORADO
 NOTARY ID 20174041777
 MY COMMISSION EXPIRES 10/06/2021

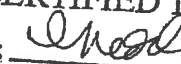
My commission expires:

Registration No.:



Notary Public

10-06-2021

CERTIFIED TRUE COPY
 BY: 
 VIRGINIA BOARD OF PHARMACY

10C

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: 7935 Dunbrook Road # C

City: San Diego State: CA Zip Code: 92126

Telephone: 858-578-1380 Fax: 858-578-7568

Toll Free Number: 888-578-1381 (Required per NAC 639.708)

E-mail: Lauren.Sylvia@CAPSpharmacy.com Website: www.capspharmacy.com

Supervising Pharmacist: Sidney Nguyen Nevada License #: 17947 ✓

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): 2032871Please provide the name of the facility as registered with the FDA and the registration number:
Central Admixture Pharmacy Services, Inc.Please 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: Sidney Nguyen Nevada License Number: 17947A 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

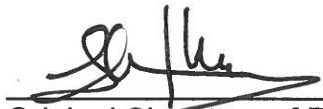
I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized Outsourcing Facility may be grounds for the revocation of this permit.

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

Thomas J. Wilverding, President

Print Name of Authorized Person

11/19/2018

Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY**Page 4****OWNERSHIP IS A PUBLICLY TRADED COMPANY**

N/A

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

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: _____

Registration number issued: _____

Stock Exchange: _____

Include 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.

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 Twelfth Avenue

City: Bethlehem State: PA Zip: 18018

Telephone: 919-806-4448 Fax: 205-945-1908

Contact Person: Thomas J. 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 of America Inc. 100% 824 Twelfth Ave., Bethlehem, PA 18018

Name
Address
 - b) _____

Name
Address
 - c) _____

Name
Address
 - d) _____

Name
Address
- 2) Provide the number of shares issued by the corporation. 9,993,750 Shares of Common Stock
- 3) What was the price paid per share? \$.0010 par value per share
- 4) What date did the corporation actually receive the cash assets? December 5, 1990
- 5) Provide a copy of the corporation's stock register evidencing the above information

Company does not keep a stock register.

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

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY

Page 6

N/A

OWNERSHIP IS A PARTNERSHIP

General _____

Limited _____

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____

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>
_____	_____	_____
_____	_____	_____

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY

Page 7

N/A

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

Owner's Name: _____

Business Name: _____

Current Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Central Admixture Pharmacy Services, Inc.
("CAPS")

OFFICERS:

Name: Thomas J. Wilverding

Title: President

Business Address: 2530 Meridian Parkway, Suite 200, Durham, NC 27713

Business Telephone: 919-806-4448

Name: Bruce A. Heugel

Title: Treasurer (Chief Financial Officer)

Business Address: 824 Twelfth Avenue, Bethlehem, PA 18018

Business Telephone: 610-997-4050

Name: Michael A. Koch

Title: Sr. Vice President, Professional Services

Business Address: 16800 Aston Street, Suite 150, Irvine, CA 92606

Business Telephone: 949-660-2701

Name: Cathy L. Codrea

Title: Secretary

Business Address: 824 Twelfth Avenue, Bethlehem, PA 18018

Business Telephone: 610-997-4581

Parent Company

B. Braun of America Inc

824 Twelfth Avenue, Bethlehem, PA 18018

State of Incorporation: PA

State of Incorporation for CAPS: DE

CAPS Federal ID # 33-0439686

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 NINTH DAY OF NOVEMBER, A.D. 2018.

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# 20187568089

You may verify this certificate online at corp.delaware.gov/authver.shtml

A 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.

Authentication: 203871304

Date: 11-09-18



Outsourcing Facility License

BOARD OF PHARMACY
1625 NORTH MARKET BLVD., SUITE N-219
SACRAMENTO, CA 95834
(916) 574-7900

LICENSE NO. OSF 103
RECEIPT NO. 00150777

VALID UNTIL AUGUST 01, 2019

CENTRAL ADMIXTURE PHARMACY SERVICES INC
7935 DUNBROOK RD STE B-G
SAN DIEGO CA 92126

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, or shareholder (more than 10 percent share change). This permit is valid only at the address shown.

