

6A

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509
APPLICATION FOR OUT-OF-STATE PHARMACY 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 Pharmacy** or ☐ **Ownership Change** (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.
☐ **Publicly Traded Corporation** – Pages 1,2,3,7 ☐ **Partnership** - Pages 1,2,5,7
☒ **Non Publicly Traded Corporation** – Pages 1,2,4,7 ☐ **Sole Owner** – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: 1st America Infusion Services, LLC d/b/a Advanced InfusionCare

Physical Address: 212 Northside Drive, Valdosta, GA 31602

Mailing Address: 625 Highland Colony Pkwy., Ste. 105

City: Ridgeland State: MS Zip Code: 39157

Telephone: 229-242-3060 Fax: 229-242-9914

Toll Free Number: 800-482-8466 (Required per NAC 639.708)

E-mail: licensing@aiscaregroup.com Website: www.aiscaregroup.com

Managing Pharmacist: Michael Hicks License Number: RPH016110

TYPE OF PHARMACY **AND**

SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
- ☐ ☒ Hospital (# beds _____)
- ☐ ☒ Internet
- ☐ ☒ Nuclear
- ☐ ☒ Ambulatory Surgery Center
- ☐ ☒ Community
- ☒ ☐ Other: Home Infusion

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
- ☒ ☐ Parenteral **
- ☐ ☒ Parenteral (outpatient)
- ☐ ☒ Outpatient/Discharge
- ☒ ☐ Mail Service
- ☐ ☒ Long Term Care
- ☒ ☐ Sterile Compounding **
- ☐ ☒ Non Sterile Compounding
- ☒ ☐ Mail Service Sterile Compounding **
- ☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

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, site 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.

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 pharmacy 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

Michael Ford

Print Name of Authorized Person

Date

8/30/18

Page 2

Board Use Only

Date Processed: _____

Amount: \$ 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Georgia
Parent Company if any: Advanced Infusion Solutions Acquisition, LLC
Mailing Address: 623 Highland Colony Pkwy., Ste. 100
City: Ridgeland State: MS Zip: 39157
Telephone: 877-443-4006 Fax: 877-415-4050
Contact Person: Sarah Tew

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation? N/A
 - a) N/A
Name Address
 - b) N/A
Name Address
 - c) N/A
Name Address
 - d) N/A
Name Address
- 2) Provide the number of shares issued by the corporation. 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

List any physician shareholders and percentage of ownership.

Name: N/A %: 0
Name: N/A %: 0

Hours of Operation for the pharmacy:

Monday thru Friday 800 am 500 pm Saturday See* am See* pm
Sunday See* am See* pm 24 Hours See*

*Pharmacist is available 24/7/365

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

**STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA**

I, Michael Ford

Responsible Person of 1st America Infusion Services, LLC dba Advanced InfusionCare

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



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

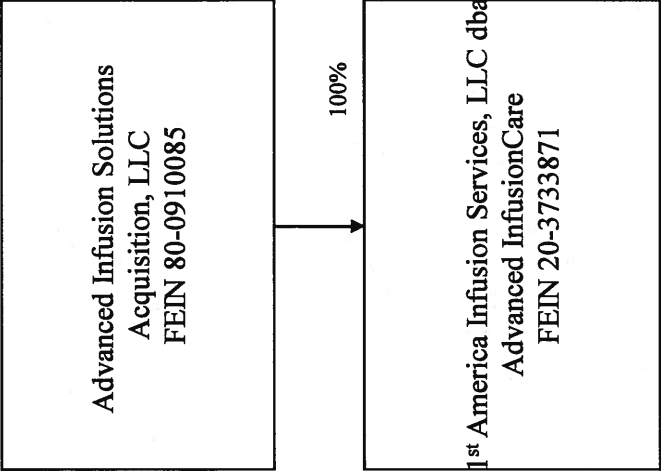
Michael Ford

Print Name of Authorized Person

8/30/18

Date

Attachment – Org. Chart



1st America Infusion Services, LLC

Manager: Advanced Infusion Solutions Acquisition, LLC



STATE OF GEORGIA
Department of Community Health
Georgia State Board of Pharmacy
Retail Pharmacy

License No. PHRE008040

Status: Active

Advanced InfusionCare
212 Northside Drive
Valdosta GA 31602

Expires: 6/30/2019
Issued: 9/14/1998

Pharmacist in Charge PHRE008040
Michael S Hicks

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall license to practice your profession. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.

Please notify the Board if you have a change of address or otherwise need to update your records.



