

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 01664**)
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: Hopewell Pharmacy

Physical Address: 1 West Broad St

Mailing Address: 1 West Broad St

City: Hopewell State: NJ Zip Code: 08525

Telephone: 609-466-1960 Fax: 609-466-8222

Toll Free Number: 800-792-6670 (Required per NAC 639.708)

E-mail: JHobson@Hopewellrx.com Website: www.Hopewellrx.com

Managing Pharmacist: JoAnn Hobson License Number: 28R102128600

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

JOANN HOBSON
Print Name of Authorized Person

9/8/18
Date

Page 2

Board Use Only	Date Processed: _____	Amount: <u>\$500.00</u>
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: new Jersey
Parent Company if any: _____
Mailing Address: 1 West Broad St
City: Hopewell State: NJ Zip: 08525
Telephone: 609-466-1960 Fax: 609-466-8222
Contact Person: JoAnn Hobson

For any corporation non publicly traded, disclose the following:

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

- a) JoAnn Hobson Blackfoot Rd. Pennington NJ 08534
Name Address
- b) Eric Jaderlund Bond St Bridgewater NJ 08807
Name Address
- c) _____
Name Address
- d) _____
Name Address

- 2) Provide the number of shares issued by the corporation. 200 (100 EACH)
- 3) What was the price paid per share? non par value
- 4) What date did the corporation actually receive the cash assets? 9/1/18
- 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 8 pm Saturday 9 am 4 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: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, JOANN HOBSON
Responsible Person of HOPEWELL 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

JOANN HOBSON
Print Name of Authorized Person

9/8/18
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF NJ)
MERCER COUNTY) ss.)

I, JOANN HOBSON, 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 OWNER for HOPWELL 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.

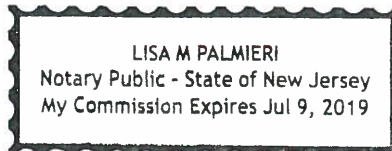
FURTHER AFFIANT SAYETH NOT.

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

Joann Hobson
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
14 day of September, 2018.

[Signature]
NOTARY PUBLIC



Untitled

JoAnn Hobson
President
Home Address:
Blackfoot Rd
Pennington, NJ 08534
DOB

Home Phone 609-466-1960
Business Phone 609-466-1960
Business Address:
1 West Broad St
Hopewell, NJ 08525

Eric Jaderlund
Treasurer
Home Address:
Bond St
Bridgewater, NJ 08807
DOB

Home Phone
Business Phone 609-466-1960
Business Address:
1 West Broad St
Hopewell, NJ 08525

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Pharmacy

HAS LICENSED

HOPEWELL PHARMACY
JOANN HOBSON
1 WEST BROAD STREET
HOPEWELL NJ 08525-1901

FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacy

Standard Retail Pharmacy
Community

05/29/2018 TO 06/30/2019

VALID


Signature of Licensee/Registrant/Certificate Holder

28RS00399300

LICENSE/REGISTRATION/CERTIFICATION #


ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Board of Pharmacy

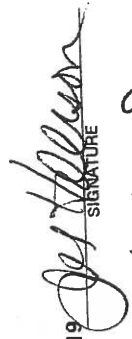
HAS LICENSED

HOPEWELL PHARMACY

Pharmacy

Standard Retail Pharmacy
Community

05/29/2018 TO 06/30/2019
VALID


SIGNATURE

28RS00399300
License/Registration/Certificate #

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Board of Pharmacy
P.O. Box 45013
Newark, NJ 07101

PLEASE DETACH HERE

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

DRUGS ARE US, INC.
0100312598

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on September 30, 1986.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

JAMES PALMIERI
13 E WASHINGTON AVE
WASHINGTON, NJ 07882



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 24th day of September, 2018

A handwritten signature in cursive script, appearing to read "Elizabeth Maher Muoio".

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 6091481868

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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)

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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

<p>Yes/No</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Retail</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Internet</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Community</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____</p> <p style="color: red; font-size: small;">All boxes must be checked For the application to be complete</p>	<p>Yes/No</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Sterile Compounding **</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service Sterile Compounding **</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____</p>
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****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

8/16/18

Date

Page 2

Board Use Only

Date Processed: _____

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General X Limited

Partnership Name: NexGen Compounding & Research Laboratories, LLC

Mailing Address: 2005 Fort Worth Hwy, Suite 100

City: Weatherford State: TX Zip Code: 76086

Telephone Number: 817-599-7781 Fax Number: 817-668-7651

Contact Person: Michael Russin

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
<u> NexGen Compounding & Research Laboratories, LLC </u>	<u> G </u>	<u> 100% </u>
<u> </u>	<u> </u>	<u> </u>

List names of 4 largest partners and percentage of ownership:

- Name: Mike A Russin %: 37.5%
- Name: Michael B Russin %: 37.5%
- Name: Hayes Pharmacy, Inc %: 25%
- Name: %:

List any physician shareholders and percentage of ownership.

