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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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

- New Outsourcing Facility
 Ownership Change (Provide current license number if making changes:) OUT _____
 503a OR 503b Apply as retail pharmacy only.

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

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

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Central Admixture Pharmacy Services, Inc.

Physical Address: 2200 S 43rd Avenue

City: Phoenix State: AZ Zip Code: 85043

Telephone: 480-795-4100 Fax: _____

Toll Free Number: 833-465-2080 (Required per NAC 639.708)

E-mail: Peter.Nero@capspharmacy.com Website: www.capspharmacy.com

Supervising Pharmacist: Peter Nero Nevada License #: 20415 ✓ 12-16-19
Ch

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

FEI Number (From FDA application): 33-0439686

Please provide the name of the facility as registered with the FDA and the registration number:
Central Admixture Pharmacy Services, Inc. - 3014307835

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: Peter Nero Nevada License Number: 20415

A Nevada business license is not required, however if the Outsourcing Facility has a Nevada business license please provide the number: N/A

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, 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

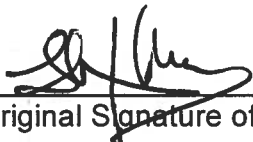
I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized Outsourcing Facility may be grounds for the revocation of this permit.

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

Print Name of Authorized Person

12/4/2019

Date

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: DE

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

Address: 824 Twelfth Avenue

City: Bethlehem State: PA Zip: 18018

Telephone: 919-806-4448 Fax: None

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) See Attached
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 9,993,750

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

CENTRAL ADMIXTURE PHARMACY SERVICES, INC.
2200 SOUTH 43RD AVENUE
PHOENIX, AZ 85043

Central Admixture Pharmacy Services Inc. (CAPS) attests that medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.

Delaware

The First State

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 SEVENTH DAY OF JUNE, A.D. 2019.

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

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

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



2248466 8300
SR# 20195310779

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 in a small font.

Authentication: 202982085

Date: 06-07-19

Central Admixture Pharmacy Services, Inc. (“CAPS”)

B. Braun of America Inc. (“B. Braun”) is the parent company of Central Admixture Pharmacy Services, Inc. B. Braun has no domestic shareholders to disclose.

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

Name and Title

Thomas J. Wilverding
President

Business Address and Phone:

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

Name and Title

Michael A. Koch
SR. Vice President, Professional Services

Business Address and Phone:

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

Name and Title

Bruce Heugel
Treasurer (Chief Financial Officer)

Business Address and Phone:

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

Name and Title

Cathy L. Codrea
Secretary

Business Address and Phone:

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

Central Admixture Pharmacy Services, Inc.

16800 Aston Street, Suite 150

Irvine, CA 92606

State of Incorporation: Delaware

C Corporation

33-0439686

B. Braun of America Inc.

824 12th Avenue

Bethlehem, PA 18108

State of Incorporation: Pennsylvania

Owns CAPS stock 100%

23-2115335

CENTRAL ADMIXTURE PHARMACY SERVICES, INC.
10 Year Citation History

Central Admixture Pharmacy Services, Inc.
55 Sixth Road
Woburn, MA 01801

7/22/2019 – Maine Board of Pharmacy

Pharmacy License citations: \$1,500 – Fined for failure to notify the Maine Board of Pharmacy of a change in Pharmacist-in-Charge within seven days of the change. \$1,500 fine paid. Matter closed.

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

2/27/2015 – California Board of Pharmacy

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

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

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

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

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

7/15/14 - New Jersey Board of Pharmacy

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

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

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

Lanham, MD 20706

12/19/2011 Maryland Board of Pharmacy

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

Central Admixture Pharmacy Services, Inc.

1433 Sams, Suite A & C

Harahan, LA 70123

12/07/11 - Louisiana Board of Wholesale Distributors

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



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

Receipt Date: 09/05/2019
 Receipt Number: 201964111
 Receipt Amount \$: 1000.00

Manufacturer - 503B Outsourcer

503B

PERMIT NO
 M001162

EXPIRES
 10/31/2021

Issued to :

Central Admixture Pharmacy Services, Inc.
 Central Admixture Pharmacy Services, Inc.
 2200 SOUTH 43RD AVENUE
 PHOENIX, AZ 85043

Central Admixture Pharmacy Services, Inc.
 2200 SOUTH 43RD AVENUE
 PHOENIX, AZ 85043

Kam Gadlin
 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 : Central Admixture Pharmacy Services, Inc.
 LICENSE NUMBER : M001162
 EXPIRES : 10/31/2021

<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.



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

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	Central Admixture Pharmacy Services, Inc.
Address :	2200 South 43rd Avenue Phoenix AZ 85043
License No :	M001162
Permit Type :	Manufacturer
Sub Type :	503B Outsourcer
Date Issued :	09/28/2018
Expiration Date :	10/31/2021
Status :	OPEN
Discipline :	No

A handwritten signature in black ink that reads "Kam Gandhi".

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 11/27/2019

Registered Outsourcing Facilities

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Facilities Registered As Human Drug Compounding Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act (FD&C Act)

Content current as of:
10/29/2019

Updated as of 10/25/2019

- [Information Concerning Outsourcing Facility Registration](#)
- [Outsourcing Facility Product Reporting Information](#)

This table lists the outsourcing facilities that have submitted registration information that has been determined to be complete by the data lock date for the latest weekly update of the table.

