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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

(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	(Please provide current license number if making changes: MP or MW _____)
<input checked="" 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 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7	

Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Cardinal Health 108, LLC

Physical Address: 233 Mason Road, LaVergne, TN 37086
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 7000 Cardinal Health, Attn: QRA

City: Dublin State: OH Zip Code: 43017

Telephone: 615-793-4400 Fax: 614-553-9535

E-mail: licensure@cardinalhealth.com Website: www.cardinalhealth.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 6 am to 9 pm Tue: 6 am to 9 pm Wed: 6 am to 9 pm Thu: 6 am to 9 pm Fri: 6 am to 9 pm
Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Marcus Oliver

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

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Prescription Drugs and OTC</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 OUT-OF-STATE 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:

_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

Are any of the owners health professionals? If yes, please list name.

- Practitioner Name: _____
- Advanced Practitioner of Nursing Name: _____
- Physician's Assistant Name: _____
- Physical Therapist Name: _____
- Occupational Therapist Name: _____
- Registered Nurse Name: _____
- Respiratory Therapist Name: _____

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

1) Has the corporation, any owner(s), shareholder(s) or partners 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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

- 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? *See attached.* 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.

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.

WAS

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

William Crates

Print Name of Authorized Person

1-10-2020
Date

Board Use Only	Received: _____	Amount: <u>500.00</u>
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APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Cardinal Health, Inc

Corporation Name: Cardinal Health 108, LLC

Mailing Address: 7000 Cardinal Place, Attn: QRA

City: Dublin State: OH Zip: 43017

Telephone: 614-553-3076 Fax: 614-652-0282

License Contact Person: Cynthia Rhodes

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

- | | |
|--------------------------------|---------------|
| 1. <u>Cardinal Health, Inc</u> | %: <u>100</u> |
| 2. _____ | %: _____ |
| 3. _____ | %: _____ |
| 4. _____ | %: _____ |

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: October 29, 1996

Registration number issued: 535613

Stock Exchange: NYSE

Include with the application for a publicly traded corporation

List of officers and directors.

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.



December 20, 2019

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

RE: Explanation of Disciplinary History
Cardinal Health 110, LLC, LaVergne, TN

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to question 3 on our renewal application for an Out-of-State MDEG License. We have one matter to disclose. **Please note that this facility located in LaVergne, TN to which this application pertains, has not had any administrative actions or disciplinary issues to date.**

Cardinal Health operates approximately seventy-five distribution facilities across the United States. As a health care provider, a number of Cardinal Health's operating subsidiaries are subject to regulation by various governmental agencies, including the U.S. Drug Enforcement Administration (DEA), the U.S. Food and Drug Administration (FDA) and other regulatory bodies such as state pharmacy boards. From time to time, these entities are inspected by these government agencies and certain subsidiaries have, in the past, paid fines to resolve various alleged violations. To date, none of these violations have resulted in actions against Cardinal Health's license(s) or ability to operate; to the best of our knowledge, the only exceptions to this are listed below or have been disclosed in a prior submission.

On May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration ("DEA") regarding Cardinal Health's registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the "Order") on Cardinal Health's Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility "failed to maintain effective controls against the diversion of controlled substances" and "failed to detect and report suspicious orders of oxycodone by its pharmacy customers." In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that "[n]otwithstanding the large quantities of controlled substances ordered by Cardinal's top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted...." Importantly, these allegations did not involve any diversion of controlled substances from Cardinal's facility.

Under the settlement agreement, the Lakeland facility's DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and

the DEA reinstated Lakeland's registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012 administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay \$44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys' Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company's distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia \$20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility \$500 in administrative fees, and the California Board fined the facility \$1,505 in investigative fees. Both fees were paid to the respective Boards.

