

NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

December 5-6, 2018

HYATT PLACE
1790 E PLUMB LN
RENO, NEVADA



Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

November 16, 2018

AMENDED AGENDA

◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, December 5, 2018 at 9:00 am. The meeting will continue, if necessary, on Thursday, December 6, 2018 at 9:00 am or until the Board concludes its business at the following location:

Hyatt Place
1790 E Plumb Ln
Reno, Nevada

Please Note:

In regulating the practice of pharmacy, the Nevada State Board of Pharmacy has a duty to carry out and enforce the provisions of Nevada law to protect the health, safety and welfare of the public.

The Nevada State Board of Pharmacy may address agenda items out of sequence to accommodate persons appearing before the Board or to aid in the efficiency or effectiveness of the meeting;

The Nevada State Board of Pharmacy may combine two or more agenda items for consideration; and

The Nevada State Board of Pharmacy may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

Public comment is welcomed by the Board, but will be heard during the public comment item and may be limited to five minutes per person. The president may allow additional time to a given speaker as time allows and in his or her sole discretion.

Prior to the commencement and conclusion of a contested case or a quasi judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126. Please be aware that after the quasi-judicial board or commission has rendered a decision in the contested case and, assuming this happens before adjournment, the board or commission may entertain public comment on the proceeding at that time.

1. Public Comment: No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on a future agenda as an item. (NRS 241.020)

◆ CONSENT AGENDA ◆

The Consent Agenda contains matters of routine acceptance. The Board Members may approve the consent agenda items as written or, at their discretion, may address individual items for discussion or change.

2. Approval of October 10-11, 2018, Minutes **(For Possible Action)**
3. Applications for Out-of-State Pharmacy License– Non Appearance **(For Possible Action)**

- A. Acacia Pharma Inc. – Solano Beach, CA
- B. Amani Pharmacy – Brooklyn, NY
- C. Astro Rx – Spring, TX
- D. AvasaRx Pharmacy – Phoenix, AZ
- E. Benzer Pharmacy – Tampa, FL
- F. Blink Health Pharmacy, LLC – Chesterfield, MO
- G. Clarks Pharmacy – Caretree, AZ
- H. Diplomat Specialty Pharmacy – Chandler, AZ
- I. Everwell Specialty Pharmacy – Pensacola, FL
- J. Fast Access Specialty Therapeutics, LLC – Metairie, LA
- K. Good Day Pharmacy LLC – Middleburg, FL
- L. Hamilton Rx LLC – Hamilton, OH
- M. Kaiser Permanente Pharmacy #329 – San Francisco, CA
- N. Omnicare of Sacramento – Sacramento, CA
- O. OptumRx – Phoenix, AZ
- P. Phantastic Pharmacy – Sherman Oaks, CA
- Q. PillPack Phoenix – Phoenix, AZ
- R. Pro Script Solutions Pharmacy – Humble, TX
- S. Skip's Pharmacy – Deerfield Beach, FL
- T. TC Script LLC – Scottsdale, AZ
- U. V-Care Pharmacy and Surgical Supplies – Framingham, MA
- V. Walgreens Pharmacy #15987 – Sacramento, CA
- W. Westover Hills Pharmacy – San Antonio, TX

Applications for Out-of-State Compounding Pharmacy License – Non Appearance **(For Possible Action)**

- X. Cypress Compounding Pharmacy – Houston, TX
- Y. Go Live Well Pharmacy – St. Louis, MO

Applications for Out-of-State Wholesaler License – Non Appearance
(**For Possible Action**)

Z.	A & K Distributors PR, LLC – Aguadilla, PR
AA.	Apetevo Biotherapeutics LLC – Seattle, WA
BB.	Braeburn Inc. – Plymouth Meeting, PA
CC.	CMP Pharma, Inc. – Farmville, NC
DD.	DC Dental, Inc. – Baltimore, MD
EE.	H.D. Smith, LLC – Louisville, KY
FF.	GC Morgan, Inc. – Fort Lee, NJ
GG.	Johnson & Johnson Health Care Systems, Inc. – Elk Grove Village, IL
HH.	Johnson & Johnson Health Care Systems, Inc. – Warsaw, IN
II.	Karyopharm Therapeutics Inc. – Newton, MA
JJ.	Lifeline Pharmaceuticals – Ocean Springs, MS
KK.	Medmax RX, Inc. – Hicksville, NY
LL.	MediNatura Inc. – Albuquerque, NM
MM.	Medisol Plus, LLC – Richardson, TX
NN.	MTS Health Supplies, Inc. – Chino, CA
OO.	Neurelis, Inc. – San Diego, CA
PP.	New American Therapeutics, Inc. – Parsippany, NJ
QQ.	Octapharma USA, Inc. – Hoboken, NJ
RR.	Patheon Pharmaceuticals Inc. – Cincinnati, OH
SS.	Prasco Laboratories – Mason, OH
TT.	Sharps Compliance, Inc. – Carthage, TX
UU.	Tanvex BioPharma USA, Inc. – San Diego, CA
VV.	X-GEN Pharmaceuticals, Inc. – Horseheads, NY

Applications for Out-of-State Medical, Devices, Equipment and Gases License -
Non Appearance (**For Possible Action**)

WW.	Belle Oak Bracing, Inc. – Largo, FL
XX.	Cintas Corporation No. 2 – Mason, OH
YY.	Cintas Corporation No. 2 #169 – Sacramento, CA
ZZ.	Durable Medical Supply, Inc. – Fayetteville, GA
AAA.	Electrical Geodesics, Inc. – Eugene, OR
BBB.	Essential HME – San Diego, CA
CCC.	Independence Medical – Kansas City, MO
DDD.	Integrated CareGroup – Overland Park, KS
EEE.	In-Step Mobility Products – Skokie, IL
FFF.	Lingraphicare America, Inc. – Princeton, NJ
GGG.	Onduo, LLC – Newton, MA
HHH.	OrthoPro of Twin Falls, Inc. – Twin Falls, ID
III.	WellDyneRx-FL – Lakeland, FL
JJJ.	Westside Medical Bracing, Inc. – Zephyrhills, FL

Applications for Nevada Pharmacy License – Non Appearance **(For Possible Action)**

- KKK. Costco Pharmacy #1320 – Henderson, NV
- LLL. Southwest Specialty Pharmacy LLC – Las Vegas, NV
- MMM. Well Care Pharmacy – Las Vegas, NV

Applications for Nevada Medical, Devices, Equipment and Gases License
Non Appearance **(For Possible Action)**

- NNN. Agiliti Health, Inc. – Las Vegas, NV
- OOO. Cintas Corporation No. 2 (#187) – Henderson, NV

◆ REGULAR AGENDA ◆

4. Disciplinary hearings pursuant to NRS 639.247 Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties.
(For Possible Action)
 - A. Susan Blair, R.Ph (17-044-RPH-N)
 - B. Walgreens Pharmacy #11227 (17-044-PH-N)
5. Applications for Nevada Pharmacy License – Appearance **(For Possible Action)**
 - A. Fidelis Specialty Pharmacy – Las Vegas, NV
 - B. Modern Rx – Las Vegas, NV
 - C. Perform Rx Pharmacy – Las Vegas, NV
 - D. Swift Pharmaceutical Inc – Las Vegas, NV
6. Applications for Out-of-State Pharmacy License – Appearance **(For Possible Action)**
 - A. Hopewell Pharmacy – Hopewell, NJ
 - B. NexGen Compounding Pharmacy – Weatherford, TX
 - C. Pharmacy Solutions – Arlington, TX
 - D. SMP Pharmacy Solutions #2 – Miami, FL
7. Applications for Out-of-State Outsourcing Facility License – Appearance
(For Possible Action)
 - A. Asteria Health – Birmingham, AL
 - B. Edge Pharmacy Service, LLC – Colchester, VT
 - C. Leiter's – San Jose, CA
8. Application for Nevada Wholesaler License – Appearance **(For Possible Action)**
 - Arnold Dental Supply Company, Inc. – Reno, NV

9. Request for Renewal of Out-of-State Pharmacy License - Appearance Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(For Possible Action)**

Theracom – Frisco, TX

10. Request for Reinstatement of Pharmacist Registration - Appearance Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(For Possible Action)**

Justin Curnutt

11. Requests for Renewal of Pharmacist Registration - Appearance Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(For Possible Action)**

- A. Gregory G. Gaiser
- B. Lan T. Tran-Nguyen

12. Requests for a Pharmacist Registration by Reciprocity - Appearance Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(For Possible Action)**

Samuel Eskenazi

13. Request for Renewal of Pharmaceutical Technician in Training Registration - Appearance Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(For Possible Action)**

Brittany R. Odegard

14. Request for a Pharmaceutical Technician Registration - Appearance Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. **(For Possible Action)**

Tiffany C. Hall

15. Appeal of Citation for dispensing without a dispensing practitioner registration pursuant to NRS. 639.2895 **(For Possible Action)**