Facility Name	Contact Name and Phone Number	Initial Date of Registration as an Outsourcing Facility ¹	Date of Most Recent Registration as an Outsourcing Facility ¹	End Date of Last FDA Inspection Related to Compounding ²	Was a Form FDA-483 issued? ³	Other Action, if Any, Based on Last Inspection ^{4,5}	Intends to Compound Sterile Drugs From Bulk Drug Substances ⁶
Central Admixture Pharmacy Services, Inc., Allentown, PA	Wm. John Brandon 205-945-1955 Ext=106	2/28/2014	10/18/2019	8/22/2018	Yes	Open ⁷	Yes
Central Admixture Pharmacy Services, Phoenix, AZ	Wm. John Brandon 205-945-1955 Ext=106	3/29/2018	10/18/2019	4/26/2019	No	N/A	Yes
Central Admixture Pharmacy Services, Inc., San Diego, CA	Wm. John Brandon 205-945-1955 Ext=106	6/4/2014	10/18/2019	9/11/2018	Yes	Open ⁷	No



December 31, 2019

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 205
Reno, NV 89521

Dear Sir or Madam:

This letter is in regards to your notice of required attendance to the hearing scheduled on January 16, 2020.

As President of the corporation, I authorize Bill Jones, Regional Director of Pharmacy Operations to appear on behalf of Central Admixture Pharmacy Services, Inc. as designated representatives to answer any questions the board may have.

Please feel free to contact me at (919) 806-4412 if you have further questions.

Sincerely,

Thomas J. Wilverding
President
Central Admixture Pharmacy Services, Inc.

15B

8/19

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

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

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

Application must be printed legibly or typed

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

New Outsourcing Facility
 Ownership Change (Provide current license number if making changes:) OUT _____
 503a OR 503b Apply as retail pharmacy only.

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

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

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Complete Pharmacy and Medical Solutions, LLC

Physical Address: 5829 NW 158th Street

City: Miami Lakes State: FL Zip Code: 33014

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

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

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

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

SERVICES PROVIDED

Yes/No

Parenteral
 Sterile Compounding
 Non Sterile Compounding
 Mail Service Sterile Compounding
 Other Services: _____

All boxes must be checked for the application to be complete
An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____ Amount: 500.00

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY

FEI Number (From FDA application): 260353814

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

Complete Pharmacy and Medical Solutions, LLC Registration Number: 004417520

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

Complete Pharmaceuticals

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

Name: Esan Forde Nevada License Number: 20050

A Nevada business license is not required, however if the Outsourcing Facility has a Nevada business license please provide the number: N/A

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes No
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- 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

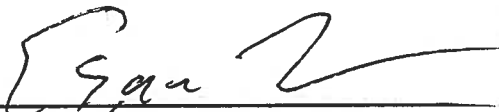
I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized Outsourcing Facility may be grounds for the revocation of this permit.

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

ESAN FORDE

Print Name of Authorized Person

3/27/19
Date

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Florida

Parent Company if any: N/A

Address: 5829 NW 158th Street

City: Miami Lakes State: FL Zip: 33014

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

Contact Person: Gregory G. Gaiser

For any corporation non publicly traded, disclose the following:

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

a) Gregory G. Gaiser (100%) 5829 NW 158th Street Miami Lakes, FL 33014
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

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

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



License Verification

COMPLETE PHARMACY AND MEDICAL SOLUTIONS
COMPLETE PHARMACEUTICS

Printer Friendly Version

License Number: PH28339

Data As Of 11/6/2018

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

Back

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



State of Florida

Department of State

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

The document number of this limited liability company is L07000060786.

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

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



Randy R. Lee
Secretary of State

Tracking Number: 8596056939CU

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

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

Law Office of R. Javier Guerra PLLC

Attorneys and Counselors at Law

111 W. Olmos Dr.

San Antonio, TX 78212

Phone: 210.829.7183

Facsimile: 210.910.6144

guerrallawfirm@hotmail.com

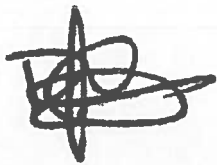
Re: Pharmacy Board Issues

- S. Carolina Date of Incident: 2014
On or about December 10, 2015, the South Carolina Board of Pharmacy entered an Agreement to Relinquish Permit against the South Carolina non-resident pharmacy permit number 15515 held by Complete Pharmaceuticals LLC (licensed in South Carolina as Complete Pharmacy and Medical Solutions). The Agreement accepted the voluntary relinquishment of Complete Pharmaceuticals LLC's South Carolina pharmacy permit and provided that the pharmacy is ineligible to reapply for a non-resident permit in the future.
- Florida Date of Incident: July 2014
On or about February 25, 2015, the Florida Board of Pharmacy entered a Final Order Approving Settlement Agreement against the Florida pharmacy license number PH 22993 held by Complete Pharmaceuticals LLC (licensed in Florida as Complete Pharmacy and Medical Solutions). The Order was based on allegations that the pharmacy engaged in sterile compounding without a Florida sterile compounding permit. The Order imposed a \$2,000 fine and directed the pharmacy to correct the deficiencies and violations identified in the Administrative Complaint.
- Texas Date of Incident: September 2, 2014
From on or about September 2, 2014, through on or about November 9, 2015, Complete Pharmaceuticals LLC (previously licensed as Complete Pharmacy and Medical Solutions), 5829 Northwest 158th Street, Miami Lakes, Florida 33014, unlawfully shipped sterile preparations into Texas when it did not possess a Class E-S license.
- Date of Incident: September 2016 – January 2017
From on or about September 1, 2016, through on or about January 23, 2017, Complete Pharmaceuticals LLC, 5829 Northwest 158th Street, Miami Lakes, Florida 33014, was engaged in the operation of a non-resident pharmacy in violation of Texas Pharmacy Board Rules, in that the pharmacy was not under the supervision of a pharmacist-in-charge licensed as a pharmacist in Texas. License was reprimanded and assessed a penalty of \$6,000 for both alleged violations.
- Alabama: Date of Incident: 2015-2016