STATE OF GEORGIA
Department of Community Health
Georgia State Board of Pharmacy
Retail Pharmacy
License No. PHRE008040 - Active

Advanced InfusionCare
212 Northside Drive
Valdosta GA 31602

Issued: 9/14/1998
Expires 6/30/2019

Pharmacist in Charge PHRE008040
Michael S Hicks

Real-time license verification is available at gadch.mylicense.com/verification

6B

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509
APPLICATION FOR OUT-OF-STATE PHARMACY 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 Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: PH 03288)
 Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Marian Pharmaceuticals

Physical Address: 28691 US Hwy 98 Suite D1

Mailing Address: same as above

City: Daphne State: Alabama Zip Code: 36526

Telephone: 251-473-2222 Fax: 251-473-1064

Toll Free Number: 888-530-8088 (Required per NAC 639.708)

E-mail: christina@marianrc.com Website: none

Managing Pharmacist: Christina Bond License Number: 15657 - TX

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other:

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services:

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

10/6/02

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

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, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
previous owner
- 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 pharmacy 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.

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

Christina Bond
Print Name of Authorized Person

5/30/18
Date

Page 2

Board Use Only

Date Processed: _____

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General Limited X

Partnership Name: **Marian Respiratory Inc.**

Mailing Address: 28691 US Hwy 98 Suite D1

City: Daphne State: AL Zip Code: 36526

Telephone Number: 251-473-2222 Fax Number: 251-473-1064

Contact Person: Christina Bond

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>
Attached		

List names of 4 largest partners and percentage of ownership:

Name: **Marian Respiratory Care Inc.** %: **100**

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: none %:

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 5 pm

Saturday am pm

Sunday _____ am _____ pm

24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: PHO3288

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Alabama)
Baldwin) ss.
COUNTY)

I, Christina Bond, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacy Manager for Marion Pharmaceuticals (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

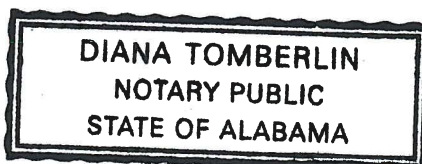
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, _____, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

CBond
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
25 day of June, 2018.
Diana Tomberlin
NOTARY PUBLIC



**STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA**

I, Christina Bond
Responsible Person of Marian Pharmaceuticals
hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Christina Bond 5/30/18
Print Name of Authorized Person Date

Alabama State Board of Pharmacy



2018

This is to Certify
MARIAN RESPIRATORY CARE, INC.
 28691 US HIGHWAY 98
 SUITE D1
 DAPHNE, AL 36526

Permit No.
112253

Supervising Pharmacist
CHRISTINA SELF BOND
15657

Is duly licensed as a

Pharmacy

IN CONFORMITY WITH THE PROVISIONS OF ACT #205, GENERAL ACTS OF ALABAMA, 1986 SPECIAL SESSION, AND RULES AND REGULATIONS OF THE BOARD, THIS CERTIFICATE EXPIRES ON THE LAST DAY OF **December 2018** AND MUST BE CONSPICUOUSLY DISPLAYED.

Alabama State Board of Pharmacy

This is Your Receipt For Fee Paid As Required By Law
 THIS PERMIT IS NOT TRANSFERABLE

Susan F. Alverson
 Secretary

Alabama State Board of Pharmacy
 111 Village Street
 Birmingham, AL 35242
 Phone 205-981-2280
 Fax 205-981-2330
www.albop.com

Complete application for changes of name,
 ownership, address or supervising pharmacist
 at our website:
www.albop.com

CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE

ALABAMA STATE BOARD OF PHARMACY

2018

The Controlled Substances Act of 1971 reads in part as follows:
 Section 304. (Revocation and Suspension of Registration.)

- (e) A registration under Section 303 to manufacture, distribute, or dispense a controlled substance may be suspended or revoked by the Certifying Boards upon a finding that the registrant:
- (1) has furnished false or fraudulent material information in any application filed under this Act;
 - (2) has been convicted of a felony under any State or Federal law relating to any controlled substance; or
 - (3) has had his Federal registration suspended or revoked to manufacture, distribute, or dispense controlled substances.
- (4) Has violated the provisions Act 205, 1986 Special Session of Alabama Legislature (Title 40B 297 (a)-(32) Code of Alabama 1940 (Recomp. 1986))

CONTROLLED SUBSTANCES
 REGISTRATION NUMBER

112253

SCHEDULES

II IV V

THIS REGISTRATION
 EXPIRES

12/31/2018

BUSINESS ACTIVITY

Pharmacy

FEE
 PAID

\$300.00

DATE ISSUED

03/16/2017

MARIAN RESPIRATORY CARE, INC.
 28691 US HIGHWAY 98
 SUITE D1
 DAPHNE, AL 36526

CERTIFICATE MUST BE PROMINENTLY DISPLAYED AT ALL TIMES
 THIS REGISTRATION IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY

Marian Ownership as of: 1/23/18

Marian Respiratory Care, Inc. dba Marian Pharmaceuticals

Mediview, LLC

Owner of 100% outstanding stock: Mediview, LLC; Democracy Dr. Suite 275, Reston, VA 20190

Owners/Officers:

Islam Abazi, Owner, President

DOB:

Address: Gloucester Drive Huron, Ohio 44839

Email: info@marianrc.com

Robert Burrows, Officer, Vice President

DOB:

Address: Lago Stella Pl. Ashburn, VA 20148

Email: robert.burrows@trusted.com

Michael Irizarry, Officer, Vice President

DOB:

Address: Montserrat Creek Drive, Little Elm, TX 75068

Email: mirizarry@medcore.com

IN THE MATTER OF:)	BEFORE THE ALABAMA STATE
)	BOARD OF PHARMACY
MARIAN RESPIRATORY CARE d/b/a)	
MARIAN PHARMACEUTICALS, INC.)	CASE NO: 16-0170
)	
Permit No. 112253)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Marian Respiratory Care d/b/a Marian Pharmaceuticals, Inc. (hereinafter referred to as "Marian") alleging that Marian engaged in any or all of the following: assisting or enabling an unlicensed person(s) to practice pharmacy, practicing pharmacy without a permit and/or engaging in remote processing without authority to do so, allowing unauthorized individuals access to prescription information, utilizing unauthorized or invalid prescription forms, to include but not limited to listing or identifying a pharmacy without a valid permit issued by the Board on the prescription forms, receiving drugs from unauthorized source(s) and/or allowing individuals to perform functions requiring a pharmacy technician registration without first obtaining the same and/or not under the supervision of a pharmacist in violation of Code of Alabama (1975) §34-23-33(2), (6), (7), (8), (12) as a violation of Board Rule 680-X-2.39 and/or Code of Alabama (1975) 34-23-33(13) as a violation of Board Rule 680-X-2.22(2)(a), (b), (d) and/or (f).

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Marian, through its counsel, engaged in negotiations and as a result, the matters at issue were resolved informally by the parties who agreed to the entry of this Consent Order which includes the following terms:

1. Counsel for the Board and counsel for Marian stipulate that Marian denies for all legal purposes other than this proceeding the allegations set forth in above and stipulates that for the purposes of this proceeding the Board would introduce sufficient evidence to meet its required burden of proof. Accordingly, the Board finds Marian has violated the provisions of the Alabama Pharmacy Practice Act based upon the conduct set out above.

2. The permit issued to Marian shall be placed on PROBATION for a period of five (5) years conditioned on the following terms:

- a. Marian shall pay an administrative fine in the amount of One Hundred Twenty Five Thousand Dollars (\$125,000.00) within ninety (90) days from the effective date of the Consent Order, which is the date it is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Marian attempt to discharge the same.
- b. Board approval before of any supervising pharmacist prior to that individual acting as such.

3. Marian expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to a statement or notice of charges, the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Marian further waives any objection to

the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.


4. That Marian agrees that any future violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.


5. By execution of this Consent Order, Marian hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

6. Marian acknowledges and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Marian acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the advice of its attorney.

DONE this the 24 day of February, 2017.

Marian Respiratory Care d/b/a Marian
Pharmaceuticals, Inc.

BY: 
ITS: Manager


Thomas Spina, Attorney for
Marian Respiratory Care d/b/a Marian
Pharmaceuticals, Inc.

DONE this the 13th day of March, 2017.

ALABAMA STATE BOARD OF PHARMACY

By: Buddy Bunch
Buddy Bunch, R.Ph., President

James S. Ward
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & WILSON, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404



Marian Pharmaceuticals

Re: Marian Respiratory Care, Inc., d/b/a Marian Pharmaceuticals

To Whom It May Concern,

A response and explanation regarding the circumstances giving rise to the Alabama Board of Pharmacy action may be found below. Please note that the circumstances occurred under the previous ownership, and Marian Pharmaceuticals is under new ownership as of 1/23/18.

On March 13, 2017, Marian Respiratory Care, Inc., d/b/a Marian Pharmaceuticals (hereinafter "Marian") entered into the attached Consent Order with the Alabama Board of Pharmacy. The Alabama Board of Pharmacy inquiry surrounded Marian's contracting with a Florida pharmacy to assist Marian in handling various administrative services. For the reasons discussed below, Marian believed that its activities were compliant with the Alabama Pharmacy Practice Act and corresponding rules and regulations. In the interests of compromise and building a constructive relationship with the Alabama Board of Pharmacy, though, Marian opted to settle this matter with the Board.