We make every effort to meet our customers' legitimate demands for controlled substances. However, we have also demonstrated a deep commitment to helping fight prescription drug abuse. We have invested significant resources to implement a robust anti-diversion system that includes the use of advanced analytics. We have hired teams of anti-diversion specialists and investigators to identify red flags that could signal potential diversion. Over the past four years, we stopped shipping controlled substances to hundreds of pharmacies because we believed they posed an unreasonable risk of diversion.

We want to work collaboratively with all participants in the drug supply chain – including regulators, pharmaceutical manufacturers, distributors, pharmacists, doctors and boards of pharmacy – to combat controlled substance diversion. We want to work with all parties to find a more effective approach to stop prescription drug abuse without disrupting legitimate use.

If you have any questions about this issue, please contact Martha Russell, Assistant General Counsel, Regulatory, at 614-757-6654.

Sincerely,

William Crates

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for
Commercial Recordings

STATE OF NEVADA



OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings & Notary Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138
North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Roy Watts
233 Mason Road Attn: QRA
Lavergne, TN 37086

Work Order #: W2019121900133
December 19, 2019
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 169477

Charges

Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Certificates	20190363063	12/19/2019 7:57:04 AM	Approved	1	\$50.00	\$50.00
Total						\$50.00

Payments

Type	Description	Payment Status	Amount
Credit Card	5767710118876128603049	Success	\$50.00
Total			\$50.00

Credit Balance: \$0.00

Roy Watts
233 Mason Road Attn: QRA
Lavergne, TN 37086

SECRETARY OF STATE



**CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING**

I, Barbara K. Cegavske, the duly qualified and elected 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, corporations sole, 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 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, **CARDINAL HEALTH 108, LLC**, as a FOREIGN 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 10/06/2014, and is in good standing in this state.

I further certify that the above FOREIGN LIMITED-LIABILITY COMPANY has its formation document and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/19/2019.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20191219451741

You may verify this certificate
online at <http://www.nvsos.gov>



June 30, 2019

To whom it may concern:

This is a declaration and confirmation by Cardinal Health, Inc. and its subsidiaries exclusively that:

Cardinal Health is self-insured for products, completed operations liability and pharmacist professional liability. You will not be named as additional insured for any of the self-insured retention limits of the product liability, completed operations liability and pharmacist professional liability coverages. Cardinal Health's self-insurance is backed by its financial strength documented in financial statements found at www.cardinalhealth.com. The existence of self-insurance within Cardinal Health's insurance program does not change any contractual obligation we may have, and shall not be deemed to exceed the scope of coverage and/or limits required, under our written contract or agreement with you.

As respects the Automobile Liability, Automobile Physical Damage, Comprehensive and Collision coverage is self-insured for all owned vehicles.

Please direct any questions or concerns to GMB-DUB-Risk Management@cardinalhealth.com.

Denise Johnston
Director, Risk Management

JPK/as

enc.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
07/01/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Northeast, Inc. Cincinnati OH Office 8044 Montgomery Road Suite 405 Cincinnati OH 45236-2919 USA		CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:		
INSURED Cardinal Health, Inc. (See Additional Page) 7000 Cardinal Place Dublin OH 43017 USA		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A:	XL Insurance America Inc	24554
		INSURER B:	XL Specialty Insurance Co	37885
		INSURER C:	Greenwich Insurance Company	22322
		INSURER D:		
		INSURER E:		