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

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

Sincerely,



R. Javier Guerra

15C

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)

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 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: Leiter's

Physical Address: 17 Great Oaks Blvd

City: San Jose State: CA Zip Code: 95119

Telephone: 408-292-6772 Fax: 408-288-8252

Toll Free Number: 800-292-6772 (Required per NAC 639.708)

E-mail: CAlicensing@Leiters.com Website: www.Leiters.com

Supervising Pharmacist: Paul Yamamoto Nevada License #: 19734

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

FEI Number (From FDA application): 3003434972

Please provide the name of the facility as registered with the FDA and the registration number:
Leiter's Compounding, DUNS# 079215020

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
Current DBA is only "Leiter's". Previous DBA was "Leiter's Compounding"

Please provide the name and Nevada license number of the supervising pharmacist:
Name: Paul Yamamoto Nevada License Number: 19734

A Nevada business license is not required, however if the Outsourcing Facility has a Nevada business license please provide the number: _____

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, 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

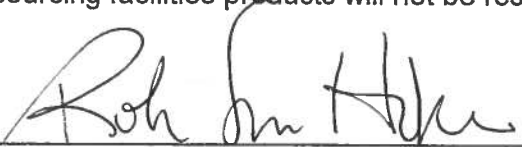
I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized Outsourcing Facility may be grounds for the revocation of this permit.

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

Robin Hoke, President & CEO

Print Name of Authorized Person

9/22/18

Date

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: California

Parent Company if any: Leiter's Enterprises, Inc.

Address: 17 Great Oaks Blvd.

City: San Jose State: CA Zip: 95119

Telephone: 408-292-6772 Fax: 408-288-8252

Contact Person: Brian Rozema, Pharm.D. - Licensing Consultant

For any corporation non publicly traded, disclose the following:

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

a)	<u>See attached corporate structure chart</u>	
	Name	Address

b)	_____	
	Name	Address

c)	_____	
	Name	Address

d)	_____	
	Name	Address

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

3) What was the price paid per share? _____

4) What date did the corporation actually receive the cash assets? _____

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

Include with the application for a non publicly traded corporation

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

List of officers and directors

changing to OUT



.....DO NOT FOLD OR STAPLE ABOVE THIS LINE.....

Nevada State Board of Pharmacy - 431 W Plumb Lane • Reno, NV 89509 • bop.nv.gov

Renewal Application - PHARMACY

For the period of November 1, 2018 to October 31, 2020

LICENSE: PH03891
LEI COMPOUNDING
6541-B VIA DEL ORO,
San Jose, CA 95119

Please make any changes to name or address next to the old information

RENEW BY MAIL/IN-PERSON

1. Complete **ALL** sections on this form with an **original** Signature & date (**NO STAMPS OR COPIES**)
2. Mail/Bring in the form and a **Money Order** for \$550 (\$500 renewal fee plus \$50 paper-use fee)
3. Renewals submitted after 10/31/2018 will be charged A **LATE FEE** of \$250. A **Money Order** for \$800 (\$750 late renewal fee plus \$50 paper-use fee)
4. The form will be **returned** if missing correct fee. You may renew on-line to **AVOID** the \$50 fee
5. Please allow **2-3 WEEKS** for processing by mail/in-person

<OR>

RENEW ONLINE

1. Go to <https://online.nvbop.org>
2. Click to **REGISTER**, then follow the prompts (only required once)
3. Credit Cards **ONLY**: On time renewal fee - \$500/late renewal fee - \$750
***On-line fee of \$15 will be charged during submission.**

Licenses **renewed online** will update immediately once approved by board staff.

Section 1: Since your last renewal or recent licensure has any owner, shareholder, partners with any interest or the corporation:
(Fill in completely) Yes No

1. Been charged, arrested or convicted of a felony or misdemeanor in any state?.....
2. Been the subject of a board citation or an administrative action whether completed or pending in any state?.....
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....

If you marked YES to any of the questions above, include the following information & a letter of explanation:

Board Administrative Action:	State	Date:	Case #:		
		/ /			
Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

Section 2: CAUTIONS

(A.) Nevada has **no grace period**. All applications postmarked by the US Postal Service after October 31, 2018 that are NOT accompanied by the late fee & the paper-use fee, will be returned and will be assessed the missing fees, delaying processing.

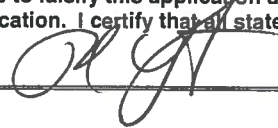
(B.) Any application that is not 100% complete will be returned and will not be considered to have been received.
Only completed applications will be processed.