The facts underlying the Alabama Board of Pharmacy's inquiry and corresponding settlement are relatively straightforward. Beginning in the fall of 2016, Marian contracted with Physician Specialty Pharmacy in Pensacola, Florida to handle some administrative services on behalf of Marian. Specifically, Physician Specialty Pharmacy assisted Marian with: (1) the initial assessment of prescriptions, including initial pharmacist review and checking of prescriptions for completeness, as well as pharmacist contact with prescriber offices in the event that a prescription was incomplete or deficient in some way; (2) patient contact to collect demographic information and insurance or other payment information; and (3) assistance with third-party billing. Importantly, at all times relevant to the Alabama Board of Pharmacy inquiry, Physician Specialty Pharmacy was licensed as a nonresident pharmacy in Alabama and the Physician Specialty Pharmacy pharmacists working on Marian matters were licensed in Alabama.

Physician Specialty Pharmacy would not fill or dispense prescriptions on behalf of Marian. Instead, Marian pharmacists would review all prescriptions, follow up with prescribers to the extent that there were questions or concerns with the prescription, consult with patients who requested consultation, and fill and dispense each prescription. The front-end work by Physician Specialty Pharmacy pharmacists resulted in increased efficiency by the Marian pharmacists and staff, as prescriptions had gone through an initial check before being addressed by Marian pharmacists.



Marian Pharmaceuticals

The Alabama Board of Pharmacy learned of the relationship between Marian and Prescription Specialty Pharmacy during a standard inspection of Marian in November 2016. The Alabama Board of Pharmacy believed that Marian should have obtained a remote processing permit before entering into its relationship with Physician Specialty Pharmacy. Marian disputed and continues to dispute this position. As to prescriptions, the processing and dispensing of prescriptions occurred at Marian. Physician Specialty Pharmacy, an Alabama licensed pharmacy with Alabama licensed pharmacists, simply served as a front-end quality control mechanism to assist Marian and its pharmacists. All other tasks performed by Physician Specialty Pharmacy, such as patient demographics collection and billing assistance, were tasks that are commonly delegated by contract without a remote processing permit or other permit. Secondly, the Alabama Board of Pharmacy complained that Marian included its facsimile number on some prescription pads. The resolution of this complaint was included in the Consent Order. Marian has initiated efforts to replace prescription pads with a facsimile number or other identifying information.

Based on the above allegations, Marian agreed to settle this inquiry with the Alabama Board of Pharmacy for a fine and probation. No other discipline was assessed by the Alabama Board of Pharmacy. As of the day following the Alabama Board of Pharmacy inspection, Marian ceased working with Physician Specialty Pharmacy on any and all prescription assessment and fulfillment tasks that the Alabama Board of Pharmacy claimed should be conducted by a pharmacist or technician at Marian. Marian has hired additional staff to handle the increased workload. Marian's pharmacist-in-charge has been approved by the Alabama Board of Pharmacy and the pharmacy continues to operate in Alabama without limitation. Marian has recently passed both a retail and <795> compounding inspection by the Alabama Board of Pharmacy on May 12, 2017, with no deficiencies reported. Marian Pharmaceuticals provides low-risk, non-sterile compounded products which account for less than 3% of the total business. We provide commercially available, topical prescription products for our patients that accounts for the bulk of our business.

Compliance with the laws and regulations within the states in which Marian dispenses medications, as well as constructive relationships with all state Boards of Pharmacy, are of the utmost importance to Marian and its staff. We would be pleased to provide additional information or answer any questions you may have. Thank you for your time and consideration.

Sincerely yours,

Christina Bond, PharmD.

Pharmacy Manager/PIC

Marian Respiratory Care, Inc.

6C

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509
APPLICATION FOR OUT-OF-STATE PHARMACY 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 Pharmacy** or ☐ **Ownership Change** (Provide current license number if making changes: **PH** _____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: NexGen Compounding Pharmacy

Physical Address: 2005 Fort Worth Hwy, Suite 100

Mailing Address: 2005 Fort Worth Hwy, Suite 100

City: Weatherford State: TX Zip Code: 76086

Telephone: 817-599-7781 Fax: 817-668-7637

Toll Free Number: 877-599-8449 (Required per NAC 639.708)

E-mail: info@nexgencompounding.com Website: www.nexgencompounding.com

Managing Pharmacist: Reynaldo Moreno License Number: Texas Lic # 23334

TYPE OF PHARMACY **AND**

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☐ ☒ Mail Service
☐ ☒ Long Term Care
☒ ☐ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☒ ☐ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

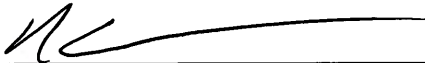
Within the last five (5) years:

- 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, site 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.