Roger Estevez, MD

16. Application for Authority to Dispense Drugs – Practitioner – Appearance
(**For Possible Action**)

Roger Estevez, MD

17. General Counsel Report

18. Executive Secretary Report:

- A. Financial Report
- B. Temporary Licenses
- C. Staff Activities:
 - a. Meetings with other health care boards
 - b. Governor's Opioid Accountable Meeting - Paul
 - c. Rural Health Clinic Physicians - Paul
 - d. ASPL Meeting – Paul
 - e. NASCSA Meeting – Dave and Yenh
 - f. Crime Lab Meeting – Paul
 - g. Nevada Dentist – Paul
 - h. Nevada Health Conference -Yenh
 - i. Idaho State Student Rotation - Kayla Wallentine
- D. Board Related News:
 - a. Licensing software update
 - b. Retirement of Ray Seidlinger
- E. Licensing Activities Report:
 - a. NABP Member Forum November 28-29 2018 – Melissa
 - b. PMP Integration
 - c. Yenh has complete CPM classwork and Capstone Project

◆ PUBLIC HEARING ◆

Wednesday, December 5, 2018 – 1:30 pm

19. Notice of Proposed Regulation Public Hearing Pursuant to NRS 233B.061(2):
(**For Possible Action**)

Amendment of Nevada Administrative Code Chapter 639 to add a new section thereto providing for the prescribing or dispensing of controlled substances for the treatment of pain in conformance with Assembly Bill 474 from the 2017 Nevada Legislative Session. (LCB File No. R144-18) The proposed amendments relate to controlled substances. They clarify the requirements a practitioner must follow when obtaining information written consent to prescribe a controlled substance, entering into prescription medication agreements concerning a class of certain controlled substances and establishing a manner for obtaining an assessment of a patient's risk

for abuse, dependency and addiction; and providing other matters properly relating thereto.

◆ WORKSHOP ◆

Wednesday, December 5, 2018 – 1:30 pm

20. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2)
(For Possible Action):

The purpose of the workshop is to solicit comments from interested persons on the following general topic that may be addressed in the proposed regulation:

A. Amendment of Nevada Administrative Code (NAC) 639.250: Restrictions on supervision. The proposed amendment to NAC 639.250 will allow for an increase in pharmaceutical technician to pharmacist ratio in certain pharmacy settings

B. Amendment of Nevada Administrative Code (NAC) 453.550: Schedule V. The proposed amendment will add FDA approved cannabidiol to the controlled substances listed in Schedule V.

21. Date and Location of Next Scheduled Board Meeting:

January 16-17, 2019 – Las Vegas, Nevada

22. Public Comment: No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on a future agenda as an item. (NRS 241.020)

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Nevada State Board of Pharmacy, 431 W Plumb Lane, Reno, NV, 89509, or call Shirley Hunting at (775) 850-1440, as soon as possible.

Supporting materials or additional information regarding the meeting may be obtained from Shirley Hunting at (775) 850-1440, email at shunting@pharmacy.nv.gov or 431 W Plumb Lane, Reno, Nevada.

Continuing Education credit of 4 hours, including 1 hour of law, will be given per day of Board meeting attendance. You are required to attend the board meeting for a full day to receive CE credit including the law credit.

This notice has been posted at the following locations and is available for viewing at www.notice.nv.gov and bop.nv.gov.

Elko County Courthouse – Elko
Washoe County Courthouse – Reno

Nevada Board of Pharmacy – Reno & Las Vegas
Mineral County Courthouse – Hawthorne

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NEVADA STATE BOARD OF PHARMACY

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• Web Page: bop.nv.gov

MINUTES

October 10 & 11, 2018

BOARD MEETING

Hilton Garden Inn
7830 S Las Vegas Blvd
Las Vegas, Nevada

Board Members Present:

Leo Basch	Kevin Desmond	Wayne Mitchell	Jason Penrod
Melissa Shake	Robert Sullivan	Kirk Wentworth	

Board Staff Present:

Dave Wuest	Paul Edwards	Shirley Hunting	
Brett Kandt	Ray Seidlinger	Joe Dodge	Kenneth Scheuber
Luis Curras	Dena McClish	Yenh Long	Kristopher Mangosing

President Basch read the mission statement of the Nevada State Board of Pharmacy to reiterate the Board's duty to carry out and enforce the provisions of Nevada Law to protect the health, safety, and welfare of the public.

1. Public Comment October 10, 2018 9:00 AM

There was no public comment.

2. Approval of September 5-6, 2018, Minutes

The Board requested corrections on p.1 to show Mr. Pinson as absent from the September 2018 Board Meeting, on p. 17 to show "Exhibits 1 through 8," p. 28 to change the word ensure to review and on p. 17 to change the word role to rule.

Board Action:

Motion: Jason Penrod moved to approve the September 5-6, 2018, Minutes with corrections as discussed.

Second: Melissa Shake

Action: Passed unanimously

3. Applications for Out-of-State Pharmacy – Non Appearance

- A. Advanced Pharmacy Solutions – Laguna Hills, CA
- B. Aviva Care Pharmacy – Sunrise, FL
- C. CareMetx Health, LLC – Gaithersburg, MD
- D. Chesterfield Pharmacy – Garland, TX
- E. Comprehensive Care Pharmacy – Clinton, TN
- F. Concentrix CVG – Tucson, AZ
- G. Fresenius Medical Care North America – Lake Bluff, IL
- H. Lakeside Pharmacy – Monterey, LA
- I. Med 4 Home – Kansas City, MO
- J. PharMerica – Louisville, KY
- K. PillPack LLC – Manchester, NH
- L. Pineland Pharmacy – Richardson, TX
- M. Preveon Specialty Pharmacy – Highland, CA

Applications for Out-of-State Compounding Pharmacy – Non Appearance

- N. Professional Pharmacy Resources – Pace, FL
- O. St. Joseph's McAuley Pharmacy – Phoenix, AZ

Applications for Out-of-State Wholesaler – Non Appearance

- P. Amneal Pharmaceuticals LLC – Glasgow, KY
- Q. Amneal Pharmaceuticals LLC – Glasgow, KY
- R. Aprelia Pharmaceuticals, LLC – Blue Ash, OH
- S. Arnold Dental Supply Company, Inc. – Lynnwood, WA
- T. Burke Therapeutics, LLC – Hot Springs, AR
- U. DSC Logistics, LLC – Rancho Cucamonga, CA
- V. DSC Logistics, LLC – Jefferson, GA
- W. Eyevance Pharmaceuticals LLC – Fort Worth, TX
- X. Humco Holding Group, Inc. – Texarkana, TX
- Y. JAMS Wholesale Distribution Services LLC – Coconut Creek, FL
- Z. NDC Homecare LLC – LaVerge, TN
- AA. Shire Rare Disease U.S. Biotech, Inc. – Lexington, MA
- BB. Spectra Medical Devices, Inc. – Wilmington, MA
- CC. Triad Isotopes – Memphis, TN
- DD. Wolf Medical Supply – Sunrise, FL

Applications for Out-of-State Medical, Devices, Equipment and Gases – Non Appearance

- EE. Angelini Pharma Inc. – Gaithersburg, MD

FF. Crown Medical Solutions, LLC – Lemon Grove, CA
 GG. Mainlands Medical Inc. – Pinellas Park, FL

Applications for Nevada Pharmacy – Non Appearance

HH. LVS Surgery Center LLC – Las Vegas, NV
 II. Preferred Pharmacy – Las Vegas, NV

Melissa Shake recused from participation regarding Item 3J (PharMerica) due to her employment with Walgreens. Walgreens is a parent company of PharMerica.

Board Action:

Motion: Jason Penrod moved to approve the Consent Agenda except Item 3J.

Second: Kevin Desmond

Action: Passed unanimously

Board Action:

Motion: Jason Penrod moved to approve Item 3J.

Second: Kevin Desmond

Action: Passed unanimously

4. Discipline

A. David J. Adams, DO (17-095-CS-S)

David Adams appeared and was sworn by President Basch prior to answering questions or offering testimony.

Maria Nutile and Russell Marsh were present as counsel representing Dr. Adams.

Mr. Kandt summarized the facts of the case where Dr. Adams was disciplined by the Nevada Board of Osteopathic Medicine for providing pre-signed prescriptions for Dr. Foote to give to patients. Dr. Foote would prescribe prescriptions for dangerous drugs and Dr. Adams would prescribe any controlled substance prescription. Dr. Foote did not have a DEA registration or a controlled substance registration and was prohibited from prescribing, administering, possessing, or distributing controlled substance to his patients.

Ms. Nutile requested the Board hold a closed session to discuss details of this case.

Mr. Kandt moved to have Exhibits 1 through 3 admitted into the record.

Ms. Nutile had no objections.

Mr. Kandt presented the Nevada Board of Osteopathic Medicine's complaint against Dr. Adam's, Dr. Adam's Settlement Agreement and Dr. Adam's Answer and Notice of Defense.

Board Action:

Motion: Kirk Wentworth moved to hold a closed session to discuss Dr. Adams case.

Second: Jason Penrod

Action: Passed unanimously

The Board entered closed session.

Board Action:

Motion: Kirk Wentworth moved to go back into open session.