NON-DISCIPLINARY STATE-MANDATED QUESTION

(1.) Though it is **NOT** required to have, SB21 requires the Board to ask if you have a Nevada State Business license and if you do, please provide the #: _____ Leave blank if non-applicable

Section 3:

It is a violation of Nevada Statute to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

Original Signature:  Date: 10/4/18

Leiter's Enterprises, Inc. d/b/a Leiter's

17 Great Oaks Blvd, San Jose, CA 95119

Ph. 800-292-6772 FAX 408-288-8252

Corporate Officers

Robin S. Hoke - President & CEO

DOB

Home: . . . Yorkshire Rd, Columbus, OH 43221; Ph . . . ,

Business: 13796 Compark Blvd, Englewood, OH 80112; Ph (800) 292-6772

Email: Robin.Hoke@Leiters.com

Dennis M. Potter - CFO, Secretary & Treasurer

DOB

Home: . . . Arrowood Ct, Middletown, DE 19709; Ph#

Business: 13796 Compark Blvd, Englewood, OH 80112; Ph. (800) 292-6772

Email: Dennis.Potter@Leiters.com

Business Description

Leiter's is a FDA-registered 503B outsourcing facility (FEI# 3003434972) that compounds sterile and non-sterile prescription human drug products to hospitals, outpatient clinics and licensed practitioners in the United States. All compounding is performed under the supervision of licensed pharmacists. *Leiter's* does not dispense patient-specific prescription drug orders.

Other Businesses

Along with *Leiter's*, **Leiter's Enterprises, Inc.** also owns and operates *LEI Compounding*, a retail and sterile compounding pharmacy located in San Jose, CA.

Leiter's has a sister facility in Englewood, Colorado. *Leiter's Health*, also a 503B outsourcing facility, is owned and operated by **Denver Solutions, LLC**.

Leiter's Enterprises, Inc. and **Denver Solutions, LLC** share the same parent company: **Leiters, Inc.** (a Delaware corporation)

**Leiters Holdings, LLC
Organizational Structure
(v. 9-15-18)**

Entity	Board of Directors	Board Committees	Management	Members/Shareholders
Leiters Holdings, LLC (DE LLC)	Robin Smith Hoke Frank Leo Nathan Every Brian Morfitt Alex Zisson Michael Wasserman Thomas Flynn Daniel Burgess	Audit Compensation	Robin Smith Hoke – CEO & President Dennis Potter – CFO, Secretary & Treasurer	Frazier Healthcare VI, LP – 37.53% SV Life Sciences Fund Investors – 26.72% H.I.G. Bio - Leiters, LLC – 21.37% Kaiser Permanente Ventures, LLC-Series C – 4.00% Kaiser Permanente Ventures, LLC-Series D – 2.50% The Permanente Federation, LLC-Series K – 0.63% Leiter/Levine 1996 Living Trust – 1.71% Mayo Clinic – 3.55% Co-Investors/Management – 1.98% [% based on Series A and Series B units issued/outstanding; value units not included]
Leiters, Inc. (DE C-Corp)	Robin Smith Hoke	N/A	Robin Smith Hoke – CEO & President Dennis Potter – CFO, Secretary & Treasurer	Leiters Holdings, LLC – 100%
Leiter's Enterprises, Inc. (CA C-Corp)	Robin Smith Hoke	N/A	Robin Smith Hoke – CEO & President Dennis Potter – CFO, Secretary & Treasurer	Leiters, Inc. – 100%
Denver Solutions, LLC (DE LLC)	Robin Smith Hoke	N/A	Robin Smith Hoke – CEO & President Dennis Potter – CFO, Secretary & Treasurer	Leiters, Inc. – 100%

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

LEITER'S ENTERPRISES, INC.

FILE NUMBER: C3520211
FORMATION DATE: 11/09/2012
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of June 04, 2018.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA
Secretary of State



LEITER'S

November 22, 2016

To Whom It May Concern,

On November 16, 2016, *Leiter's Enterprises, Inc. dba Leiter's* surrendered its non-resident Retail Pharmacy License to the Arkansas State Board of Pharmacy. Arkansas pharmacy law has a statute prohibiting non-profit and/or tax exempt hospitals from having a direct or indirect interest in holding a pharmacy permit in their state. According to their board, some of Leiter's parent company investment partners fit this criteria, making it ineligible to hold such a permit.

Leiter's was not subject to any discipline nor is it under any investigation due to this action.

Please feel free to contact me if any more information about this matter is required.

Respectfully,

Jim Cunniff
President & CEO
17 Great Oaks Blvd.
San Jose, CA 95119
408-292-6772



Board of Pharmacy



Outsourcing Facility License

LICENSE NO. OSF 107

ISSUE DATE OCTOBER 19, 2017

LEITERS

17 GREAT OAKS BLVD
SAN JOSE CA 95119

The above is licensed with the California State Board of Pharmacy as a Corporation.

CORPORATION

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



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

Outsourcing Facility License

LICENSE NO. OSF 107
RECEIPT NO. 00152853

VALID UNTIL OCTOBER 01, 2019

LEITERS
17 GREAT OAKS BLVD
SAN JOSE CA 95119

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.