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 pharmacy 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

Michael Russin

Print Name of Authorized Person

Date

8/16/18

Page 2

Board Use Only

Date Processed: _____

Amount: \$500.00

OWNERSHIP IS A PARTNERSHIP

Page 6

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Michael Russin, Officer

Responsible Person of NexGen Compounding Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



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

Michael Russin

Print Name of Authorized Person

8/16/18
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas)
) ss.
Parker COUNTY)

I, Michael Russin, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Officer for Naxben Compounding Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

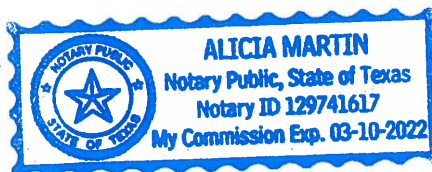
FURTHER AFFIANT SAYETH NOT.

I, Michael Russin, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

[Signature]
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
20 day of August, 20 18

Alicia Martin
NOTARY PUBLIC



NexGen Compounding & Research Laboratories LLC Ownership

Name	SSN	Date of Birth	Home Address	Ownership %
Michael B Russin			Christopher St, Austin, TX 78704	37.50%
Michael A Russin			Northshore Drive, Orono, MN 55391	37.50%
Hayes Pharmacy Inc				25.00%
Total				100.00%

Suann Hayes (Hayes Pharmacy Inc Owner)

Samuels Ave, Apt 110, Fort Worth, TX 76102 100.00%

"Absolute Veterinary Compounding Pharmacy LLC dba NexGen Compounding Pharmacy" is 100% Owned by NexGen Compounding & Research Laboratories, LLC



Re: Statement on Louisiana Consent Agreement

To Whom it May Concern:

I am writing this letter in response to our Consent Order (Case No. 18-0183) between NexGen Compounding Pharmacy and the Louisiana Board of Pharmacy (the "Board"). We were fined and issued a warning letter for shipping prescriptions into the state of Louisiana while our license was not valid due to a delay in our renewal.

We initially applied for our renewal of our license on December 27, 2017 and provided the Board with a copy of our Texas State Board of Pharmacy inspection report. The Board returned our application on December 29th, 2017 and stated that the Texas inspection report would not meet the requirements necessary to prove compliance with USP <795> and USP <797>. They advised us that we would not be eligible for renewal until we could provide them with a copy of a NABP VPP inspection. We were unable to meet this requirement because our NABP VPP inspection had not been finalized yet. We were in process and had completed all of the initial review steps with NABP including paying the fee, providing all of the necessary due diligence documentation and completing all of their necessary questionnaires. However, we had not received our onsite inspection yet.

Upon receiving this notice, I, Michael Russin, contacted the Board. I explained to them that we were already in the process of going through NABP VPP, but had not received our onsite inspection yet. The representative I spoke with stated *"We should send it to them as soon as it was available."* Then, in a good faith attempt, I asked the Board if given our current status with NABP, could we continue to ship into the state of Louisiana? The official response I received from the board was *"You need to use your professional judgement in making that determination."* After receiving this response, we meet as a management team (including our pharmacist staff with a combined 100 years of experience). The conclusion that we came to was to continue to deliver prescriptions into the State of Louisiana.

As a pharmacy and as pharmacists, we felt that it was our fiduciary duty to provide continuity of care for our patients located in the State of Louisiana. Our feeling was that continuity of care was the highest priority as a pharmacist and pharmacy.

This was in conjunction with evaluating our current status with NABP and our standing with the Louisiana State Board of Pharmacy. We had already paid the NABP fees, answered all of their questions and were in the queue for NABP VPP Inspection. We felt that we were in compliance with Louisiana requirements

NEXGEN COMPOUNDING PHARMACY
2005 FORT WORTH HWY SUITE 100, WEATHERFORD, TX 76086
817-599-7781
WWW.NEXGENCOMPOUNDING.COM

as a compounding pharmacy. We were simply waiting on something that was out of our control. The inspectors from NABP arrived at our pharmacy on January 15th, 2018. We received our final inspection report from NABP on February 7th, 2018. We proceeded to complete the required paperwork and our license was renewed on March 7th, 2018.

Had we been delayed due to an issue relating to a quality control or another circumstance that would have put our patients at risk, we would have taken a different view on the situation. Unfortunately, the Board did not agree with our determination and they determined that fining us for shipping prescriptions into the state of Louisiana between the dates of January 1st, 2018 and March 7th, 2018 was the proper course of action.