Second: Jason Penrod

Action: Passed unanimously

Mr. Kandt stated that the evidence and testimony provided prove the factual allegations.

Ms. Nutile stated that Dr. Adams is no longer prescribing in an outpatient setting and requested the Board refrain from suspending or revoking his registration so that he may continue his practice.

Board Action:

Motion: Jason Penrod moved that the Board has jurisdiction over this matter and that the evidence and testimony provided prove the factual allegations.

Second: Melissa Shake

Action: Passed unanimously

Board discussion ensued regarding each Cause of Action.

Board Action:

Motion: Jason Penrod moved to find David Adams guilty of the First through Seventh Causes of Action with modifications to the Sixth Cause of Action to remove NRS 453.331(1)(a).

Second: Kevin Desmond

Action: Passed unanimously

The Board discussed possible penalties for Dr. Adams.

Board Action:

Motion: Melissa Shake moved to revoke David Adams' Controlled Substance Registration. The revocation is stayed and his registration placed on probation for five years. Dr. Adams shall pay a fine of \$10,000 and an administrative fee of \$15,000 within 60 days. Dr. Adams shall comply with all terms of his agreement with the Nevada State Board of Osteopathic Medicine. Dr. Adams shall notify Board Staff of any change in his status with the Nevada State Board of Osteopathic Medicine within one business day.

Second: Kirk Wentworth

Action: Passed unanimously

B. Robert Gaimaro, PA (17-103-CS-S)

Robert Gaimaro appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Kandt summarized the facts of the case where Mr. Gaimaro or a member of his staff had accessed the Prescription Monitoring Program (PMP) report for a patient with whom Mr. Gaimaro did not have a bona fide relationship with.

Mr. Gaimaro stated that he did not personally access or direct his staff to access the patient's PMP report. He explained that the office computers may have had the PMP log in information saved on the computer. He stated that since the discovery of this error the company IT department has removed the log in information from the computers in the office.

Mr. Kandt called Yen Long as a witness.

Yen Long, PMP Administrator Nevada State Board of Pharmacy, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Kandt questioned Ms. Long regarding her role as the PMP Administrator and the procedure that occurred while deactivating and reactivating Mr. Gaimaro's PMP access during the investigation of this case.

Ms. Long testified that Mr. Gaimaro currently has no delegates registered to search the PMP on his behalf.

Mr. Kandt moved to have Exhibits 1 through 5 admitted into the record.

Mr. Gaimaro had no objections.

President Basch admitted Exhibits 1 through 5 into the record.

Ms. Long described Exhibits 1 through 5. She stated that Exhibits 1 through 5 were screenshots from the PMP of Mr. Gaimaro's PMP account, a certification statement signed by Mr. Gaimaro, an acknowledgement from the PMP that is clicked each time a search is performed, and correspondence from Erica Zambrano, Mr. Gaimaro's staff, to the PMP requesting Mr. Gaimaro's PMP access be reactivated.

Ms. Long answered questions to the Board's satisfaction regarding the PMP.

Mr. Kandt called Paul Edwards as a witness.

Mr. Edwards testified that Erica Zambrano does not currently have a controlled substance license with the Board of Pharmacy.

Mr. Gaimaro moved to have Exhibit A admitted into the record.

Mr. Kandt had no objection.

President Basch admitted Exhibit A into the record.

Mr. Gaimaro reviewed Exhibit A for the Board. He presented documentation showing that the company IT had updated the office computers so the PMP log in information could not be saved on any office computer except the practitioners'. Mr. Gaimaro presented documentation that showed he was with a patient during the time of the PMP search.

Mr. Gaimaro admitted that his account was used to query the patient's PMP report. He explained that Ms. Zambrano is a staff member who oversees office administration, insurance billing and quality assurance.

Board discussion ensued regarding the importance of protection of patient health information.

Mr. Kandt stated that the testimony and evidence provided proves the facts listed in the Accusation and Notice of Intended Action.

Board Action:

Motion: Jason Penrod moved that the Board has jurisdiction over this matter and that the testimony and evidence provided proves each of the factual allegations.

Second: Wayne Mitchell

Action: Passed unanimously

Board Action:

Motion: Jason Penrod moved to find Robert Gaimaro guilty of the First through Fourth Causes of Action.

Second: Kevin Desmond

Action: Passed unanimously

Mr. Kandt moved to have Exhibit 6 admitted into the record.

Mr. Gaimaro had no objection.

President Basch admitted Exhibit 6 into the record.

Mr. Kandt presented documentation of reasonable attorney's fees and costs accrued during the investigation of this case.

Board Action:

Motion: Jason Penrod moved that the fees and costs were reasonable and actually incurred.

Second: Kevin Desmond

Action: Passed unanimously

Mr. Kandt stated that Board Staff recommends Mr. Gaimaro's PMP account be deactivated until he submits updated policies and procedures that will protect his PMP account from improper use. Mr. Gaimaro shall pay a fine of \$1,250 for each violation totaling \$5,000 and shall pay an administrative fee of \$5,000 within 60 days.

Board discussion ensued regarding deactivating Mr. Gaimaro's PMP account.

Board Action:

Motion: Melissa Shake moved that Robert Gaimaro shall pay a fine of \$2,000 and an administrative fee of \$5,000 within 60 days. Mr. Gaimaro shall submit updated policies and procedures to Board staff within 30 days. Board Staff is authorized to review and approve the updated policies and procedures. Board Staff will visit Mr. Gaimaro's clinic to ensure the PMP cannot be improperly accessed by Mr. Gaimaro's staff.

Second: Kirk Wentworth

Aye: Shake, Sullivan, Wentworth

Nay: Mitchell, Penrod

Action: Motion carries

C. Lucas Meyers, R.Ph

(16-089-RPH-A-S)

D. Thy Thai Nguyen, R.Ph

(16-089-RPH-B-S)

- | | | |
|----|------------------|-----------------|
| E. | Walgreens #03922 | (16-089-PH-A-S) |
| F. | Walgreens Co. | (16-089-PH-B-S) |

Melissa Shake recused from participation in this matter due to her employment with Walgreens.

Mr. Wuest stated that two pharmaceutical technicians were subpoenaed and present for their involvement in the case.

Brenda Facunla, pharmaceutical technician, Ava Ghayour, pharmaceutical technician, Thy Nguyen and Lucas Meyers appeared and were sworn by President Basch prior to answering questions or offering testimony.

Bill Stilling was present as counsel representing the Respondents.

Mr. Edwards summarized the facts of the case where Walgreens #03922 had dispensed two 100 ml bottles of Amoxicillin 125mg/ml suspension for patient M.B. At the point of sale, Ms. Facunla reconstituted both 100 ml bottles of Amoxicillin 125mg/5ml suspension constituting a total dosage for 30 days and dispensed them to the patient's mother A.C. There was no expiration date indicated on the label of either Amoxicillin bottle. Mr. Meyers was the pharmacist of record and did not verify the final product before sale and dispensing to the patient. Mr. Meyers was also the counseling pharmacist of record and failed to offer or provide counseling to A.C. Patient M.B ingested the expired Amoxicillin for approximately 9 days. Ms. Nguyen was the managing pharmacist of Walgreens #03922 during the time of the error. Walgreens failed to produce a duplicate label or any documentation of the expiration date for the prescription upon request from the Board's investigator.

Mr. Edwards presented a Stipulation and Order regarding the Respondents.

Mr. Meyers shall pay a fine of \$1,000 and an administrative fee of \$1,000 and shall complete two additional CEU on supervising pharmacist responsibilities.

Mr. Meyers shall pay a fine of \$500 and shall complete two additional CEU on proper prescription record keeping.

Mr. Meyers shall pay a fine of \$1,000 on proper counseling.

Ms. Nguyen shall pay a fine of \$500 and an administrative fee of \$500 and shall complete two additional CEU on managing pharmacist responsibilities.

Walgreens #03922 and Walgreens Co. shall pay a total fine of \$2,000 and an administrative fee of \$500. Walgreens shall create new policies and procedures regarding readily retrievable records and proper posting of expiration dates and shall retrain all Nevada employees.

Mr. Stilling had no objections to the Stipulation and Order presented by Board Staff.

Mr. Stilling explained that the Respondents take these errors seriously.

Mr. Stilling moved to have Exhibit A through C admitted into the record.

President Basch admitted Exhibit A through C into the record.

Mr. Stilling presented documentation on proper expiration date placement on prescription labels and another example from a Walgreens test system.

Mr. Stilling stated that Ms. Nguyen was not directly involved in this case, but explained that she understands her responsibility as the managing pharmacist.

Mr. Meyers apologized to the mother and patient for his error.

The Board stressed the importance of patient counseling.

Board Action:

Motion: Kevin Desmond moved to approve the Stipulation and Order as presented by Board Staff.

Second: Jason Penrod.

Action: Passed unanimously

G. Tiffany C. Hall, PT (18-057-PT-S)

Tiffany Hall appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Edwards summarized the facts of the case where Ms. Hall did not disclose her arrest record on her pharmaceutical technician application. Ms. Hall was arrested in March 2018 for driving under the influence of alcohol/drugs.