COVERAGES **CERTIFICATE NUMBER: 570077280044** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			RGD943716714 AOS, PR	06/30/2019	06/30/2020	EACH OCCURRENCE	\$5,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	Excluded
							PERSONAL & ADV INJURY	\$5,000,000
							GENERAL AGGREGATE	\$5,000,000
							PRODUCTS - COMP/OP AGG	Excluded
							Liquor Liability Lim	Included
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY In			RAD9437168-14	06/30/2019	06/30/2020	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION			US00009085LI19A SIR applies per policy terms & conditions	06/30/2019	06/30/2020	EACH OCCURRENCE	\$5,000,000
							AGGREGATE	\$5,000,000
							Products/Completed O	Excluded
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	RWD943512514 (AOS)	06/30/2019	06/30/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
				RWR943512614 (WI)	06/30/2019	06/30/2020	E.L. EACH ACCIDENT	\$5,000,000
							E.L. DISEASE-EA EMPLOYEE	\$5,000,000
						E.L. DISEASE-POLICY LIMIT	\$5,000,000	
B	<input type="checkbox"/> Excess WC			RWE943514314 (OH)	06/30/2019	06/30/2020	EL Each Accident	\$4,500,000
							EL Disease - Ea Emp	\$4,500,000
							SIR	\$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Cardinal Health, Inc. 7000 Cardinal Place Dublin OH 43017 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Northeast, Inc.</i>

Holder Identifier :
Certificate No : 570077280044

AGENCY CUSTOMER ID: 570000070825

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Cardinal Health, Inc.	
POLICY NUMBER See Certificate Number: 570077280044			
CARRIER See Certificate Number: 570077280044	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	WORKERS COMPENSATION						
B		N/A		RWR300142401 (AK)	06/30/2019	06/30/2020	

AGENCY CUSTOMER ID: 570000070825
 LOC #:



ADDITIONAL REMARKS SCHEDULE

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AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Cardinal Health, Inc.	
POLICY NUMBER See Certificate Number: 570077280044			
CARRIER See Certificate Number: 570077280044	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

Evidence of Coverage

As respects the Commercial General Liability Policy:
 Additional Insured Managers or Lessors of Premises : as required by written contract
 Additional Insured Owners, Lessees or Contractors - Scheduled Persons or Organization : as required by written contract
 Coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured and shall not increase the applicable Limits of Insurance

As respects the Automobile Liability Policy:
 Coverage symbol 1 (Any Auto) applies to Automobile Liability which includes coverage for Hired / Non-Owned Autos
 Lessor - Additional Insured: all leased autos.
 The policy will pay as interest may appear, you (Cardinal Health) and the lessor named in this endorsement for "loss" to a "leased auto".
 Additional Insured Where Required under Written Contract or Agreement Endorsement

As respects General Liability, Automobile Liability, and Workers Compensation Policies:
 Waiver of Subrogation is permitted as required by written contract or agreement executed prior to loss and in accordance with the terms, conditions and exclusions of the applicable policies.

AGENCY CUSTOMER ID: 570000070825

LOC #:



ADDITIONAL REMARKS SCHEDULE

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AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Cardinal Health, Inc.	
POLICY NUMBER See Certificate Number: 570077280044			
CARRIER See Certificate Number: 570077280044	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

Named Insured Listing

Named Insured Listing for June 30, 2019 - June 30, 2020 includes but is not limited to the following:

- A+ Secure Packaging, LLC
- Abilene Nuclear, LLC
- Access Closure, Inc.
- Acuity GPO, LLC
- Aero-Med, Ltd.
- Allegiance (BVI) Holding Co. Ltd.
- Allegiance Corporation
- Allegiance Healthcare (Labuan) Pte. Ltd.
- Allegiance I, LLC
- Allegiance Labuan Holdings Pte. Ltd.
- API (Suppliers) Limited
- AssuraMed Acquisition Corp.
- AssuraMed Group, Inc.
- AssuraMed Holding, Inc.
- AssuraMed Intermediate Holding, Inc.
- AssuraMed, Inc.
- C. International, Inc.
- Cardinal Distribution Holding Corporation - I
- Cardinal Distribution Holding Corporation - II
- Cardinal Health 100, Inc.
- Cardinal Health 104 LP
- Cardinal Health 105, Inc.
- Cardinal Health 107, LLC
- Cardinal Health 108, LLC
- Cardinal Health 110, LLC
- Cardinal Health 112, LLC
- Cardinal Health 113, LLC
- Cardinal Health 114, Inc.
- Cardinal Health 115, LLC
- Cardinal Health 116, LLC
- Cardinal Health 118, LLC
- Cardinal Health 119, LLC
- Cardinal Health 121, LLC
- Cardinal Health 122, LLC
- Cardinal Health 123, LLC
- Cardinal Health 124, LLC
- Cardinal Health 125, LLC
- Cardinal Health 126, LLC
- Cardinal Health 127, Inc.
- Cardinal Health 128, LLC
- Cardinal Health 130, LLC
- Cardinal Health 131, LLC
- Cardinal Health 132, LLC
- Cardinal Health 2, LLC
- Cardinal Health 200, LLC
- Cardinal Health 201 Canada L.P.
- Cardinal Health 201, Inc.
- Cardinal Health 215, LLC
- Cardinal Health 222 (Thailand) Ltd.
- Cardinal Health 242, LLC
- Cardinal Health 246, Inc.
- Cardinal Health 247, Inc.
- Cardinal Health 249, LLC
- Cardinal Health 250 Dutch C.V.
- Cardinal Health 251, LLC
- Cardinal Health 252, LLC
- Cardinal Health 253, LP

AGENCY CUSTOMER ID: 570000070825

LOC #:



ADDITIONAL REMARKS SCHEDULE

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AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Cardinal Health, Inc.	
POLICY NUMBER See Certificate Number: 570077280044		EFFECTIVE DATE	
CARRIER See Certificate Number: 570077280044	NAIC CODE		

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

Named Insureds Continued

Cardinal Health 3, LLC
 Cardinal Health 414, LLC
 Cardinal Health 418, Inc.
 Cardinal Health 5, LLC
 Cardinal Health 500, LLC
 Cardinal Health 524, LLC
 Cardinal Health 529, LLC
 Cardinal Health 6, Inc.
 Cardinal Health 7, LLC
 Cardinal Health 8, LLC
 Cardinal Health Australia 503 Pty Ltd.
 Cardinal Health Austria 504 GmbH
 Cardinal Health Belgium 505 BVBA
 Cardinal Health Canada Holdings Cooperatie U.A.
 Cardinal Health Canada Inc.
 Cardinal Health Capital Corporation
 Cardinal Health Cardiology Solutions, LLC
 Cardinal Health Chile Limitada
 Cardinal Health Colombia S.A.S.
 Cardinal Health Commercial Technologies, LLC
 Cardinal Health Corporate Solutions, LLC
 Cardinal Health D.R. 203 II Ltd.
 Cardinal Health Denmark Aps
 Cardinal Health do Brasil Ltda.
 Cardinal Health Finance
 Cardinal Health Finland Oy
 Cardinal Health Foundation
 Cardinal Health France 506 SAS
 Cardinal Health Funding, LLC
 Cardinal Health Germany 507 GmbH
 Cardinal Health Germany Manufacturing GmbH
 Cardinal Health Holding International, Inc.
 Cardinal Health International Philippines, Inc.
 Cardinal Health IPS, LLC
 Cardinal Health Ireland 419 Designated Activity Company
 Cardinal Health Ireland 508 Limited
 Cardinal Health Ireland Manufacturing Limited
 Cardinal Health Ireland Unlimited Company
 Cardinal Health Italy 509 S.r.l.
 Cardinal Health Japan G.K.
 Cardinal Health Korea Limited
 Cardinal Health Luxembourg 420 S.a.r.l.
 Cardinal Health Luxembourg 522 S.a.r.l.
 Cardinal Health Malaysia 211 Sdn. Bhd.
 Cardinal Health Malta 212 Limited
 Cardinal Health Managed Care Services, LLC
 Cardinal Health Medical Products India Private Limited
 Cardinal Health Mexico 244 S. de R.L. de C.V.
 Cardinal Health Mexico 514 S. de R.L. de C.V.
 Cardinal Health Middle East FZ-LLC
 Cardinal Health MPB, Inc.
 Cardinal Health Napoleon Holding, LLC
 Cardinal Health Netherlands 502 B.V.
 Cardinal Health Netherlands 525 Coöperatie U.A.
 Cardinal Health Netherlands 528 B.V.
 Cardinal Health Norway AS