Given the extensive costs related to litigating administrative cases, we made the business decision that agreeing to the Consent Order was the best course of action for us.

We understand that the Board is required to uphold and enforce the laws of Louisiana. We also recognize that based on the black and white rules, we should have not continued to ship into the state of Louisiana while we were waiting for our license renewal. Though, we feel the entire situation could have been avoided had we received an affirmative answer when we initially requested one in December 2017.

If you have any questions regarding the Consent Agreement or any other items relating to NexGen Compounding Pharmacy, feel free to contact us.

Sincerely,

Michael Russin

LOUISIANA BOARD OF PHARMACY

BATON ROUGE, LOUISIANA

IN THE MATTER OF:

CONSENT ORDER

**ABSOLUTE VETERINARY COMPOUNDING PHARMACY, LLC D/B/A NEXGEN
COMPOUNDING PHARMACY**

LOUISIANA PHARMACY PERMIT NO. 7260

Case No. 18-0183

CONSENT AGREEMENT

WHEREAS, ABSOLUTE VETERINARY COMPOUNDING PHARMACY, LLC D/B/A NEXGEN COMPOUNDING PHARMACY (hereinafter referred to as "Respondent"), Louisiana Pharmacy Permit No. 7260, 2005 Fort Worth Hwy, Suite 100, Weatherford, Texas 76086, dispensed approximately 275 prescriptions into Louisiana between January 1, 2018 and March 7, 2018 with an expired Louisiana non-resident pharmacy permit.

La. R.S. 37:1241(A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

La. R.S. 37:1221(B): No out-of-state pharmacy providing pharmacy services to residents of this state shall open, establish, operate, or maintain a pharmacy, located out-of-state, unless the pharmacy is issued a permit by the board.

LAC Title 46: LIII §2305. Out-of-State Pharmacy Permit Requirements

A. The out-of-state pharmacy shall apply for a permit and annual permit renewals on forms provided by the board. The board may require such information as reasonably necessary to carry out the provisions of R.S. 37:1232, including, without limitation, the name, address, and position of each officer and director of a corporation or of the owners, if the pharmacy is not a corporation.

In order to avoid the significant costs and resources required of further administrative and judicial proceedings and to facilitate the settlement and submission of this Consent Agreement, Respondent hereby accepts the terms of this Consent Agreement.

In agreeing to settle this matter, Respondent does not admit to violating any federal or state law and otherwise makes no admission of wrongdoing. Respondent understands, however, that the Board may be able to prove a finding of the above-referenced violations, and Respondent waives its right to offer a defense at a formal hearing.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

1. A Letter of Warning is issued to Louisiana Pharmacy Permit No. 7260; and

2. Respondent is ordered to pay a fine of \$15,000.00 and to reimburse the Board \$250.00 for administrative costs, with total payment due the Board of \$ 15,250.00, to be paid as follows:
- a. \$5,250.00 to be paid simultaneously with the execution of this Consent Agreement by Respondent;
 - b. \$5,000.00 to be paid no later than June 29, 2018; and
 - c. \$5,000.00 to be paid no later than August 31, 2018.

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter and waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing, and to judicial review of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not become binding on the Board unless and until approved by the Board at formal meeting. However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon its authorized representative signing said Order.

Respondent agrees to provide the Board with the following for reporting purposes to the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank (NPDB-HIPDB):

Respondent's National Provider Identifier (NPI) Number: 1992178453


Medicare Provider Number (if in the possession of one): N/A

I, Michael Russin, COO, authorized to act on behalf of and acting on behalf of **ABSOLUTE VETERINARY COMPOUNDING PHARMACY, LLC D/B/A NEXGEN COMPOUNDING PHARMACY**, understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of this case.

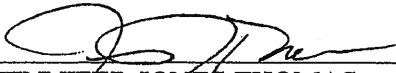
It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

SIGNED, AGREED TO AND ENTERED ON THIS 8th DAY OF June, 2018.

**ABSOLUTE VETERINARY COMPOUNDING PHARMACY, LLC D/B/A NEXGEN
COMPOUNDING PHARMACY**
Louisiana Pharmacy Permit NO. 7260

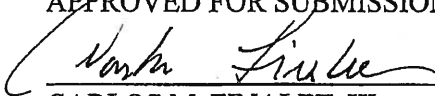


BY: Authorized Representative



JENNIFER JONES THOMAS
Kean Miller LLP
II City Plaza
400 Convention Street, Suite 200
Baton Rouge, LA 70802
Attorney for Respondent

APPROVED FOR SUBMISSION TO THE LOUISIANA BOARD OF PHARMACY:

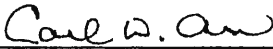


CARLOS M. FINALET, III
General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF
PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at
the Board meeting on August 15, 2018, the Board hereby adopts said
Agreement as a Final Order of the Board.