Ms. Hall answered questions regarding her current employment with Walgreens and her arrest.

Melissa Shake disclosed that she is employed by Walgreens and stated that she would be able to participate in this matter fairly and without bias.

Mr. Edwards stated that Ms. Hall's testimony supports the factual allegations.

Board Action:

Motion: Jason Penrod moved that the Board has jurisdiction over this matter and that the factual allegations have been proven based on the testimony provided.

Second: Melissa Shake

Action: Passed unanimously

Board Action:

Motion: Jason Penrod moved to find Tiffany Hall guilty of the First Cause of Action and not guilty of the Second Cause of Action.

Second: Wayne Mitchell

Action: Passed unanimously

After discussion the Board agreed that Ms. Hall's current pharmaceutical technician registration be cancelled, but she could reapply and disclose her disciplinary information on the new application.

Board Action:

Motion: Jason Penrod moved to cancel Tiffany Hall's pharmaceutical technician registration. Ms. Hall can reapply immediately.

Second: Wayne Mitchell

Action: Passed unanimously

H. Veronica S. Ashworth, PT (18-064-PT-S)

Melissa Shake recused from participation in this matter due to her employment with Walgreens.

Veronica Ashworth was not present.

Mr. Edwards summarized the facts of the case where Ms. Ashworth was terminated from her employment as a pharmaceutical technician at Walgreens for diverting 800 Oxycodone 15 mg tablets, 800 Percocet 10/325 mg tablets and 2,000 Oxycodone 30 mg. tablets over approximately a one-year period.

Mr. Edwards moved to have Exhibits 1 through 7 admitted into the records.

President Basch admitted Exhibits 1 through 7 into the record.

Mr. Edwards presented documentation showing Board Staff had sent Ms. Ashworth her Notice of Intended Action and Accusation by certified mail.

Board Action:

Motion: Jason Penrod moved that service was properly given.

Second: Kevin Desmond

Action: Passed unanimously

Mr. Edwards presented an email from Walgreen Co. Asset Protection Manager stating that Ms. Ashworth admitted verbally and in a written statement that she had been diverting controlled substances both for personal use and to sell.

Board Action:

Motion: Jason Penrod moved that the Board has jurisdiction over this matter and that the factual allegations have been proven based on the evidence provided.

Second: Kevin Desmond

Action: Passed unanimously

Board Action:

Motion: Jason Penrod moved to find Veronica Ashworth guilty of the First through Fifth Causes of Action.

Second: Kevin Desmond

Action: Passed unanimously

Mr. Edwards stated that Board Staff recommends revocation of Ms. Ashworth's pharmaceutical technician registration and an administrative fee of \$500 if she chooses to request reinstatement.

Board Action:

Motion: Jason Penrod moved to revoke Veronica Ashworth's pharmaceutical technician registration. If Ms. Ashworth applies for reinstatement she shall pay an administrative fee of \$500.

Second: Kevin Desmond

Action: Passed unanimously

I. Michael Bell, DDS

(17-102-CS-S)

Michael Bell appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Kandt summarized the facts of the case where Dr. Bell had attempted to access Las Vegas shooter Stephen Paddock's PMP record without having a lawful purpose in doing so.

Mr. Kandt explained that Dr. Bell was unable to access Mr. Paddock's report because it had already been blocked by PMP Staff.

Mr. Kandt presented a Stipulation and Order regarding Dr. Bell.

Dr. Bell shall provide Board Staff with updated policies and procedures regarding the proper use of the PMP.

Dr. Bell shall pay a fine of \$2,000 and an administrative fee of \$2,000.

Dr. Bell explained that he personally ran the queries for Mr. Paddock's PMP report out of curiosity and expressed no objections to the Stipulation and Order presented.

Board Action:

Motion: Jason Penrod moved to approve the Stipulation and Order as presented.

Second: Kirk Wentworth

Action: Passed unanimously

J. Venus Vedadi, R.Ph (17-112-RPH-S)

Venus Vedadi appeared and was sworn by President Basch prior to answering questions or offering testimony.

Lynn Beggs was present as counsel representing Ms. Vedadi.

Mr. Kandt summarized the facts of the case where Ms. Vedadi's PMP account was used to query the PMP database two times to access Stephen Paddock's confidential patient information. Ms. Vedadi had no pharmacist/patient relationship with Mr. Paddock and had no lawful purpose for accessing the patient utilization report.

Mr. Kandt presented a Stipulation and Order regarding Ms. Vedadi.

Ms. Vedadi shall pay a fine of \$5,000 and pay an administrative fee of \$5,000.

Ms. Beggs requested the Board accept the Stipulation and Order as presented. She explained that Ms. Vedadi has taken responsibility for her actions and did not share any of the information she obtained from the search.

Board discussion ensued regarding the importance of protecting the PMP data.

Board Action:

Motion: Melissa Shake moved to accept the Stipulation and Order as presented.

Second: Robert Sullivan

Action: Passed unanimously

K. Joyce Chang, MD

(18-029-CS-S)

Joyce Chang appeared and was sworn by President Basch prior to answering questions or offering testimony.

Christopher Rath was present as counsel representing Dr. Chang.

Mr. Kandt summarized the facts of the case where during a joint investigation from the Nevada State Board of Medical Examiners and the Nevada State Board of Pharmacy, it was discovered that Dr. Chang had established a procedure where she had authorized her medical assistant to create, sign and issue prescriptions on her behalf.

Mr. Kandt presented a Stipulation and Order regarding Dr. Chang.

Dr. Chang's controlled substance registration and practitioner dispensing registration shall be revoked for a minimum of 1 year.

Dr. Chang shall pay an administrative fee of \$3,000 due within 30 days.

Mr. Rath had no objections.

Mr. Rath stated that Dr. Chang has voluntarily surrendered her DEA registration and currently has no pending criminal or civil cases.

Board Action:

Motion: Kevin Desmond moved to approve the Stipulation and Order as presented.

Second: Jason Penrod

Action: Passed unanimously

5. Application for Nevada Pharmacy – Appearance

Genoa Healthcare, LLC – Las Vegas, NV

Craig Pivo, managing pharmacist, and Tasha Hennessy, Regional Vice President, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Ms. Hennessy stated that Genoa Healthcare, LLC is a community pharmacy that services mental healthcare facilities.

The Board modified Genoa Healthcare, LLC's application to remove closed door pharmacy from the application and to add mail service to the list of services provided at Ms. Hennessy's request.

Mr. Pivo answered questions to the Board's satisfaction regarding his pharmacy experience and past discipline and recovery.

Ms. Hennessy answered questions to the Board's satisfaction regarding Optum, Genoa Healthcare, LLC's parent company, disciplinary history.

Board Action:

Motion: Jason Penrod moved to approve Genoa Healthcare, LLC's Application for Nevada Pharmacy pending a positive inspection and receipt of a Letter of Authorization allowing Ms. Hennessy and Mr. Pivo to speak on behalf of the company.

Second: Kirk Wentworth

Action: Passed unanimously

6. Applications for Out-of-State Pharmacy – Appearance

A. Advanced InfusionCare – Valdosta, GA

Michael Hicks, managing pharmacist, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Hicks presented a Letter of Authorization allowing him to speak on behalf of the company.

Mr. Hicks stated that Advanced InfusionCare is a home infusion pharmacy that provides sterile compounding services. He stated that Advanced InfusionCare will primarily provide IVIG products to patients in Nevada.

Joe Dodge, Inspector Nevada State Board of Pharmacy, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Dodge questioned Mr. Hicks regarding Advanced InfusionCare's sterile compounding policies and procedures, clean room specifications, product testing and shipping methods.

Mr. Hicks answered questions to the Board's satisfaction.

Board Action:

Motion: Jason Penrod moved to approve Advanced InfusionCare's Application for Out-of-State Pharmacy License. Advanced InfusionCare shall notify Board Staff prior to providing any products other than IVIG products to patients in Nevada.

Second: Kevin Desmond

Action: Passed unanimously

B. Marian Pharmaceuticals – Daphne, AL

Christina Bond, managing pharmacist, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Jeff Whitehead was present as counsel representing Marian Pharmaceuticals.

Ms. Bond presented a Letter of Authority allowing her to speak on behalf of the company.

Mr. Whitehead explained that Marian Pharmaceuticals is requesting the Board's approval for an ownership change.

Ms. Bond explained that Marian Pharmaceuticals primarily provides commercially available topical products. She stated that there are no plans to change their services provided with the new ownership.

Mr. Whitehead answered questions regarding Marian Pharmaceuticals past inspections and previous ownership's discipline.

Mr. Edwards questioned Mr. Whitehead and Ms. Bond regarding open complaints and investigations in other states.

After discussion Mr. Edwards disclosed that Board Staff currently has an open investigation regarding Marian Pharmaceuticals.

President Basch offered Ms. Bond and Mr. Whitehead the option to table this application while the investigation takes place.

The Board tabled Marian Pharmaceutical's Application for Out-of-State Pharmacy License at Ms. Bond's request.