- Name: %:
- Name: %:
- Name: %:

Hours of Operation for the pharmacy:

Monday thru Friday 8 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:

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 Rusin, 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 Naxton 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.

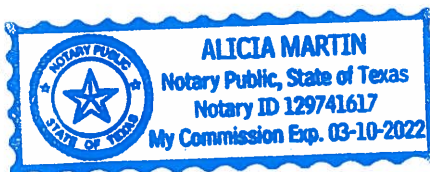
FURTHER AFFIANT SAYETH NOT.

I, Michael Rusin, 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.

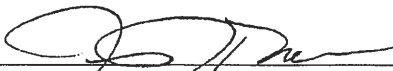
It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members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

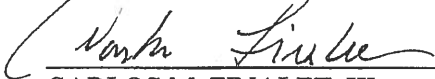


BY: Authorized Representative



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:

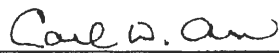


CARLOS M. FINALET, III
General Counsel, Louisiana Board of Pharmacy

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

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.

<input checked="" type="checkbox"/> New Pharmacy or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: PH _____ Check box below for type of ownership and complete all required forms.	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Pharmacy Solutions

Physical Address: 1921 W. Pioneer Parkway Arlington, TX 76013

Mailing Address: 1921 W. Pioneer Parkway

City: Arlington State: TX Zip Code: 76013

Telephone: 817-274-0050 Fax: 817-860-6087

Toll Free Number: 800-542-5767 (Required per NAC 639.708)

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

Managing Pharmacist: James N. Miller License Number: 58829

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	AND	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Parenteral ** <i>yes</i>
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input checked="" type="checkbox"/> <input type="checkbox"/> Sterile Compounding **
		<input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding
All boxes must be checked		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
For the application to be complete		<input type="checkbox"/> <input checked="" type="checkbox"/> 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

Tom Siegenthaler
Print Name of Authorized Person

10-24-2018
Date

Board Use Only	Date Processed: _____	Amount: <u>500.00</u>
-----------------------	-----------------------	-----------------------

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Texas

Parent Company if any: N/A

Mailing Address: 1921 W. Pioneer Parkway A

City: Arlington, State: TX Zip: 760013

Telephone: 817-274-0050 Fax: 817-860-6087

Contact Person: Kim Siegenthaler

For any corporation non publicly traded, disclose the following:

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

a) Tom Siegenthaler 1921 W. Pioneer Parkway Arlington, TX 76013
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 1,000.00

3) What was the price paid per share? \$1.00

4) What date did the corporation actually receive the cash assets? 12/22/1993

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 %: _____

Name: N/A %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday 9 am 1 pm
Sunday Closed am Closed pm 24 Hours N/A

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, Tom Siegenthaler

Responsible Person of Tomeldon Co., Inc. d.b.a. Pharmacy Solutions

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

Tom Siegenthaler

Print Name of Authorized Person

10-24-2018
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF TEXAS)
TARRANT) ss. COUNTY)

I, Tom Siegenthaler, 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 Tomeldon Co., Inc. d.b.a. Pharmacy Solutions (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.

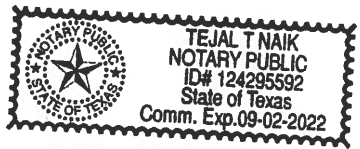
FURTHER AFFIANT SAYETH NOT.

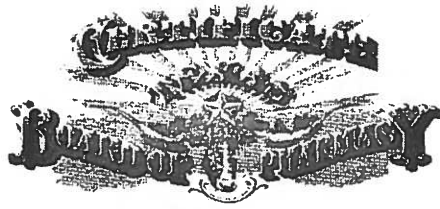
I, Tom Siegenthaler, do hereby swear under penalty of perjury that the assertions of this affidavit are true.


Name

SUBSCRIBED AND SWORN TO before me, a notary public this 25 day of October, 2018.


NOTARY PUBLIC





This certifies that the pharmacy named below is hereby licensed to operate as a Class **AS** pharmacy.

