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NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
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.

Form section for ownership type: New Pharmacy or Ownership Change. Includes checkboxes for Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, and Sole Owner.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Pharmacorr, LLC

Physical Address: 7400 Plaza Mayor Blvd. Ste. 100

Mailing Address: (same)

City: Oklahoma City State: OK Zip Code: 73149

Telephone: 405-670-1400 Fax: 405-670-0353

Toll Free Number: 888-321-7774 (Required per NAC 639.708)

E-mail: Dawn.Mustaine@corizonhealth.com Website: -

Managing Pharmacist: Dawn Mustain License Number: 14038 (Oklahoma)

TYPE OF PHARMACY AND SERVICES PROVIDED

- Yes/No
[checked] [] Retail
[] [checked] Hospital (# beds)
[] [checked] Internet
[] [checked] Nuclear
[] [checked] Ambulatory Surgery Center
[] [checked] Community
[] [checked] Other:

- Yes/No
[] [checked] Off-site Cognitive Services
[checked] [] Parenteral **
[] [checked] Parenteral (outpatient)
[] [checked] Outpatient/Discharge
[checked] [] Mail Service
[] [checked] Long Term Care
[] [checked] Sterile Compounding **
[] [checked] Non Sterile Compounding
[] [checked] Mail Service Sterile Compounding **
[] [checked] Other Services:

All boxes must be checked
For the application to be complete

**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

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Corizon, LLC

Mailing Address: 7400 Plaza Mayor Blvd., Ste 100

City: Oklahoma City State: OK Zip: 73149

Telephone: 405-670-1400 Fax: 405-670-0353

Contact Person: Al Turorlin

For any corporation non publicly traded, disclose the following:

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

a) Corizon, LLC (owns 100% of PharmaCorr, LLC)
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 0

3) What was the price paid per share? —

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

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

List any physician shareholders and percentage of ownership.

Name: None %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 12 am 11:59 pm Saturday 8 am 5 pm
Sunday 9:30 am 11:59 pm 24 Hours —

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

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

Al Turvlin

Print Name of Authorized Person

July 11, 2019
Date

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

405-521-3815 • Fax 405-521-3758

State Board of Pharmacy

2920 N Lincoln Blvd Ste A, Oklahoma City, OK 73105

PHARMACY

#1-8304

RETAIL

EXPIRES OCT 31, 2019

PHARMACORR LLC
7400 PLAZA MAYOR BLVD STE 100
OKLAHOMA CITY, OK 73149

Permits

Training Area
Drug Supplier

2019

Amount: \$0.00
Receipt: 12804794
Date: 10/25/2018

This License is not transferable.

License must be conspicuously displayed in the location to which it is issued.

Duplicate

Important Information

- **Change of Location:** This license is not transferable for a change of location. A new license is required.
- **Change of Name:** This license is not transferable for a change of name. A new license is required.
- **Change of Owner:** This license is not transferable for a change of owner. A new license is required when the ownership changes by 20% or more.
- **Forms & Applications, Current Announcements and Laws & Rules are available at the Board's website:** www.pharmacy.ok.gov
- **Board Contact:**
Email: pharmacy@pharmacy.ok.gov
Phone: 405-521-3815
Fax: 405-531-3758

All changes in any information required for the licensure must be reported to the Board within ten (10) days.

It is your responsibility to keep this license current.

Send to State Board of Pharmacy for Completion: A separate letter is acceptable.
Do not return with application unless it has been completed by the licensing agency.

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

LICENSE VERIFICATION

Name: PharmaCorr, LLC
 Address: 7400 Plaza Mayor Blvd, Ste. 100
 City: Oklahoma City State: OK Zip: 73149
 I hereby authorize the Oklahoma Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.
 Signature of Applicant [Signature]

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO NOT WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
1-8304	ACTIVE	10/15/2018	10/31/2019

Has this license been encumbered in any way? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type of Encumbrance: (if any)		
	<input type="checkbox"/> Revoked <input type="checkbox"/> Suspended	<input type="checkbox"/> Surrendered <input type="checkbox"/> Restricted	<input type="checkbox"/> Limited <input type="checkbox"/> Probation
Please attach copies of any pertinent legal documents			


USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) Yes No

Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) Yes No

Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) Yes No

Has applicant met all licensing requirements of your state? (If no, please explain) Yes No

Signature of State Official	Title	State	Date	State Seal
<u>Jamie Thompson</u>	<u>Admin. Assistant</u>	<u>OK</u>	<u>6/21/2019</u>	

PHARMACORR, LLC		
NAME	TITLE	ADDRESS
Steve Rector	Chief Executive Officer	103 Powell Court, Brentwood, TN 37027 615-660-6869 Steve.Rector@corizonhealth.com
Al Turovlin	Interim President	103 Powell Court, Brentwood, TN 37027 919-521-0690 Al.Turovlin@corizonhealth.com
Shalin Shah	Executive Vice President, Chief Financial Officer & Treasurer	103 Powell Court, Brentwood, TN 37027 615-660-6913 Shalin.Shah@corizonhealth.com
J. Scott King	Executive Vice President & Chief Legal Officer & Secretary	103 Powell Court, Brentwood, TN 37027 615-376-1323 Scott.King@corizonhealth.com
Peter Lee	Vice President of Clinical Pharmacy Services	103 Powell Court, Brentwood, TN 37027 405-670-1400 x8267 Peter.Lee@corizonhealth.com
Corizon, LLC**	Chief Manager & Sole Member	103 Powell Court, Brentwood, TN 37027 (800) 729-0069

** Corizon, LLC owns 100% of PharmaCorr, LLC.

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHARMACORR, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF MAY, A.D. 2019.

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



2586948 8300

SR# 20195033915

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202934417

Date: 05-31-19

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Al Turvlin

Responsible Person of Pharma Corp, LLC

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

Al Turvlin

Print Name of Authorized Person

July 11, 2015
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Oklahoma)
) ss.
Oklahoma COUNTY)

I, Al Turovlin, 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 Pharma Corr, 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, Al Turovlin, do hereby swear under penalty of perjury that the assertions of this affidavit are true.



SUBSCRIBED AND SWORN TO
before me, a notary public this
11th day of July, 20 19.
Jacqueline N. Konarik
NOTARY PUBLIC