The Board reminded Ms. Bond and Mr. Whitehead that Marion Pharmaceuticals cannot ship medications into Nevada until this application is approved.

B. NexGen Compounding Pharmacy – Weatherford, TX

This matter was continued to a future meeting.

D. SMP Pharmacy Solutions #2 – Miami, FL

This matter was continued to the December 2018 Board meeting at the company's request.

7. Application for Out-of-State Outsourcing Facility – Appearance

Athenex Pharma Solutions, LLC – Clarence, NY

Robert Keem, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Keem presented a Letter of Authority allowing him to speak on behalf of the company.

Mr. Keem stated that Athenex Pharma Solutions, LLC is an FDA approved 503B Outsourcing Facility.

Mr. Dodge appeared and questioned Mr. Keem regarding Athenex Pharma Solutions, LLC's most recent FDA inspection.

Mr. Keem answered questions to the Board's satisfaction regarding each observation regarding the pharmacy's aseptic area and recall process from FDA's inspection

The Board recommended that Athenex Pharma Solutions, LLC test their updated recall procedure.

Board Action:

Motion: Kevin Desmond moved to approve Athenex Pharma Solutions, LLC's Application for Out-of-State Outsourcing Facility.

Second: Jason Penrod

Action: Passed unanimously

8. Application for Nevada Medical, Devices, Equipment and Gases – Appearance

iSleep, LLC – Reno, NV

Charles Smart and John Hickok, part owners, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Mr. Smart and Mr. Hickok stated that iSleep, LLC provides affordable sleep apnea testing for patients.

Mr. Hickok and Mr. Smart answered questions regarding their work history and iSleep, LLC's policies and procedures and business model.

The Board expressed concern that iSleep, LLC has a prescriber on Staff that could potentially refer patients to the company.

After discussion, the Board directed Board Staff to review iSleep, LLC's business model is in compliance with Nevada law.

Board Action:

Motion: Kirk Wentworth moved to approve iSleep, LLC's Application for Nevada MDEG License pending a positive inspection and review and approval of iSleep, LLC's business model. Board Staff is authorized to review and approve iSleep, LLC's business model.

Second: Wayne Mitchell

Action: Passed unanimously

9. Request for Removal of Restriction from Working as a Managing Pharmacist – Appearance

Ronald H. Engberson

Ronald Engberson appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Engberson requested that the Board consider modifying the restriction on his license that he work with supervision for 6 weeks. He stated that he was having difficulty getting employment with this restriction.

Mr. Edwards provided background information regarding Mr. Engberson's past Board appearances.

Mr. Engberson answered questions to the Board's satisfaction regarding his PRN-PRN contract, recovery and employment.

Board Action:

Motion: Jason Penrod moved to allow the Executive Secretary to remove any and all restrictions regarding Ronald Engberson's Nevada Pharmacist License based on professional discretion.

Second: Melissa Shake

Action: Passed unanimously

10. Requests for Renewal of Pharmacist License - Appearance

A. Moshe Lalehzari

Moshe Lalehzari appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Edwards summarized the facts of the case where Mr. Lalehzari's California Pharmacist License was revoked and the revocation stayed. Mr. Lalehzari was the managing pharmacist at a pharmacy that had engaged in sterile compounding without proper training, the pharmacy also failed to maintain a written master formula with the procedure on how the drug was prepared.

Mr. Lalehzari answered questions to the Board's satisfaction regarding his license status in California, his compliance with the California Order and current employment.

Board Action:

Motion: Jason Penrod moved to approve Moshe Lalehzari's Request for Renewal of his Pharmacist License with conditions. Mr. Lalehzari's Nevada Pharmacist license is placed on probation to match his California Order. Mr. Lalehzari shall comply with the California State Board of Pharmacy's Order. Mr. Lalehzari shall notify Board Staff of any changes to his status in California including when his probation in California ends. The Executive Secretary is authorized to end Mr. Lalehzari's probation. Mr. Lalehzari shall notify Board Staff before working in Nevada.

Second: Kirk Wentworth

Action: Passed unanimously

B. Phic Kaing Lim

This matter was continued to a future meeting.

11. Request for an Intern License –

Thomas Ely

Thomas Ely appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Ely explained that he had disclosed that he was disciplined for possession of marijuana on his intern pharmacist application.

Mr. Ely informed the Board that he no longer uses marijuana and apologized for his mistake.

Mr. Ely answered questions to the Board's satisfaction regarding his discipline and educational background.

Board discussion ensued regarding having Mr. Ely evaluated by PRN-PRN.

Board Action:

Motion: Jason Penrod moved to approve Thomas Ely's Application for Intern Pharmacist License pending a positive evaluation from PRN-PRN. Board Staff is authorized to review and approve Mr. Ely's PRN-PRN evaluation.

Second: Kirk Wentworth

Action: Passed unanimously

12. General Counsel Report

13. Approval of 2019 Board Meeting Dates

Mr. Wuest presented the 2019 Board Meeting Dates to the Board's satisfaction.

14. Executive Secretary Report:

- A. Financial Report
- B. Temporary Licenses

One temporary license was issued since the last Board meeting.

- C. Staff Activities
- D. Report to Board

Mr. Wuest updated the Board regarding the licensing software changes.

- E. Board Related News

Mr. Wuest reported to the Board regarding the Sunset Committee Meeting.

- F. Licensing Activities Report

15. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2):

Amendment of Nevada Administrative Code (NAC) 639.250: Restrictions on supervision. The proposed amendment to NAC 639.250 will allow for an increase in pharmaceutical technician to pharmacist ratio in certain pharmacy settings

Ms. Long provided background information regarding the proposed amendment.

President Basch opened the Public comment.

Lauren Paul, CVS, requested a modification to Section 4 to either specify the ratio increase in non-dispensing pharmacies, or to add counselling to the list of pharmacy functions.

Laurie Wonza, Walgreens, expressed support of expanding the pharmaceutical technician to pharmacist ratio in traditional pharmacy business models. Ms. Wonza provided examples of other states that currently have higher pharmaceutical technician to pharmacist ratios than 3:1.

Liz MacMenamin, RAN, expressed support of expanding the pharmaceutical technician to pharmacist ratio.

Gener Tejero, Las Vegas Infusion Pharmacy, expressed support of increasing the pharmaceutical technician to pharmacist ratio in a traditional pharmacy, but expressed concern with increasing the ratio in a compounding pharmacy setting.

Rich Palermo, Express Scripts, expressed support of increasing the pharmaceutical technician to pharmacist ratio in non-dispensing pharmacy models.

President Basch closed the Public Comment.

Board discussion ensued regarding modifying the pharmaceutical technician to pharmacist ratio in different pharmacy business models. The Board directed Board Staff to survey Nevada pharmacists to get more feedback and to bring this matter back to workshop.

16. Date and Location of Next Scheduled Board Meeting:

December 5-6, 2018 – Reno, Nevada

17. Public Comment October 11, 2018 5:00 PM

There was no public comment.

3

A

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Acacia Pharma Inc.

Physical Address: 440 Stevens Avenue, Suite 200

City: Solana Beach State: CA Zip Code: 92075

Telephone Number: 614.975.0006 Fax Number: n/a

Toll Free Number: n/a

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

Facility Manager: Ryerson W. Dalton, Jr.

Professional qualifications and experience of facility manager: Please see attached resume.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Specialty Distributors

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

B

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: Amani Pharmacy
Physical Address: 1162 Liberty Ave Brooklyn, NY 11208
Mailing Address: 1162 Liberty Ave
City: Brooklyn State: New York Zip Code: 11208
Telephone: (347) 425-1996 Fax: (347) 425-1997
Toll Free Number: (877) 672-3153 (Required per NAC 639.708)
E-mail: info@amanipharmacy.com Website: _____
Managing Pharmacist: Michael Salako License Number: 047621

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,**

C

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: ASTRO RX

Physical Address: 20423 KUYKENDAHL RD STE 250

Mailing Address: 20423 KUYKENDAHL RD STE 250

City: SPRING State: TX Zip Code: 77379

Telephone: (832) 209-4999 Fax: (832) 559-7213

Toll Free Number: (844) 445-5001 (Required per NAC 639.708)

E-mail: CREDENTIALING@ASTRORX.NET Website: NONE

Managing Pharmacist: CHARMAGNE KNEIP License Number: 38403

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,**

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: AZBDBR, LLC dba AvasaRx Pharmacy

Physical Address: 816 N. 6th Ave.

Mailing Address: 816 N. 6th Ave.