AGENCY CUSTOMER ID: 570000070825

LOC #:



ADDITIONAL REMARKS SCHEDULE

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AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Cardinal Health, Inc.	
POLICY NUMBER See Certificate Number: 570077280044			
CARRIER See Certificate Number: 570077280044	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

Named Insureds Continued

- Cardinal Health P.R. 120, Inc.
- Cardinal Health P.R. 218, Inc.
- Cardinal Health P.R. 220, LLC
- Cardinal Health P.R. 436, Inc.
- Cardinal Health Pharmaceutical Contracting, LLC
- Cardinal Health Pharmacy Services, LLC
- Cardinal Health Poland Spólka z ograniczona odpowiedzialnoscia
- Cardinal Health Portugal 513, Unipessoal Lda.
- Cardinal Health Singapore 225 Pte. Ltd.
- Cardinal Health Spain 511 S.L.
- Cardinal Health Specialty Pharmacy, LLC
- Cardinal Health Sweden 512 A.B.
- Cardinal Health Switzerland 515 GmbH
- Cardinal Health Systems, Inc.
- Cardinal Health Technologies Switzerland GmbH
- Cardinal Health Technologies, LLC
- Cardinal Health U.K. 418 Limited
- Cardinal Health U.K. 432 Limited
- Cardinal Health U.K. Holding Limited
- Cardinal Health U.K. International Holding LLP
- Cardinal Health, Inc.
- Cardinal Medical Equipment Consulting (Shanghai) Co., Ltd.
- Cipro de Delicias S.A. de C.V.
- Clinic Pharmacies III, LLC
- Clinic Pharmacies, LLC
- Community Pharmacy Enterprises, LLC
- Convertors de Mexico S.A. de C.V.
- Cordis (Shanghai) Medical Devices Co., Ltd.
- Cordis Cashel Unlimited Company
- Cordis Corporation
- Cornerstone Partners G.P.O., L.P.
- Covidien Canada Holdings (C) Cooperatie U.A. (Inactive)
- Covidien Ireland Limited (Inactive)
- Covidien Manufacturing Solutions, S.A.
- Dutch American Manufacturers II (D.A.M. II) B.V.
- Ellipticare, LLC
- EPIC Insurance Company
- Especialidades Medicas Kenmex S.A. de C.V.
- Flexible Stenting Solutions, Inc.
- Frog Horned Capital, Inc.
- Generic Drug Holdings, Inc.
- Griffin Capital, LLC
- HDG Acquisition, Inc.
- imgRX Healdsburg, Inc.
- imgRX Salud, Inc.
- imgRX SJ Valley, Inc.
- imgRX SLO, Inc.
- imgRX Sonoma, Inc.
- InnerDyne Holdings, Inc.
- Innovative Therapies, Inc.
- Instant Diagnostic Systems, Inc.
- InteCardia-Tennessee East Catheterization, LLC
- ITI Sales, LLC
- Kendall-Gammatron Limited
- Killilea Development Company, Ltd.
- Kinray I, LLC
- KPR Australia Pty. Ltd.
- KPR Switzerland Sales GmbH
- KPR U.S., LLC
- Leader Drugstores, Inc.

