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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

\$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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: MP or MW _____)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: All time Health care

Physical Address: 4660 S. Eastern Ave Ste # 100 W NV 89119
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4660 S. Eastern Ave Ste # 100

City: W State: NV Zip Code: 89119

Telephone: 702-480-5617 Fax: _____

E-mail: alltimehealthcare@gmail.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 5PM Tue: 9am to 5PM Wed: 9am to 5PM Thu: 9am to 5PM
Fri: 9am to 5PM Sat: 9am to 5PM Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Angelica Gutierrez

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|--|
| <input type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u>Incontinence & disposable supplies</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: _____ Telephone: _____

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

<u>Medicare</u>	<u>in process</u>	_____
<u>Medicaid</u>	<u>in process</u>	_____
_____	_____	_____

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes No

2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes No

3) Are any of the owners health professionals? If yes, please check the box and list name.

<input type="checkbox"/> Practitioner	Name: _____
<input type="checkbox"/> Advanced Practitioner of Nursing	Name: _____
<input type="checkbox"/> Physician's Assistant	Name: _____
<input type="checkbox"/> Physical Therapist	Name: _____
<input type="checkbox"/> Occupational Therapist	Name: _____
<input type="checkbox"/> Registered Nurse	Name: _____
<input type="checkbox"/> Respiratory Therapist	Name: _____

(Note: A large handwritten 'X' is drawn across the entire list of checkboxes and names.)

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner, 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 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 questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

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

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

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

Print Name of Authorized Person

Dailin Carmenate Avias

Date

3/27/19

Board Use Only	Received: _____	Amount: <u>500.00</u>
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APPLICATION FOR NEVADA MDEG LICENSE**OWNERSHIP IS A SOLE OWNER.** All information relates to the person listed as the owner.Owner's Name: Dailin Carmenate RivasBusiness Name: all-time HealthcareCurrent Business Address: 4660 S Eastern Ave ste # 100City: W State: NV Zip: 89119Telephone: 702-480-5617 Fax: _____**SOLE OWNER****Include with the application for a sole owner**

Complete personal history record Must be original signature(s), no copies or stamps. Download the form from the website. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

ALL TIME HEALTH CARE LLC
 Nevada Business Identification # NV20191240010

Expiration Date: March 31, 2020

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 27, 2019

Barbara K. Cegavske

Barbara K. Cegavske
 Secretary of State

You may verify this license at www.nvsos.gov under the Nevada Business Search.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which by law cannot be waived.

SECRETARY OF STATE



LIMITED LIABILITY COMPANY CHARTER

I, Barbara K. Cegavske, the Nevada Secretary of State, do hereby certify that **ALL TIME HEALTH CARE LLC** did on March 27, 2019, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization is now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 27, 2019.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Certified By: Electronic Filing
Certificate Number: C20190327-1751

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 3/27/19

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Durable Medical Equipment
All-time Healthcare 4660 S. Eastern ave Ste 60 W NV 89119
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Last Name Carmenate Rivas First Name Wailin Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) n/a

Present Residence Address-Street or RFD 2840 E. Flamingo Rd City Las Vegas State/Zip NV 89121
Rosario Cir Las Vegas, NV 89121 -1

Present Business Address Owner City Las Vegas State/Zip NV 89121

Occupation Owner Phone: Residence Business

Date of Birth/ 33 Place of Birth (City, County, State) Las Tunas, Cuba

Age 33 Social Security Number Sex Female

Color of Eyes Black Color of Hair Brown Complexion 172 Weight 5.3 Build 5.3 Height

Scars, tattoos or distinguishing marks and/or characteristics n/a

Are you a citizen of the United States? Yes No If alien, registration No. ~~11/17/2006~~ n/a

If naturalized, certificate No. Date 11/17/2006

Place Las Vegas, Nevada (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial DCR