City: Phoenix State: AZ Zip Code: 85003

Telephone: 480-900-7450 Fax: 833 437-2301

Toll Free Number: 844-482-2005 (Required per NAC 639.708)

E-mail: info@avasarx.com Website: AVASARX.COM

Managing Pharmacist: Ronak Modi License Number: S023110

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

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: Home Infusion

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

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

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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: BENZER PHARMACY

Physical Address: 5908 BRECKENRIDGE PKWY

Mailing Address: _____

City: TAMPA State: FL Zip Code: 33610

Telephone: 813-644-7277 Fax: 813-875-4000

Toll Free Number: 8887679328 (Required per NAC 639.708)

E-mail: BENZER154@BENZERPHARMACY.COM Website: _____

Managing Pharmacist: RAJIV PATEL License Number: P539701

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,**

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: Blink Health Pharmacy, LLC

Physical Address: 100 Chesterfield Bus Parkway, Room 268, Chesterfield MO 63005

Mailing Address: 233 Spring Street, 8th Floor East

City: New York State: NY Zip Code: 10013

Telephone: (314) 356-2946 Fax: (314) 558-2641

Toll Free Number: (844) 225-5751 (Required per NAC 639.708)

E-mail: licensing@blinkhealth.com

Website: _____

Managing Pharmacist: Lee Trotter, RPh, PIC License Number: 041139

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,**

G

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

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☒ 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: R+B Pharmacy Inc dba Clarks Pharmacy
Physical Address: 36889 N Tom Darlington, Carefree AZ 85377
Mailing Address: P.O. Box 6189
City: Carefree State: AZ Zip Code: 85377
Telephone: 480.488-2007 Fax: 480.575-0541
Toll Free Number: 1-877-450-0040 (Required per NAC 639.708)
E-mail: az4chick@aol.com Website: N/A
Managing Pharmacist: Rodolfo Dragone License Number: 9626

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 *Pt who need Naturethroid - we are getting calls to mail & ship*
- ☐ ☒ 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,

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: Diplomat Specialty Pharmacy of Phoenix, LLC dba Diplomat Specialty Pharmacy

Physical Address: 485 N. Juniper Dr., Chandler, AZ 85226

Mailing Address: Attn: Licensing, 4100 S. Saginaw St.

City: Flint State: MI Zip Code: 48507

Telephone: 877-977-9118 Fax: 800-550-6272

Toll Free Number: 877-977-9118 (Required per NAC 639.708)

E-mail: licensing@diplomat.is Website: www.diplomat.com

Managing Pharmacist: Sandra Barbosa License Number: S020870

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

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,**

I

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: Pensacola Apothecary dba Everwell Specialty PharmacyPhysical Address: 6506 N. Davis Hwy, Pensacola, FL 32504Mailing Address: 6506 N. Davis Hwy, Pensacola, FL 32504City: Pensacola State: FL Zip Code: 32504Telephone: 850-473-9190 Fax: 850-473-9935Toll Free Number: 855-507-2560 (Required per NAC 639.708)E-mail: info@Everwellrx.com Website: www.Everwellrx.comManaging Pharmacist: Casey Trest License Number: PS 48537**TYPE OF PHARMACY AND****SERVICES PROVIDED**

Yes/No

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

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,

NEVADA STATE BOARD OF PHARMACY

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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☒ ~~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: Fast Access Specialty Therapeutics, LLC

Physical Address: 3131 N I-10 Service Road E, Suite 202, Metairie, LA 70002

Mailing Address: 3131 N I-10 Service Road E, Suite 202

City: Metairie State: LA Zip Code: 70002

Telephone: (877) 327-8881 Fax: (844) 504-3278

Toll Free Number: (877) 327-8881 (Required per NAC 639.708)

E-mail: sroy@fosrxfast.com Website: www.fosrxfast.com

Managing Pharmacist: Sajal K. Roy, Pharm.D. License Number: LA PST.021505
NV 19175

TYPE OF PHARMACY **AND**

SERVICES PROVIDED

Yes/No

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

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,**

K

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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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: Good Day Pharmacy LLC
Physical Address: 2561 County Road Ste. 220 Middleburg FL 32068
Mailing Address: 2561 County Road 220
City: Middleburg State: FL Zip Code: 32068
Telephone: 904-375-8579 Fax: 904-375 8581
Toll Free Number: 877-642-9238 (Required per NAC 639.708)
E-mail: Jessica@prismmedicaldesign.com Website: N/A
Managing Pharmacist: Madeline Defalco License Number: PS22011

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,**

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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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

LLC

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Hamilton Rx LLC

Physical Address: 3320 Tylersville Rd Hamilton OH 45011

Mailing Address: 3320 Tylersville Rd

City: Hamilton State: OH Zip Code: 45011

Telephone: 513-299-7964 Fax: 513-285-3147

Toll Free Number: 866-602-6449 (Required per NAC 639.708)

E-mail: pharmacist@hamiltonrxpharmacy.com

Website: www.hamiltonrxpharmacy.com (In Progress)

Managing Pharmacist: Brett Menne License Number: 03335004-3

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds _____)

☐ ☒ Internet *See Attachment*

☐ ☒ 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,**

M

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☐ 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: Kaiser Permanente Pharmacy #329Physical Address: 4131 Geary Blvd Ste 112Mailing Address: 4131 Geary Blvd Ste 112City: San Francisco State: CA Zip Code: 94118Telephone: 650 301 5799 Fax: 650 301 5790Toll Free Number: 877 404-5777 (Required per NAC 639.708)E-mail: Kaiser-Specialty-pharmacy@kp.org Website: N/AManaging Pharmacist: Christina Spagnoli License Number: 61426**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: _____

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NEVADA STATE BOARD OF PHARMACY

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☐ 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: Evergreen Pharmaceutical of California, Inc. dba Omnicare of Sacramento

Physical Address: 3630 Business Dr, Ste D

Mailing Address: One CVS Drive, MC 1160, Woonsocket, RI 02895

City: Sacramento State: CA Zip Code: 95820

Telephone: 916-452-8022 Fax: 916-340-0654

Toll Free Number: 888-458-8022 (Required per NAC 639.708)

E-mail: statereply@cvscaremark.com Website: www.omnicare.com

Managing Pharmacist: Nazaneen Raouf License Number: RPH65433

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,**

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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☐ 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: OptumRx d/b/a OptumRx

Physical Address: 4805 East Thistle Landing Drive, Suite 110D and 100D, Phoenix AZ 85044

Mailing Address: 4805 East Thistle Landing Drive, Suite 110D and 100D, Phoenix AZ 85044

City: Phoenix State: AZ Zip Code: 85044

Telephone: 602-387-5570 Fax: 800-491-7997

Toll Free Number: 800-791-7658 (Required per NAC 639.708)

E-mail: orxpharmlic@optum.com Website: www.optumrx.com

Managing Pharmacist: Marion Rizer License Number: 15214

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

☐ ☒ Retail

☐ ☒ Hospital (# beds _____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☒ ☐ Other: non dispensing, please see attached description of practice

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: please see attached description of practice

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



**OptumRx, Inc.
d/b/a OptumRx**

OptumRx's home delivery pharmacies provide a variety of services to patients, including home delivery of medications, telephonic counseling, and prior authorization assistance. OptumRx's proposed pharmacy location in Phoenix Arizona will be a non-dispensing pharmacy and will not store any drug inventory. Work done at this location will include data entry of prescriptions by pharmacy technicians and pharmacist verification of same, pharmacist transcribing of telephonic prescriptions from a provider, telephonic patient counseling, and resolution of paid claim adjudication issues. This Phoenix pharmacy will support dispensing activities for pharmacies located in California, Indiana, Kansas, Nevada, and New Jersey.

OptumRx's home delivery pharmacies are accredited by URAC and VIPPS.

OptumRx's home delivery pharmacies play an important role in providing healthcare services to local communities by offering patients the convenience of receiving their medication in the mail, which can improve medication adherence, lower medication cost for consumers, and allow underserved areas to receive high quality pharmacy services.

P

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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☒ **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: Phantastic Pharmacy

Physical Address: 4347 Van Nuys Blvd

Mailing Address: 4347 Van Nuys Blvd

City: Sherman Oaks

State: CA

Zip Code: 91403

Telephone: 818-849-5992

Fax: 818-849-5918

Toll Free Number: 888-745-9476

(Required per NAC 639.708)

E-mail: phantasticpharmacy@gmail.com

Website: N/A

Managing Pharmacist: Asarch, Kenneth Bruce

License Number: 37199

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: _____

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☐ 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: AZ Pharmacy, LLC dba PillPack Phoenix

Physical Address: 3809 W. Watkins Street

Mailing Address: Same as above

City: Phoenix State: AZ Zip Code: 85034

Telephone: 855-745-5725 Fax: 603-935-9108

Toll Free Number: 855-745-5725 (Required per NAC 639.708)

E-mail: pillpackphoenix@pillpack.com Website: www.pillpack.com

Managing Pharmacist: Emily Haugh License Number: S022566

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds _____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☒ ☐ Other: 30 day home delivery with
patient-specific multi -dose packaging.