09/19/18

09/19/18 The official status of this license can be verified at www.pharmacy.ca.gov

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

FORM WPHOSF (02/28/17)



California State Board of Pharmacy

1625 N. Market Blvd, N219, Sacramento, CA 95834

Phone: (916) 574-7900

Fax: (916) 574-8618

www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

May 18, 2018

LEITER'S
ATTN: BRIAN ROZEMA
17 GREAT OAKS DRIVE
SAN JOSE CA 95119

California State Board of Pharmacy License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

Licensee Name: LEITER'S

License Type: OUTSOURCING FACILITY

License Number: OSF 107

Status: ACTIVE

Issue Date: 10/19/17

Expiration Date: 10/01/18

Address of Record: 17 GREAT OAKS DRIVE SAN JOSE CA 95119

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Virginia Herold
Executive Officer

By

Barbera Schleicher
Public Inquiry Analyst
(916) 574-7922

Barbera.Schleicher@dca.ca.gov



15D

1/23

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: Pine Pharmaceuticals LLC

Physical Address: 355 Riverwalk Pkwy

City: Tonawanda State: NY Zip Code: 14150

Telephone: 716-248-1025 Fax: 716-768-3948

Toll Free Number: 844-218-4138 (Required per NAC 639.708)

E-mail: ajmuto@pinepharmaceuticals.com Website: www.pinepharmaceuticals.com

Supervising Pharmacist: Adam Lindell Nevada License #: 20308

*✓ nodisc
exp 21*

SERVICES PROVIDED

Yes/No

Parenteral
 Sterile Compounding
 Non Sterile Compounding
 Mail Service Sterile Compounding
 Other Services: Sterile Repackaging

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

FEI Number (From FDA application): 3010943533

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

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

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

Name: Adam Lindell Nevada License Number: 20308

A Nevada business license is not required, however if the Outsourcing Facility has a Nevada business license please provide the number: _____

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, 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

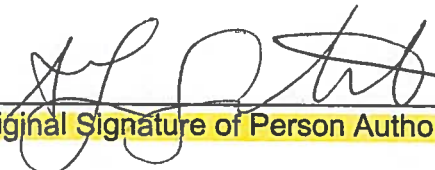
I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized Outsourcing Facility may be grounds for the revocation of this permit.

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

Alfonse J. Muto

09/05/2019

Print Name of Authorized Person

Date

OWNERSHIP IS A PARTNERSHIP

General _____ Limited _____

Partnership Name: Pine Pharmaceuticals LLC

Mailing Address: 355 Riverwalk Pkwy

City: Tonawanda State: NY Zip Code: 14150

Telephone Number: 716-248-1025 Fax Number: 716-768-3948

Contact Person: Alfonse J. Muto

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>
<u>Alfonse Muto, Managing Member</u>	<u> </u>	<u>1%</u>
<u>Alfonse J. Muto, Member</u>	<u> </u>	<u>1%</u>

List names of 4 largest partners and percentage of ownership:

Name: Riverpoint LP %: 98

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2017-20

NAME OF SUPERVISOR
ALLISON GENTILE



THIS IS TO CERTIFY

PINE PHARMACEUTICALS LLC.
355 RIVERWALK PARKWAY
TONAWANDA, NY 14150

is duly recorded as a

REGISTERED OUTSOURCING FACILITY

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

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF OCTOBER, 2017.
THIS CERTIFICATE EXPIRES ON THE THIRTIETH DAY OF SEPTEMBER, 2020.

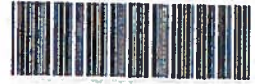
This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated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

REGISTRATION NUMBER

033021



STATE BOARD OF
PHARMACY



1:3 PINE PHARMACEUTICALS
 2/640 355 RIVERWALK PARKWAY
 TONAWANDA, NY 14150-0000



10031793 2/000650-1/1-R

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0546018	03-31-2020	\$3047
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2, 3,3N,4,5,L1	MANUFACTURER	03-12-2019
PINE PHARMACEUTICALS 355 RIVERWALK PARKWAY TONAWANDA, NY 14150-0000		

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
RP0546018	03-31-2020	\$3047
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2, 3,3N,4,5,L1	MANUFACTURER	03-12-2019
PINE PHARMACEUTICALS 355 RIVERWALK PARKWAY TONAWANDA, NY 14150-0000		

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.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0546018	03-31-2020	\$3047
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2, 3,3N,4,5,L1	MANUFACTURER	03-12-2019
PINE PHARMACEUTICALS 355 RIVERWALK PARKWAY TONAWANDA, NY 14150-0000		

**CONTROLLED SUBSTANCE/REGULATED CHEMICAL
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.

Form DEA-223/511 (9/2016)

**REPORT
CHANGES
PROMPTLY**

**REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE**

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at deadiversion.usdoj.gov - or
2. call our customer Service Center at 1-(800) 882-9539 - or
3. submit your change(s) in writing to:
 Drug Enforcement Administration
 P.O. Box 2639
 Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

----- You have been registered to handle the following chemical/drug codes: -----

7285, 8113, 9150, 9300, 9739, 9801

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT


Date: 09/04/2019

Amount:

License #: 20308

Adam C. Lindell
Sweet Rd
East Aurora NY 14052

(ID Card)



Pharmacist
Expires: 10/31/2021
Adam C. Lindell
Sweet Rd
East Aurora NY 14052
License #
20308
Active
IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

License Type: Pharmacist
License #: 20308

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 10/31/2021
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Adam C. Lindell
Sweet Rd
East Aurora NY 14052

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE



PINE
PHARMACEUTICALS
Precision You Can Trust

Statement of Explanation
Question 5.

Similarly, to the case here in Nevada, as states create license categories for Outsourcing Facilities, Pine Pharmaceuticals will let lapse the previously required license categories (e.g. Wholesaler, manufacturer, pharmacy). Pine Pharmaceuticals has also surrendered licenses for its relocation on 03/12/2018 as required by individual states.