AGENCY CUSTOMER ID: 570000070825

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Cardinal Health, Inc.	
POLICY NUMBER See Certificate Number: 570077280044			
CARRIER See Certificate Number: 570077280044	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

Named Insureds Continued

Limited Liability Company "Cardinal Health Russia"
 Ludlow Technical Products Canada, Ltd.
 Marin Apothecaries
 Medicap Pharmacies Incorporated
 Medicine Shoppe Capital Corporation
 Medicine Shoppe International, Inc.
 Medicine Shoppe Internet, Inc.
 Mediquip Sdn. Bhd.
 Mirixa Corporation
 MSCRIPTS HOLDING, LLC
 MSCRIPTS, LLC
 NeuroLogic GPO, LLC
 Nippon Covidien Ltd.
 One Cloverleaf, LLC
 Outcomes Incorporated
 Owen Shared Services, Inc.
 Pharmacy Operations Of New York, Inc.
 Pharmacy Operations, Inc.
 Physicians Purchasing, Inc.
 Pinnacle Intellectual Property Services, Inc.
 Pinnacle Intellectual Property Services-International, Inc.
 Quiroproductos de Cuauhtemoc S. de R.L. de C.V.
 RainTree Administrative Services, LLC
 RainTree Care Management, LLC
 RainTree GPO, LLC
 Ransdell Surgical, Inc.
 Red Oak Sourcing, LLC
 Renal Purchasing Group, LLC
 RGH Enterprises, Inc.
 RT Oncology Services Corporation
 Rxealtime, Inc.
 Sierra Radiopharmacy, L.L.C.
 Sonexus Health Access & Patient Support, LLC
 Sonexus Health Distribution Services, LLC
 Sonexus Health Financial Solutions, LLC
 Sonexus Health Pharmacy Services, LLC
 Sonexus Health, LLC
 TelePharm, LLC
 The Harvard Drug Group, L.L.C.
 Tianjin ITI Trading Company
 Tradex International, Inc.
 UroMed, Inc.
 Wavemark Lebanon Offshore s.a.l.
 Wavemark, Inc.



233 Mason Road
LaVergne, Tennessee 37086

Officer Name	Title	Company	Business Address	Business Phone Number	Percentage of Ownership
William Stanton Crates	Vice President, QRA Management	Cardinal Health 108, LLC	7000 Cardinal Place, Dublin, OH 43017	614-757-6175	0%
Ullrich Conrad Mayeski	Vice President, QRA Management	Cardinal Health 108, LLC	7000 Cardinal Place Dublin, OH 43017	614-757-7544	0%
Joseph I. DePinto	President, Specialty Solutions	Cardinal Health 108, LLC	7000 Cardinal Place, Dublin, OH 43017	614-757-1644	0%
David Linden Barber	Senior Vice President, Regulatory Affairs Counsel	Cardinal Health 108, LLC	7000 Cardinal Place, Dublin, OH 43017	614-757-7721	0%
Brian James Bejarano	VP, Operations Mgmt	Cardinal Health 108, LLC	7000 Cardinal Place, Dublin, OH 43017	615-213-0317	0%

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18B

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG 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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership 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 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Medical Action Industries, Inc.

Physical Address: 25 Heywood Road Arden, NC 28704
(This must be a business address, we can not issue a license to a home address)

Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip Code: 10921

Telephone: (828) 338-7540 Fax: (828) 681-8828

E-mail: owm@slny.com Website: www.owens-minor.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 12:00 to 11:59 Tue: 12:00 to 11:59 Wed: 12:00 to 11:59 Thu: 12:00 to 11:59
Fri: 12:00 to 11:59 Sat: Closed to Closed Sun: 11:00 to 11:59 Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Nichole Kimberly Early

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

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosethics |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Surgical Prep & Sanitation 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: Nicole Kimberly Early Telephone: 1-800-645-7042

APPLICATION FOR OUT-OF-STATE 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>N/A</u>	_____	_____
_____	_____	_____
_____	_____	_____

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

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

Are any of the owners health professionals? If yes, please list name.

N/A

- | | |
|---|-------------|
| <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: _____ |

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

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partners 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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE


This page must be submitted for all types of ownership.

- 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 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.