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,**

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☒ 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: PRO SCRIPT SOLUTIONS PHARMACY

Physical Address: 6730 ATASCOCITA RD, STE 111

Mailing Address: 6730 ATASCOCITA RD, STE 111

City: HUMBLE State: TX Zip Code: 77346

Telephone: (281) 570-6707 Fax: (281) 318-7554

Toll Free Number: (800) 964-0620 (Required per NAC 639.708)

E-mail: PROSCRIPTPHARMACY@GMAIL.COM Website: NONE

Managing Pharmacist: KIETRICH JOHNSON License Number: 42290

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,**

S

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

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- | | |
|---|--|
| <input checked="" type="checkbox"/> New Pharmacy
(Please provide current license number if making changes: PH _____) | <input type="checkbox"/> Ownership Change |
| <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 | <input type="checkbox"/> Partnership - Pages 1,2,5,7 |
| <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7 | <input type="checkbox"/> Sole Owner – Pages 1,2,6,7 |
| Please check box for type of ownership and complete correct part of the application. | |

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Pharmaceutical Care Consultants of Florida Inc. DBA: Skip's Pharmacy

Physical Address: 160 SW 12th Ave, Suite 102, Deerfield Beach, Florida 33442

Mailing Address: 160 SW 12th Ave, Suite 102

City: Deerfield Beach State: Florida Zip Code: 33442

Telephone: 561-218-0111 Fax: 561-218-8873

Toll Free Number: 800-553-7429 (Required per NAC 639.708)

E-mail: teegio23@gmail.com Website: https://www.skipspharmacy.com/wplog/

Managing Pharmacist: Brooke Ashlee Hutchison License Number: Florida: PS45511

Hours of Operation:

Monday thru Friday 9:00 am 5:00 pm Saturday 10:00 am 12:00 pm
 Sunday CLOSED am pm 24 Hours

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: _____

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NEVADA STATE BOARD OF PHARMACY

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(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 03566**)
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: TC Script LLC

Physical Address: 17255 N. 82nd St., Suite 130

Mailing Address: Same as above.

City: Scottsdale State: AZ Zip Code: 85255

Telephone: 855-584-6189 Fax: 855-578-1691

Toll Free Number: 855-584-6189 (Required per NAC 639.708)

E-mail: tc_script@trialcard.com

Website: tscript.com

Managing Pharmacist: Jennifer Jung License Number: S015956

TYPE OF PHARMACY **AND**

SERVICES PROVIDED

Yes/No

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

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,**

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: V-Care Pharmacy and Surgical Supplies

Physical Address: 151 Cochituate Rd., Framingham, MA 01701

Mailing Address: 151 Cochituate Rd., Framingham, MA 01701

City: Framingham State: MA Zip Code: 01701

Telephone: 508-202-9993 Fax: 508-202-9343

Toll Free Number: 844-769-8227 (Required per NAC 639.708)

E-mail: Info.@myvcarepharmacy.com Website: myvcarepharmacy.com

Managing Pharmacist: Vipul Patel License Number: PH 232 456

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,**

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

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☒ **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: Walgreens Pharmacy #15987

Physical Address: 1020 29th Street, Suite 140, Sacramento, CA 95816

Mailing Address: P.O. Box 901

City: Deerfield State: IL Zip Code: 60015

Telephone: 916-738-3300 Fax: 916-738-3302

Toll Free Number: 888-750-3026 (Required per NAC 639.708)

E-mail: karina.lipnickas@walgreens.com Website: www.walgreens.com

Managing Pharmacist: Edward Salaguinto License Number: 53212

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,**

W

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: Westover Hills Pharmacy
Physical Address: 9793 Culebra Rd. Ste. 101, San Antonio, Tx 78251
Mailing Address: 9793 Culebra Rd. Ste. 101, S
City: San Antonio State: Tx Zip Code: 78251
Telephone: 210-684-1800 Fax: 210-684-1801
Toll Free Number: 1-844-684-1800 (Required per NAC 639.708)
E-mail: jburch@westoverrx.com Website: westoverhillsrx.com
Managing Pharmacist: Randy Nemecek License Number: 162105

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,**

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

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☒ **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: CYPRESS COMPOUNDING PHARMACY

Physical Address: 9511 HUFFMEISTER, STE 104 HOUSTON, TEXAS 77095

Mailing Address: 9511 HUFFMEISTER, STE 104

City: HOUSTON State: TEXAS Zip Code: 77095

Telephone: 832-617-0290 Fax: 832-510-4003

Toll Free Number: 844-692-2779 (Required per NAC 639.708)

E-mail: ADMIN@CCPHARMACY.COM Website: WWW.CCPHARMACY.COM

Managing Pharmacist: LINDA EHLIG MOORE License Number: 54929

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,**

4

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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☒ **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: Go Live Well Pharmacy

Physical Address: 13035 Olive Street Road, Ste 210

Mailing Address: 13035 Olive Street Road, Ste 210

City: St. Louis State: Missouri Zip Code: 63141

Telephone: 1-844-896-2456 Fax: 1-844-896-7466

Toll Free Number: 1-844-896-2456 (Required per NAC 639.708)

E-mail: info@golivewellpharm.com Website: www.golivewellrx.com

Managing Pharmacist: Mark Schumacher License Number: 040203

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,**

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER 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 type="checkbox"/> New Wholesaler or <input checked="" type="checkbox"/> Ownership Change (Provide current license number if making changes: WH02342)	
Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: A & K Distributors PR, LLC

Physical Address: Hangar 403 Broom Dr

City: Aguadilla State: PR Zip Code: 00603

Telephone Number: 918-981-2221 Fax Number: 815-642-4534

Toll Free Number: N/A 1-888-545-2080

E-mail: asien@akdistri.com Website: N/A

Facility Manager: Alissa Sien

Professional qualifications and experience of facility manager: As manager 3 years at A & K Distributors PR, LLC and 5 years as pharmacy technician.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies
 ☐ Practitioners
 ☐ Hospitals
 ☐ Wholesalers
 ☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
 ☐ Hypodermic Devices
 ☐ Poisons or Chemicals
 ☐ Veterinary Legend Drugs
 ☐ Controlled Substances (include copy of DEA)
 ☐ Other: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER 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

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☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownershipFacility Name: Aptevo Biotherapeutics LLCPhysical Address: 2401 4th Avenue, Suite 1050City: Seattle State: WA Zip Code: 98121Telephone Number: 206-838-0500 Fax Number: 206-838-0503Toll Free Number: N/AE-mail: mitchells@apvo.com Website: www.aptevotherapeutics.comFacility Manager: Shawnte MitchellProfessional qualifications and experience of facility manager: See attached resume**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: Specialty Pharmacies and Specialty Distributors

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

BB

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH N/A)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Braeburn Inc.

Physical Address: 450 Plymouth Road, Suite 400

City: Plymouth Meeting State: PA Zip Code: 19462

Telephone Number: 610-467-8680 Fax Number: 610-834-9803

Toll Free Number: N/A

E-mail: sdeathos@braeburnrx.com Website: https://braeburnrx.com/

Facility Manager: Scot J. DeAthos

Professional qualifications and experience of facility manager: See Attachment C

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: Distributors

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA) N/A - See Attachment B
☐ Other: _____

CC

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER 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

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☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownershipFacility Name: CMP Pharma, Inc.Physical Address: 8026 US Highway 264ACity: Farmville State: NC Zip Code: 27828Telephone Number: 252-753-7111 Fax Number: 252-753-3882Toll Free Number: 800-227-6637E-mail: wanda.owens@cmppharma.com Website: www.cmppharma.comFacility Manager: Gerald D. Sakowski, CEOProfessional qualifications and experience of facility manager: See Attached**Types of licensed outlets or authorized persons firm will serve:**☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers☐ Other: _____**Type of Products to be handled or wholesaled by firm:**☒ Legend Pharmaceuticals, Supplies or Devices☐ Poisons or Chemicals☐ Controlled Substances (include copy of DEA)☐ Other: _____☐ Hypodermic Devices☐ Veterinary Legend Drugs

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler ☐ Ownership Change
 (Please provide current license number if making changes: WH_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
 Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: DC Dental, Inc.

Physical Address: 2048 Lord Baltimore Drive, Baltimore, MD 21244

Mailing Address: DC Dental, Inc. c/o: 1133 Greenwood Road

City: Baltimore State: MD Zip Code: 21208

Telephone: 410-653-7500 Fax: 410-653-7620

Toll Free Number: 877-653-7500

E-mail: Compliance@dcdental.com Website: www.dcdental.com

Facility Manager: Shira Yocheved Friedman

Professional qualifications and experience of facility manager: Supply Chain Manager overseeing all direct and drop ship purchase orders. Responsible for developing inventory system for warehouse maintenance and quality control.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Distributors, and US Government

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: Over-the-Counter Non-Prescription Drugs and Devices

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

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☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH____)
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: H.D. Smith, LLC
Physical Address: 6001 Global Distribution Way #102
City: Louisville State: KY Zip Code: 40228
Telephone Number: 502-491-0593 Fax Number: 502-671-2608
Toll Free Number: _____
E-mail: Licensing@hdsmith.com Website: www.hdsmith.com
Facility Manager: Ruben Villalobos
Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: Long-term care facilities

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☐ Other: _____

FF

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: GC Mogam, Inc.