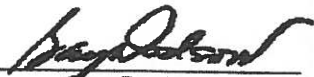
License No. **15737**

Expiration Date: **12/31/2019**

Balances: 13

**PHARMACY SOLUTIONS
1921 W PIONEER PKWY
ARLINGTON TX 76013**




Gay Dodson, R.Ph.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW



TEXAS STATE BOARD OF PHARMACY

Re: Pharmacy Solutions

Address: 1921 West Pioneer Parkway
Arlington, Texas 76013

License No.: 15737

Date Issued: December 22, 1993

Licensure Status: Active

Expiration Date: December 31, 2019

Type of Pharmacy: Community Sterile Compounding

Prior Disciplinary Orders: No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Pharmacy Solutions (Texas Pharmacy License #15737) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

A handwritten signature in black ink that reads "Megan G. Holloway".

Megan G. Holloway
Assistant General Counsel
Texas State Board of Pharmacy

August 13, 2018
Date



The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

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: PH03603)

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.

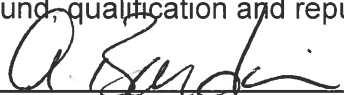
Within the last five (5) years:

- 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. 8/20/18
Print Name of Authorized Person Date

Board Use Only	Date Processed: _____	Amount: <u>\$ 500.00</u>
-----------------------	-----------------------	--------------------------

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

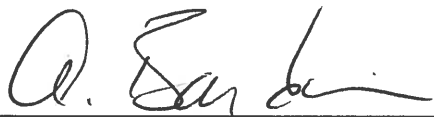
I, ARMANDO BARDISA

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 Bardisa

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 BARDISA, 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.

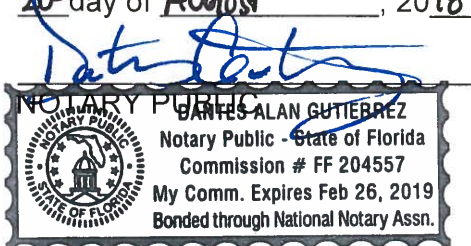
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

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

A. Bardisa
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

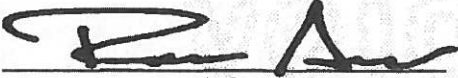
DATE	LICENSE NO.	CONTROL NO.
12/21/2016	PH 24479	92049

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
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
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: :
 - Business Address: 7425 SW 42 St. Miami, FL 33155
 - Home Address:) SW 68 Ct., Miami, FL 33156
 - Business Phone: (305)-740-9744
 - Home Phone:
 - SS #
 - FL Lic#
 - Philip Borden (Treasurer)
 - DOB:
 - Business Address: 680 Washington Blvd, 10th Floor Stamford, CT 06901
 - Home Address: Winthrop Street, Unit 7, Cambridge, MA 02138
 - Business Phone: (203) 653-6400
 - Home Phone: {
 - SS# :
 - Zubeen Shroff (Secretary)
 - DOB:
 - Business Address: 680 Washington Blvd, 10th Floor Stamford, CT 06901
 - Home Address: Tarryhill Road, Tarrytown, NY 10591
 - Business Phone: (203) 653-6400
 - Home Phone: { 3
 - SS# '

CERTIFICATE of ACCREDITATION



ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT:

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

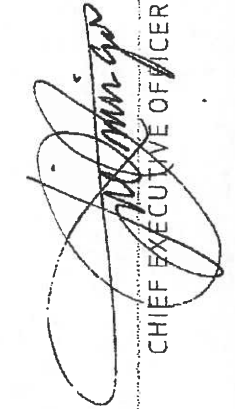
HAS DEMONSTRATED A COMMITMENT TO PROVIDING QUALITY CARE AND SERVICES TO CONSUMERS THROUGH COMPLIANCE WITH ACHC'S NATIONALLY-RECOGNIZED STANDARDS FOR ACCREDITATION AND IS THEREFORE GRANTED ACCREDITATION FOR THE FOLLOWING:

PHARMACY

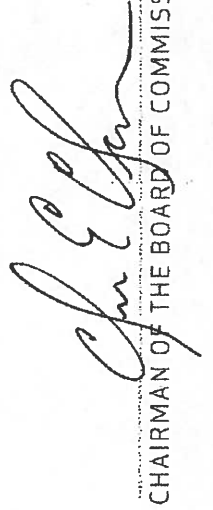
PCAB ACCREDITATION

*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