MARITAL INFORMATION-Continued

A. **Current Marriage** 2/20/2005 Las Vegas, NV USA
Date City, County and State S.S. No.
 Spouse's full name (Maiden) Ohan Devy's Gutierrez
 Date of Birth _____ Place of Birth Cardenas, Matanzas Cuba
 Resident address Rosario Cir Las Vegas NV 89121
Street City State Zip
 Telephone: Residence _____ Business _____
 Spouse's employer Self Employ Occupation Driver
 Address of employer Amazon Delivery Las Vegas NV
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
n/a				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Milith Gutierrez		USA	Rosario Cir LV NV
Keilyn Gutierrez		USA	Rosario Cir LV NV
Angelica Gutierrez		USA	Spring Rain Rd LV NV

B. Child Support Information:

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial DCR

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name.....
 Address.....
 Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father Norberto Carmonate Sanchez	- / -	Deceased.	
Mother Margarita Rivas Aceña	/ /	Palora Ave LV NV 89111	
Father-in-Law Enrique Ramirez Pelegriñ	/ /	Palora Ave LV NV 89169	
Mother-in-Law			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Dejher Carmonate Rivas		Palora Ave LV NV	Packer.
Spouse Jailin Torres Guerra		Same Address	Unemploy.
Spouse			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School El Dorado High School	Las Vegas, NV	1999/2003	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
High School Valley High School	Las Vegas NV		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
College University Las Vegas College	Las Vegas, USA	2003/2005	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... Bookkeeping
 College or university where obtained..... Las Vegas college.

Applicant's initial..... DCR.

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch Date of entry-active service

Date of separation Type of discharge

Rating at separation Serial number

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County State Date registered

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No If yes, when? city, county and state
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No If yes when? city, county and state
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes No (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
12/2013-Present	Rosalie cir	Las Vegas,	Nevada USA
12/2012/12/2013-	? Aracatuba Ave	Las Vegas,	Nevada USA
2011 -2013	2900 Olive St Apt 11	Las Vegas	NV USA
2009-2011	500 S. Maryland Prwy	Las Vegas	
2005-2009	1924 Golden Arrow Dr	LV NV	89169
2000 -2005	4801 Lakestream Ave	LV NV	89

Applicant's initial DCR
 Page 5

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/2015	Express Tax Services 2840 E. Flamingo Rd	n/A. Owner.
Owner	tax preparer -	Self.
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/2014 to 04/2017	1785 E. Sahara Ave At Your Services Home Care	NO MORE CLIENT
Personal care	visit client help w/daily basic.	Fernando.
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/2014/04-17	AM/PM Home care 820 Rancho Ln LV NV 89106	Better Salary.
Personal care	visit clients help w/daily care basic.	---
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/2005/12/2013	The Venetian Hotel 3355 S. LV Blvd.	Looking for a better business
Attendant	Hostess mini bar in Hotel Rooms.	Sebastian.
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
4/18 - Present	Allstate Ins. 3265 E. Tropicana Ave	open still employed.
Sales	sale ins. Policies.	Yolanda Sitto.
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial DCR Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Wynn Hotel Name: Leandro Ramirez	Home	Ralston Cr	NV	89169	:	10+
Employer: Wynn Hotel	Business	3131 S. Las Vegas Blvd		702-770-7000	10+	
Name: Laura Senda	Home	Bel Rest Dr		89110	:	5 1/2+
Employer: All state Ins	Business	3265 E. Tropicana Ave E-1		LV NV		
Name: Yolanda Citu	Home	Montagna Dr		LV NV 89139	6 years	
Employer: All state Ins	Business	3265 E. Tropicana Ave E.1		LV NV 702908-7450		
Name: Usimi Betarte	Home	E. Imperial Ave		LV NV 89104	10 years	
Employer: Amazon Delivery	Business					
Name: VOSBOL JAMES	Home	E. Imperial Ave.				
Employer: Self employed	Business	Self employed		6 years		

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes No
 If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	<u>Insurance</u>
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes No
 If yes, state type, where and years held

Sales Insurance, Las Vegas, NV 1/24/2017

✓12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No
 If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Solepropor- Express tax Services - Las Vegas, NV
 Tax Preparation Preparer - 2015 - Present.
 2840 E. Flamingo Rd Suite Las Vegas, NV 89121

Applicant's initial DCP
 Page 7

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No



Date of photograph 3/11/19

Applicant's initial DCR

STATE OF Nevada

ss.