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

Nicholas Joseph Pace II
Print Name of Authorized Person

11-25-19
Date

Board Use Only	Received: <u>MAR 09 2020</u>	Amount: <u>500-</u>
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APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATIONState of Incorporation: DEParent Company if any: Owens & Minor, Inc.Corporation Name: Medical Action Industries, Inc.Mailing Address: c/o State License Servicing c/o State License Servicing, 1751 State Route 17A, Suite 3City: Florida State: NY Zip: 10921Telephone: (845) 544-2482 Fax: (845) 544-2481Contact Person: Jennifer Schneider

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>Owens & Minor, Inc.</u>	<u>910 Lockwood Blvd Mechanicsville, VA 23229</u>
	Name	Address

b)	<u></u>	<u></u>
	Name	Address

c)	<u></u>	<u></u>
	Name	Address

d)	<u></u>	<u></u>
	Name	Address

2) Provide the number of shares issued by the corporation. Owens & Minor, Inc is the 100% Sole Owner3) What was the price paid per share? N/A4) What date did the corporation actually receive the cash assets? N/A

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

Include with the application for a non publicly traded corporation

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

List of officers and directors.



110 Centerview Drive
 Post Office Box 11927
 Columbia, SC 29211-1927
 Phone: (803) 896-4700
 FAX: (803) 896-4596

South Carolina
 Department of Labor, Licensing and Regulation

Board of Pharmacy



Henry D. McMaster
 Governor

Emily H. Farr
 Director

www.llr.sc.gov/POL/Pharmacy/

February 7, 2020

Medical Action Industries, Inc.
 25 Heywood Road
 Arden, NC 28704

Dear Nichole Early:

Your application for a South Carolina Non-Resident Pharmacy permit was reviewed by the Non-Resident Application Review Committee at its February 6, 2020, meeting. The Committee's recommendations will be presented to the Board for approval or denial of the permit applications at its March 11, 2020, Board meeting.

The Committee is recommending your permit application for approval pending the following:

Approved conditioned upon submission of fine in the amount of \$5,000 for shipping into SC without a permit; applicant must pay fine within six months of Board's approval of committee recommendation, or application will be considered withdrawn.

Requested documents may be emailed to chelsi.swartz@llr.sc.gov. Once the above conditions have been met, your permit will be issued.

Sincerely,

Traci Collier

Traci Collier, PharmD
 Administrator and Chief Drug Inspector
 SC Board of Pharmacy



STATE LICENSE SERVICING, INC
 1751 State Route 17A, Suite 3
 Florida, NY 10921
 Tel. 845/544-2482
 Fax. 845/544-2481
 statelicensservicing.com

March 3, 2020

To: Nevada State Board of Pharmacy
 985 Damonte Ranch Parkway
 Suite 206
 Reno, NV 89521

Re: Notice of Non-Disciplinary Administrative Fine

Medical Action Industries, Inc.
 25 Heywood Road
 Arden, NC 28704

Pending Initial: Medical Device, Equipment and Gases
 25 Heywood Road, Arden, NC 28704

Dear Licensing Authority:

State License Servicing, Inc. represents Medical Action Industries, Inc. in the servicing of their state licenses. This letter shall serve as a disclosure of a non-disciplinary administrative fine for the above referenced company.

On February 7, 2020, Medical Action Industries, Inc. was notified by the State of South Carolina, Board of Pharmacy that they were fined in the amount of \$5,000 for shipping into SC without a permit.

Medical Action paid the fine of \$5,000 in full on February 12, 2020. In response, the South Carolina Board of Pharmacy's Non-Resident Review Committee determined that the payment was made satisfactorily and issued the SC Non-Resident Wholesale Distributor permit to them.

Attached please find a copy of the official notification from SC Board of Pharmacy.

If you need any additional information, please feel free to call or email me at the address below.

Kind regards,

A handwritten signature in blue ink, appearing to read 'Jennifer Schneider'.