FOR THE BOARD:



Carl W. Aron
President and Hearing Officer for the Board

6D

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY 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 Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: PH03103)
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: South Miami Pharmacy II (D/B/A/ SMP Pharmacy Solutions #2)

Physical Address: 7425 SW 42st Miami, FL 33155

Mailing Address: 7425 SW 42st

City: Miami State: FL Zip Code: 33155

Telephone: 305-740-9744 Fax: 866-301-1364

Toll Free Number: 855-255-5005 (Required per NAC 639.708)

E-mail: Dantes@smppharmacy.com Website: www.smppharmacy.com

Managing Pharmacist: Jenny Lynn Alfonso License Number: PS40236

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☐ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☒ ☐ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☒ ☐ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

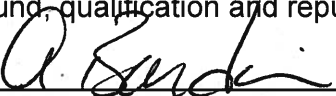
Within the last five (5) years:

- 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, site 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.

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 pharmacy 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

Armando Bardisq, PHARM.D.
Print Name of Authorized Person

8/20/18
Date

Page 2

Board Use Only

Date Processed: _____

Amount: \$ 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: SMP Acquisition Co. Inc.
Mailing Address: 680 Washington Blvd., 10th Floor
City: Stamford State: CT Zip: 06901
Telephone: 203-653-6400 Fax: _____
Contact Person: Philip Borden

For any corporation non publicly traded, disclose the following:

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

a) N/A
Name 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

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 7 pm Saturday 10 am 2 pm
Sunday / am / pm 24 Hours /

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: n/a

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA


I, ARMANDO BANDISA

Responsible Person of SMP PHARMACY SOLUTIONS #2

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



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

Armando Bandisa

Print Name of Authorized Person

8/20/2018

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF FLORIDA)
) ss.
MIAMI-DADE COUNTY)

I, Armando Bandisa, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PRESIDENT for SOUTH MIAMI PHARMACY II, LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

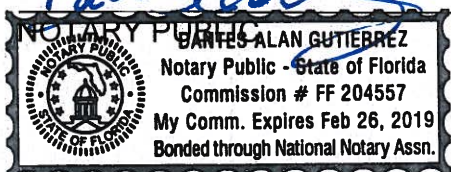
FURTHER AFFIANT SAYETH NOT.

I, Armando Bandisa, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

A. Bandisa

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
20th day of August, 2018.



John E. Morrone, Esq.
direct: 973.852.8359
jmorrone@frierlevitt.com

August 30, 2018

Sent via: FEDEX OVERNIGHT MAIL

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

**Re: SMP Pharmacy Solutions #2 (License Number PH03603)
APPLICATION FOR NON-RESIDENT PHARMACY PERMIT
CHANGE OF OWNERSHIP**

Dear Sir or Madam:

This firm represents **SMP Pharmacy Solutions II** (with an address at 7425 Southwest 42nd Street, Miami FL 33155, License Number PH03603) (the "Pharmacy") in the above captioned matter. This letter serves as a follow up to our notification letter sent to the Board of Pharmacy ("Board") advising of a proposed change in the ownership structure of each of the aforementioned pharmacy.

Effective July 3, 2018, the owner of the Pharmacy, Armando Bardisa ("Bardisa"), has sold the majority of his ownership interest in the Pharmacy, pursuant to a stock sale, to SMP Acquisition Co., Inc. ("Buyer"). The Buyer is a newly formed corporation and an indirect subsidiary of a newly-formed limited liability, SMP Pharmacy Holdings, LLC (the "Holding Company"). Bardisa maintains an ownership interest in the Pharmacy by holding an approximately 33% ownership interest in the Holding Company, which is an indirect parent of the Buyer and the Pharmacy. Approximately 67% of outstanding ownership interest in the Holding Company is held by Galen Partners or its affiliate and other investors.

In furtherance of the change in ownership structure, attached hereto, please find the pharmacy permit application and all subsequent documentation related thereto:

1. Completed Nonresident Pharmacy Permit Application, and application fee in the amount of \$500.00 payable to the Nevada Board of Pharmacy
2. Certificate of Good Standing (corporation)
3. Letter of good standing (pharmacy license)
4. Copy of current home state pharmacy permit and Nevada state permit
5. Copy of recent inspection report.
6. Affidavit for out of state pharmacy license
8. DEA Registration

We look forward to your response in this matter. If you have any questions or require any further information, please feel free to contact me.

Very truly yours,

FRIER & LEVITT, LLC

/s/ John E. Morrone, Esq.