NEVADA STATE BOARD OF PHARMACY
APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

STATEMENT OF EXPLANATION

Applicant: Pine Pharmaceuticals LLC (“Pine”)

Alabama. On February 4, 2016, the Alabama State Board of Pharmacy (ALBOP) approved Pine’s application for a Manufacturer/Wholesaler/Distributor permit (the “New Permit”) via a Final Order, a copy of which is attached here as Exhibit A (the “ALBOP Final Order”). Concurrent with its issuance of the New Permit, however, ALBOP placed Pine on probation for 24 months and assessed an administrative fine of \$2,000.

ALBOP’s decision to place Pine on probation and issue an administrative fine was difficult to understand or defend for several reasons:

1. ALBOP’s determination was based on alleged infractions of ALBOP rules that occurred *before* Pine was licensed to operate in Alabama;
2. ALBOP based its determination in part on FDA observations reported on an FDA Form 483 relating to a separate entity, “Pine Pharmacy and Home Care Products Center, Inc.”; and
3. ALBOP claimed that any “observation” reported on a FDA Form 483 constitutes a separate and independent violation of ALBOP rules.¹

FDA Warning Letter. On November 7, 2016, the FDA issued a warning letter to Pine in response to its October 2015 on-site inspection of Pine’s former facility located at 100 Colvin Woods Parkway, Suite 300, Tonawanda, New York (“Former Facility”); copies of the warning letter and Pine’s responses to the letter are attached here as Exhibit B. Effective March 12, 2018, Pine moved its operations from the Former Facility to a new facility located at 355 Riverwalk Parkway, Tonawanda, New York (“New Facility”).

Missouri. On October 13, 2017, the Missouri Board of Pharmacy (MOBOP) issued an administrative letter of warning to Pine but took no disciplinary action. MOBOP issued the letter in response to its review of the warning letter issued to Pine by the FDA. A copy of the MOBOP administrative letter of warning is attached here as Exhibit C.

Michigan. Pursuant to a Consent Order and Stipulation dated December 13, 2017 and effective January 12, 2018, the Michigan Board of Pharmacy imposed a \$250 fine on Pine’s Michigan Manufacturer/Wholesaler license (the “Michigan Order”). The Michigan Order may be fairly characterized as a “reciprocity fine” since there were no separate grounds for discipline specific to Pine’s activities in Michigan; rather, the Michigan Order was based on the ALBOP Final Order. A copy of the Michigan Order is attached here as Exhibit D.

By a letter dated March 20, 2018, the State of Michigan Department of Licensing and Regulatory Affairs (LARA) notified Pine that its Michigan Manufacturer/Wholesaler license had been suspended for failure to timely pay the \$250 fine that was imposed under the Michigan Order (the “Michigan Notice”). A copy of the Michigan Notice is attached here as Exhibit E. Pine’s Michigan Manufacturer/Wholesaler license

¹ FDA observations on a Form 483 following an FDA inspection are routine and expected. Each observation represents preliminary thoughts of the FDA investigator on the subject of the observation. The Form 483, once completed, is shared by the FDA with the facility’s management with the understanding and expectation that the facility will voluntarily take action to address the noted concerns.

was inactive at the time of suspension. The license had been permanently closed at the Pine's request due to the voluntary closure of the Former Facility in connection with Pine's relocation to the New Facility.

Pine had timely forwarded the payment required by the Michigan Order by check dated November 6, 2017, but LARA never received the payment. Pine's records confirmed that the check had not been cashed. Upon receiving the Michigan Notice, Pine immediately arranged for a duplicate payment to be delivered to LARA via overnight delivery. Pine's compliance with the Michigan Order is effective as of April 3, 2018.

Maine. Pursuant to a Consent Agreement, effective November 1, 2018 ("Maine Consent Agreement"), executed by and among Pine, the Maine Board of Pharmacy ("Maine BOP"), and the Maine Office of the Attorney General, Pine accepted discipline against its Maine mail order pharmacy license consisting of: (i) a warning; and (ii) a \$250 fine. The parties entered into the Maine Consent Agreement to resolve a complaint filed by a Maine BOP representative alleging that Pine did not report out-of-state disciplinary action to Maine BOP within 10 days as required under Maine law (Case No: 2018-PHA-14448). A copy of the Maine Consent Agreement is attached here as Exhibit F.

Respectfully submitted,

PINE PHARMACEUTICALS LLC

By:



Alfonse J. Muto, Member

Date:

09/12/2019

Exhibit A

ALBOP Final Order

See attached.

IN THE MATTER OF:)	BEFORE THE ALABAMA STATE
PINE PHARMACEUTICALS, LLC)	BOARD OF PHARMACY
Manufacturer/Wholesaler/ Distributor Permit Applicant)	

FINAL ORDER

On January 19, 2016 this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Pine Pharmaceuticals. LLC (hereinafter also referred to as the "Respondent"), in relation to its application for a manufacturer/wholesaler/ distributor permit. Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is an applicant for manufacturer/wholesaler/distributor permit in an application dated November 5, 2014 indicating Alfonse J. Muto as the owner and contact person. (Board's Exhibit One "2", Respondent's Exhibits One, Two and Three)

2. The Respondent was notified of the charges as amended; the Respondent was represented by counsel, Mr. Thomas Kendrick, Esq. at the hearing. Corporate representative Mr. Alfonse J. Muto, Jr. attended and participated in the hearing. (Board's Exhibit One) The matter was initially set for June 16, 2015 and continued to August 25, 2015 on the request of the Respondent. The matter was continued to November 17, 2015 on the Motion of the Board then again continued to January 19, 2016 on the Motion of the Respondent.