COUNTY OF Clark

I, Dailin Carmenate Rivas, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

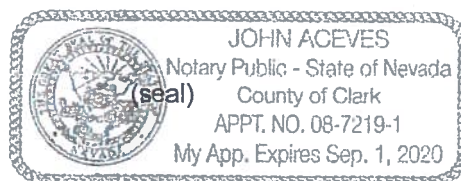
State of NEVADA
County of Clark

X [Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 28th day of March 2019

Dailin Carmenate-Rivas

[Signature]
Notary Public



Applicant's initial DCR

Candy Nally

From: Pharmacy Board
Sent: Tuesday, September 24, 2019 7:23 AM
To: Candy Nally
Subject: FW: Hello..

From: alltimehealthcare19@gmail.com [mailto:alltimehealthcare19@gmail.com]
Sent: Monday, September 09, 2019 7:16 AM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Subject: Re: Hello..

From:
 Can some one pls send me a email if you received the I formation I send last week with the change of address. Thank you

Subj:
Sent from Yahoo Mail on Android

On Tue, Sep 3, 2019 at 10:23 AM, alltimehealthcare19@gmail.com <alltimehealthcare19@gmail.com> wrote:

From:
 Sorry the new administrator is
 Borlive briones..
 Thank you

From:
Sent from Yahoo Mail on Android

On Tue, Sep 3, 2019 at 10:06 AM, alltimehealthcare19@gmail.com <alltimehealthcare19@gmail.com> wrote:

On:
 Good morning..
 My name is Dailin Carmenate Rivas I just spoke with Candy over the phone today.
 Trying to get the license for a DME and we recently change our location
 The busines names is
 ALL TIME HEALTH CARE LLC
 The new office location is
 2840 E Flamingo rd
 Suite C
 Las vegas Nv 89121
 The phone number still the same.
 And we have a new Administrator wish we send the application las friday (Reina Borlive Briones)
 If is possible please schedule us for october in Las Vegas nv for the next board meeting.
 Thank you have a nice day.

From:
Sent from Yahoo Mail on Android

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 8/27/19

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for All time healthcare

Nature of MDEG

2840 E. Flamingo rd ste. c Las Vegas, NV 89121

Name and Address of Business for Which MDEG Administrator Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Briones Last Name Borlivo First Name _____ Middle Name _____

Reina Corazon B. Cabrera
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Grand Teton Drive Present Residence Address-Street or RFD Las Vegas City NV 89166 State/Zip

2840 E. Flamingo rd sk c Present Business Address 7/1/19 - Present Dates LV City NV 89121 State/Zip

Office Manager Present Position with the MDEG 7/1/19 - Present Dates

Phone: 702-569-3604 Fax: _____

Email address: _____

_____ Date of Birth Philippines Place of Birth (City, County, State)

37 Age F Sex _____ Social Security Number _____

Black Color of Eyes Black Color of Hair 80 Weight 4'1" Height

Scars, tattoos or distinguishing marks and/or characteristics None

Are you a citizen of the United States? Yes No

If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

11/16 - Present	Consortium Recovery 2300 W. Sahara Ave WNV 29102	
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Billing Consultant	Billing Consultant	Independent.
Title	Description of Duties	Name of Supervisor
03/16 - 11/16	KAREO - 1180 N. Town Center Dr # 200 WNV 89144	1440
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
AR analyst	Analyze, Audit outstanding A/R issues	Maria Galvan
Title	Description of Duties	Name of Supervisor
01/16 - 03/16	KAREO - 1180 N. Town Center Dr # 200 WNV 89144	480
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
AR collector	AR collector - Review and resolve outstanding AR	Collin Murphy
Title	Description of Duties	Name of Supervisor
02/12 - 02/14	Pulmonary Solutions - 7660 W Sahara Ave WNV 89117	3840
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
DME AR manager	Direct and oversee AR dept.	Josephine Soukco
Title	Description of Duties	Name of Supervisor
12/05 - 11/11	Care N'Home 3050 E. Desert Inn Rd Ste # 124 WNV 89121	11520
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
DME office manager	Direct & oversee DME	Clatus Amadi
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