John E. Morrone, Esq.

JEM/rss
Enclosures

CC: SMP Pharmacy Solutions #2

AC# 7486456

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/21/2016	PH 24479	92049

The **PHARMACY**
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **FEBRUARY 28, 2019**

SOUTH MIAMI PHARMACY II
SMP Pharmacy Solutions #2
7425 SW 42 STREET
MIAMI, FL 33155

QUALIFICATION(S):
COMMUNITY PHARMACY
SCHEDULE II & III
4:1 PHARMACY TECHNICIAN RATIO APPROVED



Rick Scott
GOVERNOR



Celeste M. Philip, M.D., M.P.H.
Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

AC# 7486456

DATE	LICENSE NO.	CONTROL NO.
12/21/2016	PH 24479	92049

QUALIFICATION(S):

Community Pharmacy

Schedule II & III

4:1 Pharmacy Technician Ratio Approved

The **PHARMACY**
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **FEBRUARY 28, 2019**

SOUTH MIAMI PHARMACY II

LICENSEE SIGNATURE



License Verification

Printer Friendly Version

SOUTH MIAMI PHARMACY II SMP Pharmacy Solutions #2

License Number: PH24479

Data As Of 8/17/2018

License Information	Secondary Locations	Discipline/Admin Action	Supervising Practitioners
---------------------	---------------------	-------------------------	---------------------------

Profession Pharmacy

License PH24479

② License Status CLEAR/

Qualifications Community Pharmacy

Schedule II & III

License Expiration Date 2/28/2019

License Original Issue Date 02/23/2010

Address of Record 7425 SW 42 Street
MIAMI, FL 33155
UNITED STATES

Discipline on File No

② Public Complaint No

[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.



SMP Pharmacy Solutions #2
Ownership Information

South Miami Pharmacy II, LLC

- **Member/Manager** – SMP Acquisition Co., Inc.
- **Officers**—
 - Armando Bardisa, Pharm.D. (President)
 - DOB: 12/14/1970
 - Business Address: 7425 SW 42 St. Miami, FL 33155
 - Home Address: 11750 SW 68 Ct., Miami, FL 33156
 - Business Phone: (305)-740-9744
 - Home Phone: (305) 749-9696
 - SS # 265-85-9067
 - FL Lic# PS32965
 - Philip Borden (Treasurer)
 - DOB: 11/22/1974
 - Business Address: 680 Washington Blvd, 10th Floor Stamford, CT 06901
 - Home Address: 93 Winthrop Street, Unit 7, Cambridge, MA 02138
 - Business Phone: (203) 653-6400
 - Home Phone: (617) 817-8335
 - SS# 305-78-1073
 - Zubeen Shroff (Secretary)
 - DOB: 1/23/1965
 - Business Address: 680 Washington Blvd, 10th Floor Stamford, CT 06901
 - Home Address: 21 Tarryhill Road, Tarrytown, NY 10591
 - Business Phone: (203) 653-6400
 - Home Phone: (914) 631-0573
 - SS# 051-64-8791

CERTIFICATE of ACCREDITATION



ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT:

South Miami Pharmacy II
d/b/a SMP Pharmacy Solutions #2
MIAMI, FLORIDA

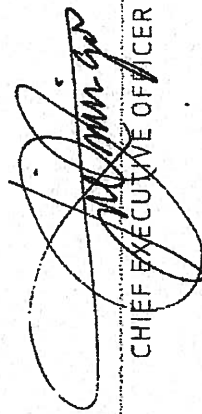
HAS DEMONSTRATED A COMMITMENT TO PROVIDING QUALITY CARE AND SERVICES TO CONSUMERS
THROUGH COMPLIANCE WITH ACHC'S NATIONALLY-RECOGNIZED STANDARDS FOR
ACCREDITATION AND IS THEREFORE GRANTED ACCREDITATION FOR THE FOLLOWING:

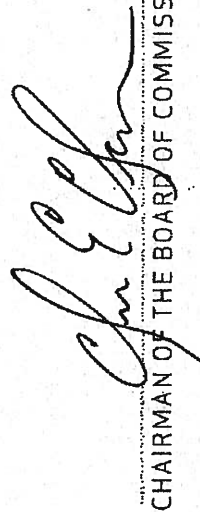
PHARMACY

PCAB ACCREDITATION

For patient specific prescription compounding of
Non-Sterile Compounding, Ref. USP <795>
Sterile Compounding, Ref. USP <797>

FROM May 17, 2016 THROUGH May 16, 2019


CHIEF EXECUTIVE OFFICER


CHAIRMAN OF THE BOARD OF COMMISSIONERS



ACCREDITATION COMMISSION for HEALTH CARE