3. The Respondent made no objection to the timeliness of the Notice of Hearing.

4. In its application for a permit, the Respondent answered "yes" to the question "Has

any applicant, officer, member or partner been arrested and/or convicted of a felony or misdemeanor, excluding minor traffic violations?" and the Respondent provided documentation of a 1979 arrest and conviction of Alphonse Muto for carrying a concealed weapon in Fort Lauderdale, Florida. (Respondent's Exhibit Three).

5. In its application for a permit, the Respondent answered "yes" to the question "Has any applicant, officer, member or partner ever owned a pharmacy, manufacturer, wholesaler or distributor?" Adding, "Pine Pharmacy." Alfonse J. Muto, Sr. was listed as owner.

6. From July 16, 2013 through July 19, 2013 Pine Pharmacy and Home Care Products (Pine Pharmacy) in Williamsville, New York was inspected by the Food and Drug Administration wherein seven deficiencies were observed including, but not limited to, lacking adequate environmental monitoring data, inappropriate personnel clothing, inadequate sterile product procedures and inadequate facility and equipment systems. (Board's Exhibit One "A", Respondent's Exhibit Three)

7. From December 10, 2013 through December 16, 2013 Pine Pharmacy and Home Care Products (Pine Pharmacy) in Williamsville, New York was inspected by the Food and Drug Administration wherein nine deficiencies were observed including, but not limited to, improper equipment for the use intended, inappropriate personnel clothing, inadequate sterile product procedures, deficient product separation areas, inadequate facility and equipment systems, improper laboratory testing procedures, insufficient batch numbers tested, personal training lacking and determination of expiration dates inadequate. (Board's Exhibit One "A") On February 13, 2015 the Food and Drug Administration issued Pine Pharmacy and Home Care Products a warning letter based on the July, 2013 inspection deficiencies, refusal to provide requested documentation and not receiving valid prescriptions observed in the December, 2013 inspection. (Board's Exhibit One "C")

8. From October 5, 2015 through October 9, 2015 the Respondent (Pine

Pharmaceuticals) in Towanda, New York was inspected by the Food and Drug Administration wherein five deficiencies were observed including, but not limited to, failure to thoroughly review the failure of a batch or any of its components to meet any of its specifications whether or not the batch had already been distributed, aseptic processing procedures, appropriate laboratory determinations, labeling content and inadequate submitted reports to FDA. One deficiency related to the injectable drugs vancomycin and bevacizumab. (Board's Exhibit One and Respondent's Exhibit Four) Alfonse J. Muto, Jr. was shown as co-owner of the Respondent.

9. The Respondent reported the Food and Drug Administration its response of the October 2015 inspection observed deficiencies, the corrective measures taken by the Respondent for each deficiency. (Respondent's Exhibit Four)

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction in this cause pursuant to Code of Alabama (1975), § 34-23-34, § 34-23-92 (12) and § 41-22-12.
2. The Respondent was properly notified of the charges; the Respondent was represented by counsel.
3. The Respondent made no objection to the timeliness of the Notice of Hearing
4. The Respondent's application for permit as a manufacturer/wholesaler/distributor in the State of Alabama is due to GRANTED and placed on PROBATION with other disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23 (k) (1) and Board Rule 680-X-2.23 (k) (3) based upon the FDA 483 Inspection of Pine Pharmacy and Home Care Products Center, Inc., listing Alfonse J. Muto, Jr. as pharmacist, covering the period of July 16, 2013 through July 19, 2013. Each and every deficiency noted or described in the above referenced inspection as set out on the FDA 483 is a separate and distinct violation.

5. The Respondent's application for permit as a manufacturer/wholesaler/distributor in the State of Alabama is due to GRANTED and placed on PROBATION with other disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23 (k) (1) and Board Rule 680-X-2.23 (k) (3) based upon the FDA 483 Inspection of Pine Pharmacy and Home Care Products Center, Inc., listing Alfonse J. Muto, Sr. as owner, covering the period of December 10, 2013 through December 16, 2013. Each and every deficiency noted or described in the above referenced inspection as set out on the FDA 483 is a separate and distinct violation.

6. The Respondent's application for permit as a manufacturer/wholesaler/distributor in the State of Alabama is due to GRANTED and placed on PROBATION with other disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23 (k) (1) and Board Rule 680-X-2.23 based upon a Warning Letter issued by the FDA dated February 13, 2015 to Alfonse J. Muto, Sr. at Pine Pharmacy and Home Care Products Center, Inc. Each and every deficiency set out in the referenced Warning Letter is a separate and distinct violation.

7. The Respondent's application for permit as a manufacturer/wholesaler/distributor in the State of Alabama is due to GRANTED and placed on PROBATION with other disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23 (k) (1) and Board Rule 680-X-2.23 (k) (3) based upon the FDA 483 Inspection of Pine Pharmaceuticals, LLC, listing Alfonse J. Muto, Jr. as co-owner, covering the period of October 5 – 7 and 9, 2015.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

1. The Respondent's application for a permit as a manufacturer/wholesaler/distributor is GRANTED and placed on PROBATION for a period of twenty-four (24) months from the date

of this Final Order; and

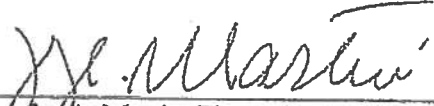
2. The Respondent shall provide the Board all copies of any and all reports of inspections made by the Food and Drug Administration and the New York Board of Pharmacy; and

3. The Respondent is found NOT GUILTY of Count Five of the Board's Amended Statement of Charges; and

4. The Respondent is also ORDERED to pay to the Board an administrative fine of Two Thousand (\$2,000.00) Dollars; said fine shall be paid within ninety (90) days of the date of this ORDER; and

5. Any future violations of this Order, the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rule of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state may, upon hearing and proof thereof, result in further disciplinary sanctions.