Jennifer Schneider
 VP, Client Services
 State License Servicing, Inc.
 OWM@SLSNY.COM

Medical Action Industries, Inc.



Corporate Address: 25 Heywood Road, Arden, NC 28704 USA
 FEIN: 11-2421849
www.owens-minor.com

Drug Labeler Code:
 Incorporation State: DE
 Incorporation Date: 11/5/1987

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
MDA	25 Heywood Road Arden, NC 28704 County: Buncombe	1030451		03-236-4462	No	(828) 338-7540	(828) 681-8828

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Nichole Kimberly Early	11 Phoenix Circle Alexander, NC 28701	Quality Compliance Analyst	No

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Owens & Minor, Inc.	9120 Lockwood Blvd. Mechanicsville, VA 23229		100	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Christopher Michael Lowery	14135 Seabiscuit Alpharetta, GA 30004	President & CEO	No
Jonathan Andrew Leon	3200 Grove Ave. Richmond, VA 23221	Vice President & Treasurer	No
Nicholas Joseph Pace II	5 Kanawha Road Richmond, VA 23226	Senior VP, General Counsel, Secretary	No

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
CT Corporation



NORTH CAROLINA

Department of the Secretary of State

1093
HOME STATE GOD STANDING

CERTIFICATE OF AUTHORIZATION

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

MEDICAL ACTION INDUSTRIES INC.

a corporation organized under the laws of Delaware was authorized to transact business in the State of North Carolina by issuance of a certificate of authority on the 23rd day of May, 1988.

I FURTHER certify that the said corporation's certificate of authority is not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation's certificate of authority is not revoked for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 has been delivered to the Secretary of State; and that a certificate of withdrawal has not been issued in the name of the said corporation as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 28th day of January, 2020.

Elaine F. Marshall

Secretary of State

2020

NOT TRANSFERABLE
STATUTE GS 81.106.119

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

LICENSE/CERTIFICATE NO.
125

LICENSE/CERTIFICATE:

TYPE

Expiration Date

Repackager

PRESCRIPTION DRUG LICENSE

12/31/2020

LICENSEE
OR
CERTIFICATOR

Medical Action Industries, Inc.
25 Heywood Road
Arden

NC 28704



Steve W. Troxler
STEVE TROXLER, COMMISSIONER

THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

Food & Drug Protection Division

Drug License Search

[Go Back](#)

[New Search \(search.asp\)](#)

Your search for 125 returned the following results...

~~Organon Teknika Corporation,~~
 LLC
 100 Rodolphe Street, Bldg. 1300
 Durham, NC 27712

License Type: 086
License Number: 125
Description: Manufacturer

Status: Active – in good standing
Issue Date: 12/13/2019
Expiration Date: 12/31/2020

~~Abbott Laboratories, Inc. Crown~~ →
 Carriers
 400 English Road
 Rocky Mount, NC 27804

License Type: 087
License Number: 125
Description: Distributor

Status: Inactive
Issue Date: 12/7/2009
Cancellation Date: 10/28/2010

~~Air Liquide America Specialty~~
 Gases LLC
 1311 New Savannah Road
 Augusta, GA 30901

License Type: 088
License Number: 125
Description: Wholesaler

Status: Inactive
Issue Date: 12/17/2009
Cancellation Date: 11/24/2010

Medical Action Industries, Inc.
 25 Heywood Road
 Arden, NC 28704

License Type: 089
License Number: 125
Description: Repackager

Status: Active – in good standing
Issue Date: 11/5/2019
Expiration Date: 12/31/2020

NORTH CAROLINA
 DOES NOT SUPPLY
 OFFICIAL VERIFICATION
 OF LICENSURE

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICAL ACTION INDUSTRIES 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 THIRTEENTH DAY OF FEBRUARY, A.D. 2020.



2142766 8300

SR# 20201081913

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202384739

Date: 02-13-20