20/18

20/18 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHOSF (02/28/1



Nevada State Board of Pharmacy

VERIFY LICENSE

Facility Name	License Number#	City	State	Country	Action
CENTRAL ADMIXTURE PHARMACY SERVICES, INC.	WH01364	San Diego	CA	United States	

License Number : WH01364
Name : CENTRAL ADMIXTURE PHARMACY
SERVICES, INC.
License Type : Wholesaler
License Status : Active
License Date : 04/24/2006
Expiration Date : 10/31/2020



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RC0318712	08-31-2019	\$3047
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3N 4,L1	MANUFACTURER	07-19-2018
CENTRAL ADMIXTURE PHARMACY CENTRAL ADMIXTURE PHARMACY SERVICES INC 7935 DUNBROOK RD., STE B-G SAN DIEGO, CA 92126		

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.

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

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RC0318712	08-31-2019	\$3047
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2,2N,3N 4,L1	MANUFACTURER	07-19-2018
CENTRAL ADMIXTURE PHARMACY CENTRAL ADMIXTURE PHARMACY SERVICES INC 7935 DUNBROOK RD., STE B-G SAN DIEGO, CA 92126		

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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.



SIDNEY NGUYEN
18122 CHIEFTAIN CT
SAN DIEGO, CA 92127

Date : 10/25/2017
Amount : \$180.00
License # : 17947

Trim ID Card to fit your wallet



License #
17947
Active

PHARMACIST

Expires: 10/31/2019

SIDNEY NGUYEN
18122 CHIEFTAIN CT
SAN DIEGO, CA 92127

IDENTIFICATION ONLY

DOES NOT MEET POSTING REQUIREMENTS

STATE OF NEVADA
STATE BOARD OF PHARMACY
Pharmacist

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

Expires: 10/31/2019
Status: Active

License Type : Pharmacist
License# : 17947
1st License Date: 2010-10-25

SIDNEY NGUYEN
18122 CHIEFTAIN CT
SAN DIEGO, CA 92127

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

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 confirmations from Board of resolution citation.

7/15/14 – New Jersey Board of Pharmacy

\$2,000 – Fined for exceeding the technician 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.

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.

Send to State Board of Pharmacy for Completion: A separate letter is acceptable.
Do not return with application unless it has been completed by the licensing agency.

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

LICENSE VERIFICATION

Name: Central Admixture Pharmacy Services, Inc.

Address: 7935 Dunbrook Road # C

City: San Diego State: CA Zip: 92126

I hereby authorize the CA Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant _____

**THIS FORM MUST BE FORWARDED TO THE HOME STATE
LICENSING AGENCY FOR COMPLETION. DO NOT WRITE BELOW THIS LINE**

License Number	License Status	Date License Issued	Date License Expires

Has this license been encumbered in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Encumbrance: (if any) <input type="checkbox"/> Revoked <input type="checkbox"/> Surrendered <input type="checkbox"/> Limited <input type="checkbox"/> Suspended <input type="checkbox"/> Restricted <input type="checkbox"/> Probation Please attach copies of any pertinent legal documents
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USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Has applicant met all licensing requirements of your state? (If no, please explain) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Signature of State Official	Title	State	Date	State Seal

(over)



BOARD OF PHARMACY

ISSUANCE DATE
AUGUST 9, 2017
EXPIRATION DATE
AUGUST 1, 2019
CURRENT DATE / TIME
NOVEMBER 21, 2018
2 03 25 PM

LICENSING DETAILS FOR: OSF 103

NAME: CENTRAL ADMIXTURE PHARMACY SERVICES INC

LICENSE TYPE: OUTSOURCING FACILITY

LICENSE STATUS: CLEAR 

ADDRESS

7935 DUNBROOK RD STE B-G
SAN DIEGO CA 92126
SAN DIEGO COUNTY

CLEAR - A "CLEAR" LICENSE ENTITLES THE INDIVIDUAL OR FIRM TO PERFORM ALL DUTIES AUTHORIZED TO THE SPECIFIC TYPE OF LICENSE, UNLESS (1) A PHARMACIST HAS RENEWED HIS OR HER LICENSE ON INACTIVE STATUS, OR (2) UNLESS THE LICENSE HAS BEEN RESTRICTED BY A DISCIPLINARY ORDER OF THE BOARD. WHEN THE WORD "PROBATION" APPEARS UNDER "CLEAR" BOARD DISCIPLINARY RESTRICTIONS ARE LISTED AT THE BOTTOM OF THE SCREEN

CENTRAL ADMIXTURE PHARMACY SERVICES INC

LICENSE NUMBER: OSF 103 **LICENSE TYPE:** OUTSOURCING FACILITY

LICENSE STATUS: CLEAR **EXPIRATION DATE:** AUGUST 1, 2019

SECONDARY STATUS: N/A

CITY: SAN DIEGO **STATE:** CALIFORNIA **COUNTY:** SAN DIEGO **ZIP:** 92126