DONE and ORDERED, this 4th day of February 2016.



Timothy A. Martin, Pharm. D., President
Alabama State Board of Pharmacy

Copies to:
Mr. Thomas Kendrick, Esq.
Ms. Mitzi Ellenburg, Director of Operations
Ms. Patty Wright, Case Coordinator
Mr. James S. Ward, Esq.
Mr. Vance L. Alexander, Esq.

15E

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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

New OUTSOURCING FACILITY

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

503a OR 503b Apply as retail pharmacy only.

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

Publicly Traded Corporation – Pages 1-3 & 4

Partnership - Pages 1-3 & 6

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: QuVa Pharma, Inc.

Physical Address: 519 State Route 173

City: Bloomsbury State: New Jersey Zip Code: 08804

Telephone: 888-339-0874

Fax: _____

Toll Free Number: 888-339-0874 (Required per NAC 639.708)

E-mail: michelle.kostroun@quvapharma.com Website: www.quvapharma.com

Supervising Pharmacist: Andrea Tremblay Nevada License #: 20316 ✓

no disc
exp 21

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

FEI Number (From FDA application): 3013931875

Please provide the name of the facility as registered with the FDA and the registration number:
QuVa Pharma, Inc. /036662848

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: Andrea Tremblay Nevada License Number: 20316

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: _____

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, 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

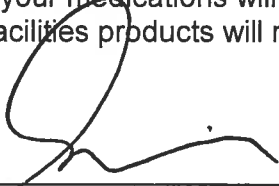
I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized OUTSOURCING FACILITY may be grounds for the revocation of this permit.

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

Scott Weiss

Print Name of Authorized Person

10/20/19

Date

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: QuVa Pharma Holdings, Inc.

Address: 3 Sugar Creek Center Blvd. Ste. 250

City: Sugar Land State: Texas Zip: 77478

Telephone: 888-339-0874 Fax: _____

Contact Person: Scott Weiss

For any corporation non publicly traded, disclose the following:

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

a) 100% of the shares are owned by QuVa Pharma Holdings

Name Address

b) _____

Name Address

c) _____

Name Address

d) _____

Name Address

2) Provide the number of shares issued by the corporation. 1000

3) What was the price paid per share? No par value

4) What date did the corporation actually receive the cash assets? N/A

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

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

Stuart Hinchen CEO
Peter Jenkins CDO (Chief Development Officer)

State Of Delaware

Entity Details

9/6/2019 3:24:52PM

File Number: 5755668

Incorporation Date / Formation Date: 5/28/2015

Entity Name: QUVA PHARMA, INC.

Entity Kind: Corporation

Entity Type: General

Residency: Domestic

State: DELAWARE

Status: Good Standing

Status Date: 3/18/2016

Registered Agent Information

Name: CORPORATION SERVICE COMPANY

Address: 251 LITTLE FALLS DRIVE

City: WILMINGTON

Country:

State: DE

Postal Code: 19808

Phone: 302-636-5401

Department of State: Division of Corporations

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Entity Details

File Number: 5755668 **Incorporation Date / Formation Date:** 5/28/2015 (mm/dd/yyyy)

Entity Name: QUVA PHARMA, INC.

Entity Kind: Corporation **Entity Type:** General

Residency: Domestic **State:** State:

Status: **Good Standing** **Status Date:** 3/18/2016

TAX INFORMATION

Last Annual Report Filed: 2018 **Tax Due:** \$ 0

Annual Tax Assessment: \$ 175 **Total Authorized Shares:** 1000

REGISTERED AGENT INFORMATION

Name: CORPORATION SERVICE COMPANY

Address: 251 LITTLE FALLS DRIVE

City: WILMINGTON **County:** New Castle

State: DE **Postal Code:** 19808

Phone: 302-636-5401

FILING HISTORY (Last 5 Filings)

Seq	Description	No. of pages	Filing Date (mm/dd/yyyy)	Filing Time	Effective Date (mm/dd/yyyy)
1	Amendment QUVA, INC.	1	7/13/2015	5:06 PM	7/13/2015
2	Stock Corporation	2	5/28/2015	4:34 PM	5/28/2015

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New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 10/28/2019

Registration Number: 5004816 **Registered as:** Manufacturer and Wholesale

Parent Company Name: QUVA PHARMA, INC.

Trade Name:

Original Issue Date: 10/21/2015 **Expiration Date:** 01/31/2020

Current Issue Date: 12/24/2018

Disciplines: No



**NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE**

0733881

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of \$20.00 shall accompany such notification."

Registered as: manufacturer wholesaler which conducts business at the following locations in this State:
1075 W PARK ONE DRIVE, SUITE 100 SUGAR LAND, TX 77478-
5920 S GENERAL BRUCE DR TEMPLE, TX 76502-
519 ROUTE 173 BLOOMSBURY, NJ 08804-

Reg. No.
5004816

QUVA PHARMA, INC.
ATTN: VARSHA GAITONDE RPH
1075 W PARK ONE DRIVE, SUITE 100
SUGAR LAND, TX 77478-

ISSUED PURSUANT TO
N.J.S.A. 24:6B
EXPIRES: January 31, 2020

Establishment Copy