I have I have not been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

- 1. I have I have not been charged, arrested or convicted of a felony or misdemeanor.
- 2. I have I have not been the subject of an administrative action whether completed or pending.
- 3. I have I have not had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information **and** provide a written explanation and/or documents.

a) Board Administrative Action: State: _____
b) _____

Date: _____

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes No

5 .Will you be employed fulltime with the MDEG? Yes No

6 .Will you be present at the site of the MDEG during its normal operating hours? Yes No

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.

.....
.....
.....
.....
.....



Date of _____

I, Borlive Briones, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.



 Original Signature of Applicant

12B

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

\$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.

<input checked="" type="checkbox"/> New MDEG <input type="checkbox"/> Ownership Change <input type="checkbox"/> Name Change <input type="checkbox"/> Location Change (Please provide current license number if making changes: MP or MW _____)

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Partnership - Pages 1,2,3,6 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b <input type="checkbox"/> Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.
--

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: MDRX, LLC

Physical Address: 118 Corporate Park Dr Ste#105
(This must be a business address, we can not issue a license to a home address)

Mailing Address: _____

City: Henderson State: NV Zip Code: 89074

Telephone: 1-866-700-6379 Fax: 1-702-802-2161

E-mail: f.malinis@mdrxdispense.com Website: www.mdrxdispense.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 6pm Tue: 9am to 6pm Wed: 9am to 6pm Thu: 9am to 6pm

Fri: 9am to 6pm Sat: 9am to 3pm Sun: 9am to 3pm Holidays: varies

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Becky Zawacki

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

<input checked="" type="checkbox"/> Medical Gases**	<input checked="" type="checkbox"/> Assistive Equipment
<input checked="" type="checkbox"/> Respiratory Equipment**	<input checked="" type="checkbox"/> Parenteral and Enteral Equipment**
<input checked="" type="checkbox"/> Life-sustaining equipment**	<input checked="" type="checkbox"/> Orthotics and Prosthesis
<input checked="" type="checkbox"/> Diabetic Supplies	Other: _____

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Frances Malinis Telephone: 702-580-8794

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

<u>pending licensure</u>	_____	_____
_____	_____	_____
_____	_____	_____

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes No

2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes No

3) Are any of the owners health professionals? If yes, please check the box and list name.

- | | |
|---|-------------|
| <input type="checkbox"/> Practitioner | Name: _____ |
| <input type="checkbox"/> Advanced Practitioner of Nursing | Name: _____ |
| <input type="checkbox"/> Physician's Assistant | Name: _____ |
| <input type="checkbox"/> Physical Therapist | Name: _____ |
| <input type="checkbox"/> Occupational Therapist | Name: _____ |
| <input type="checkbox"/> Registered Nurse | Name: _____ |
| <input type="checkbox"/> Respiratory Therapist | Name: _____ |

N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

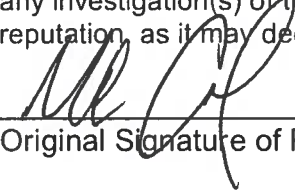
Within the last five (5) years:

- 1) Has the corporation, any owner, 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 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 questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

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

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



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

Mark Casal

 Print Name of Authorized Person

6/10/2019

 Date

Board Use Only	Received: _____	Amount: <u>500.00</u>
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APPLICATION FOR NEVADA MDEG LICENSE**OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION**State of Incorporation: NevadaParent Company if any: N/ACorporation Name: MDRX, LLCMailing Address: 118 Corporate Park Dr Ste#105City: Henderson State: NV Zip: 89074Telephone: 1-866-700-6379 Fax: 1-702-802-2161Contact Person: Frances Malinis

For any corporation non publicly traded, disclose the following:

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

a) N/A
Name Addressb) N/A
Name Addressc) N/A
Name Addressd) N/A
Name Address**NOTE: All persons who are stockholders must accurately complete a personal history record form.** Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.2) 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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MDRX, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 26, 2013, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 10, 2019.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State



Electronic Certificate
Certificate Number: C20190610-1702



List of Officers

Mark Casal, Officer

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 06/11/2019

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for MDEG
Nature of License
MDRX LLC 118 Corporate Park Dr Ste#105 Henderson, NV 89074
Name and Address of Establishment for Which License Is Requested
N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

<u>Casal</u> Last Name	<u>Mark</u> First Name	<u>Anthony</u> Middle Name
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)		
<u>Burclare Ct</u>	<u>Sugarland</u>	<u>TX, 77479</u>
Present Residence Address-Street or RFD <u>118 Corporate Park Dr Ste#105</u>		City <u>Henderson</u>
Present Business Address <u>Pharmacist</u>		State/Zip <u>NV, 89074</u>
Occupation <u>7</u>		Dates <u>2006-Present</u>
Place of Birth (City, County, State) <u>Quezon City, Philippines</u>		Phone: Residence Business <u>866-700-6379</u>
Date of Birth <u>42</u>	Sex <u>Male</u>	
Age <u>Brown</u>	Social Security Number <u>Brown</u>	Sex <u>White</u>
Color of Eyes <u>215lbs</u>	Color of Hair <u>Large</u>	Complexion <u>6'2"</u>
Weight	Build	Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes No If alien, registration No. N/A

If naturalized, certificate No. N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial Page 1

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/AAddress N/AContact person N/A**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
Manuel Casal		Junion Gap Rd Las Vegas, NV 89125	Deceased
Mother			
Belma Casal		3 Tyndrum Ave Henderson, NV 89044	Retired
Father-in-Law			
Arturo Hidalgo		Braewin Ct Houston, TX 77068	Deceased
Mother-in-Law			
Rosario Sandoval		Braewin Ct Houston, TX 77068	Deceased


D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Michael Casal		Stonebridge Cir Cookeville, TN 38501	Physician
Spouse			
Gladys Casal		1 Stonebridge Cir Cookeville, TN 38501	Housewife
Max Casal		4 Brands Hatch Ct Henderson, NV 89052	Entrepreneur
Spouse			
Delsa Casal		Brands Hatch Ct Henderson, NV 89052	Housewife
Marcelino Casal		Tyndrum Ave Henderson, NV 89044	Pharmacist
Spouse			
Mellonie Casal		Tyndrum Ave Henderson, NV 89044	Housewife
Melissa Maglalang		Beardsley Cir Henderson, NV 89032	Attorney
Spouse			
Francis Maglalang		Beardsley Cir Henderson, NV 89032	Entrepreneur

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Jordan Junior High	Burbank, CA	'83-'89	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School John Borroughs H.S.	Sugarland, TX	'91-'93	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
School John Foster Bolles H.S.		'93-'95	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University of Houston	Houston, TX	'95-'02	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other <u>N/A</u>			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any... Pharm DCollege or university where obtained... University of HoustonApplicant's initial 

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County N/A State N/A Date registered N/A

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No
If yes, when? N/A city, county and state N/A
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when? N/A city, county and state N/A
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A				

Applicant's initial Me Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes No (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				


- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
01/12-Present	Burclare Ct	Sugarland	TX
01/06-01/12	2116 Boxwood Cir	Cookeville	TN
06/03-01/06	8912 Sungate Dr	Pearland	TX

Applicant's initial  Page 5

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
January 2006	Infinity Pharmacy, LLC 1080 Neal St Ste#100 Cookeville, TN 38501	
Title	Description of Duties	Name of Supervisor
Pharmacist/Owner	Manage Pharmacy	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
June 2003	Texas Children's Hospital 6621 Fannin St Houston, TX 77030	
Title	Description of Duties	Name of Supervisor
Pharmacist	Verify Prescriptions	Linh Nguyen
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
May 2002	Walgreens Houston, TX	Resigned-better opportunity
Title	Description of Duties	Name of Supervisor
Pharmacist	Verify Prescriptions, Perform Consultations	Lattifany Sauls
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial



Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Bamron Jonathan	Home	Glenlock St Sugarland, TX 77479				20 years
Employer University AmericanBusiness		Houston, TX			832-226-2052	
Name Ray Kwan	Home	Pery St Sugarland, TX 77479				23 years
Employer MD Anderson	Business	Houston, TX			832-423-2729	
Name Jimmy Lin	Home	Glistening Cloud Dr Henderson, NV 89012				23 years
Employer Self	Business	Las Vegas, NV			702-947-0940	
Name Jim Promobol	Home	N Wellington Ct Houston, TX 77055				24 years
Employer Shell	Business	Houston, TX			832-265-0235	
Name Sara Smith	Home	2 Idlewind Dr Richmond, TX 77406				24 years
Employer FRISD	Business	Sugarland, TX			201-615-0242	

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes No
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A			


11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:
- | | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |
- Yes No
 If yes, state type, where and years held

Pharmacist, TN, 19 years

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No
 If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Infinity Pharmacy, LLC

1080 Neal St Ste#100 Cookeville, TN 38501

Applicant's initial 

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

N/A

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

Marcelino Casal-Pharmacist



Date of photograph 06/11/2019

Applicant's initial *MC*

STATE OF Nevada

ss.

COUNTY OF Clark

I, Mark Casal, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

[Handwritten signature of Mark Casal]

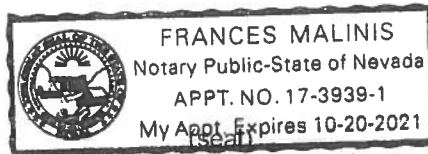
Original Signature of Applicant

Subscribed and Sworn to before me this 11th day of June 2019

Frances Malinis

[Handwritten signature of Frances Malinis]

Notary Public




Applicant's initial

[Handwritten initials]

ADDITIONAL INFORMATION

Dotted lines for writing additional information.

Applicant's initial  Page 10

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 6/10/19

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for mDEG Supplier

mDEX LLC 118 Corporate Park Dr. Ste #105 Henderson NV 89074
 Name and Address of Business for Which MDEG Administrator Is Requested

.....
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Zawacki Last Name Becky First Name Frances Middle Name

Becky Frances Walton
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Athena Dr Present Residence Address-Street or RFD Las Vegas City NV 89156 State/Zip

118 Corporate Park Dr. Dates 8/21/05 Henderson, NV 89074
Present Business Address City State/Zip

Designated Representative Dates 2016 - present
Present Position with the MDEG

Phone: 866-700-6379 Fax: 702-802-261

Email address: b.zawacki@mdrxdispense.com

 Date of Birth Las Vegas, Clark, Nevada Place of Birth (City, County, State)

40 Age Social Security Number Female Sex

Hazel Color of Eyes brown Color of Hair 252 Weight 5 ft 1 in Height

Scars, tattoos or distinguishing marks and/or characteristics Scar on center chest from open heart surgery

Are you a citizen of the United States? Yes No

If alien, registration No N/A

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

8/2016 - Present	Mdrx, LLC	Approx 5400
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Designated Representative	customer service, process orders receive orders	mark Casal
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

I have I have not been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

- 1. I have I have not been charged, arrested or convicted of a felony or misdemeanor.
- 2. I have I have not been the subject of an administrative action whether completed or pending.
- 3. I have I have not had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information **and** provide a written explanation and/or documents.

a) Board Administrative Action: State: N/A

b) Date: N/A

Case Number: N/A

c) Criminal Action: State: N/A

Date: N/A

Case Number: N/A

County: N/A

Court: N/A

4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes No

5 .Will you be employed fulltime with the MDEG? Yes No

6 .Will you be present at the site of the MDEG during its normal operating hours? Yes No

If you answer No to questions 4, 5 or 6 please provide a v

 N/A
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Date of photograph 6/10/19

I, Becky Zawaeki, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.

Becky Zawaeki
Original Signature of Applicant