Physical Address: 2200 Fletcher Avenue

City: Fort Lee State: NJ Zip Code: 07024

Telephone Number: 339-440-6061 Fax Number: _____

Toll Free Number: 833-384-2662

E-mail: chrislamb@biosolutionservices.com Website: _____

Facility Manager: Chris Lamb

Professional qualifications and experience of facility manager: _____

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

GG

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

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☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

Johnson & Johnson Health Care Systems Inc. is wholly owned by Johnson & Johnson, a publicly traded company. As advised by your office, because the parent company is publicly traded, the publicly traded pages of this application must be completed.

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Johnson & Johnson Health Care Systems Inc.

Physical Address: 1862 Brummel Avenue

City: Elk Grove Village State: IL Zip Code: 60007

Telephone Number: 224-404-4043 Fax Number: N/A

Toll Free Number: N/A

E-mail: Luis E. Estrada Website: www.jjchs.com

Facility Manager: Lestrad9@its.inj.com

Professional qualifications and experience of facility manager: See Attachment B

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers

☒ Other: Manufacturers

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices

☐ Poisons or Chemicals ☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☐ Other: _____

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER 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 Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

Johnson & Johnson Health Care Systems Inc. is wholly owned by Johnson & Johnson, a publicly traded company. As advised by your office, because the parent company is publicly traded, the publicly traded pages of this application must be completed.

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Johnson & Johnson Healthcare Systems Inc.

Physical Address: 700 Orthopaedic Drive

City: Warsaw State: Indiana Zip Code: 46582

Telephone Number: (574) 267-8143 Fax Number: (574) 372-7018

Toll Free Number: N/A

E-mail: Tanders7@its.jnj.com Website: www.jhcs.com

Facility Manager: Thomas R. Anderson

Professional qualifications and experience of facility manager: See Attachment B

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Clinics

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

II

NEVADA STATE BOARD OF PHARMACY

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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Karyopharm Therapeutics Inc.

Physical Address: 85 Wells Ave

City: Newton State: MA Zip Code: 02459

Telephone Number: 617-658-0600 Fax Number: n/a

Toll Free Number: n/a

E-mail: statelicensing@karyopharm.com Website: www.karyopharm.com

Facility Manager: Christopher B. Primiano

Professional qualifications and experience of facility manager: Please see attached resume.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: specialty pharmacies, specialty distributors

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

JJ

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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- ☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
- ☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownershipFacility Name: Lifeline PharmaceuticalsPhysical Address: 5800 Gulf Tech DriveCity: Ocean Springs State: MS Zip Code: 39564Telephone Number: 305-643-8841 Fax Number: 305-643-6926Toll Free Number: 877-430-6337E-mail: compliance@lifelinepharm.com Website: LIFELINEPHARM.COMFacility Manager: Ingaio SamuelsProfessional qualifications and experience of facility manager: 3 YEARS MANAGING RECEIVING, STORAGE, SECURITY, CLIMATE CONTROL, INVENTORY AND SHIPPING.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices☐ Poisons or Chemicals☒ Controlled Substances (include copy of DEA)☒ Other: OTC☒ Hypodermic Devices☐ Veterinary Legend Drugs

KK

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Medmax RX, Inc.

Physical Address: 90 Alpha Plaza

City: Hicksville State: NY Zip Code: 11801

Telephone Number: 516 931-2000 Fax Number: 516 931-2001

Toll Free Number: _____

E-mail: compliance.medmax @gmail.com Website: medmaxrx.com

Facility Manager: Pedro Hernandez

Professional qualifications and experience of facility manager: Oversee distribution and sales for the last 7 years. Resume Attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

LL

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALE 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

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☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,7
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Medi Natura Inc.

Physical Address: 10421 Research Rd. SE.

City: Albuquerque State: NM Zip Code: 87123

Telephone Number: 505-293-3843 Fax Number: 505-291-1454

Toll Free Number: 1-844-633-4628

E-mail: craish@medinatura.com Website: www.medinatura.com

Facility Manager: Scott Mitchell

Professional qualifications and experience of facility manager: See Attach #1 resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

MM

NEVADA STATE BOARD OF PHARMACY

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<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____)	
Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownershipFacility Name: Medisoi Plus, LLCPhysical Address: 1771 International PKWY, Ste 121City: Richardson State: TX Zip Code: 75081Telephone Number: 469-914-0016 Fax Number: 469-914-0019Toll Free Number: N/AE-mail: jthomas@medisoiplus.com Website: N/AFacility Manager: Joel Thomas

Professional qualifications and experience of facility manager: _____

(Resume Attached)

Types of licensed outlets or authorized persons firm will serve:

<input checked="" type="checkbox"/> Pharmacies	<input checked="" type="checkbox"/> Practitioners	<input checked="" type="checkbox"/> Hospitals	<input checked="" type="checkbox"/> Wholesalers
<input type="checkbox"/> Other: _____			

Type of Products to be handled or wholesaled by firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> Other: _____	

NN

NEVADA STATE BOARD OF PHARMACY

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☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☒ Non Publicly Traded Corporation – **Pages 1,2,3,5,6** ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownershipFacility Name: MTS Health Supplies, Inc.Physical Address: 15800 El Prado Road, Suite 101City: Chino State: CA Zip Code: 91708Telephone Number: 951-279-2289 Fax Number: 951-279-9989

Toll Free Number: _____

E-mail: GUS@MTSHS.COM Website: WWW.MTSHS.COMFacility Manager: Gus SalaymehProfessional qualifications and experience of facility manager: See attached resume**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: Labs, Schools, Industrial, Manufacturers, Dentists, & Veterinarians

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: Pseudoephedrine, Cosmetics, Oxygen, Solid Dose, Injectables, Ophthalmic, Liquids (oral), Topical, Vitamins, & OTC

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NEVADA STATE BOARD OF PHARMACY

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 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownershipFacility Name: Neurelis, Inc.Physical Address: 11682 El Camino Real, Suite 255City: San Diego State: CA Zip Code: 92130Telephone Number: (858) 251-2100 Fax Number: n/aToll Free Number: n/aE-mail: statelicensing@neurelis.com Website: www.neurelis.comFacility Manager: Craig ChamblissProfessional qualifications and experience of facility manager: Please see attached.**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: Specialty Distributors, Specialty Pharmacies, Retailers

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☐ Other: _____

PP

NEVADA STATE BOARD OF PHARMACY

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 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownershipFacility Name: New American Therapeutics, Inc.Physical Address: Morris Corporate Center 1, Building C, 300 Interpace ParkwayCity: Parsippany State: NJ Zip Code: 07054Telephone Number: (212) 583-7288 Fax Number: (212) 583-7287Toll Free Number: N/AE-mail: mfarrell@deerfield.com Website: N/AFacility Manager: Michael FarrellProfessional qualifications and experience of facility manager: See attached resume**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: Specialty Pharmacies

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

NEVADA STATE BOARD OF PHARMACY

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

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<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH)	
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Octapharma USA, Inc.

Physical Address: 121 River Street, Suite 1201

City: Hoboken State: New Jersey Zip Code: 07030

Telephone Number: 201-604-1130 Fax Number: _____

Toll Free Number: _____

E-mail: flemming.nielsen@octapharma.com Website: www.Octapharma.com

Facility Manager: Flemming Nielsen

Professional qualifications and experience of facility manager: President of Octapharma Plasma, Inc.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: specialty pharmacies, group purchasing organization

Type of Products to be handled or wholesaled by firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices <input type="checkbox"/> Poisons or Chemicals <input type="checkbox"/> Controlled Substances (include copy of DEA) <input checked="" type="checkbox"/> Other: <u>SEE ATTACHED LIST</u>	<input type="checkbox"/> Hypodermic Devices <input type="checkbox"/> Veterinary Legend Drugs
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MB
8/24/18

RR

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Patheon Pharmaceuticals Inc.

Physical Address: 2110 E. Galbraith Rd

City: Cincinnati State: OH Zip Code: 45237

Telephone Number: 513-948-9111 Fax Number: 513-948-7393

Toll Free Number: N/A

E-mail: David.leuck@patheon.com Website: www.patheon.com

Facility Manager: David Leuck

Professional qualifications and experience of facility manager: See Attachment C

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: Pharmaceutical Companies

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA) See Attachment B
☒ Other: over-the-counter drugs



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☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH____)
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Prasco, LLC DBA Prasco Laboratories

Physical Address: 7160 Industrial Row Drive

City: Mason State: OH Zip Code: 45040

Telephone Number: (513) 618-3333 Fax Number: (513) 618-3334

Toll Free Number: (877) 525-0688

E-mail: PRA@slny.com Website: www.prasco.com

Facility Manager: Bradley O. Parkhurst

Professional qualifications and experience of facility manager: Working for Prasco, LLC since 2012.

Currently a warehouse supervisor leading distribution staff, inventory counts, audits and day to day operations in receiving, order fulfillment and shipping.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: US Government

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

TF

NEVADA STATE BOARD OF PHARMACY

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

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☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
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☐ Publicly Traded Corporation – Pages 1,2,3,4 ☒ Partnership - Pages 1,2,3,7
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Sharps Compliance, Inc

Physical Address: 1544 NE Loop

City: Carthage State: Tx Zip Code: 75633

Telephone Number: 903-693-2525 Fax Number: 713-660-3566

Toll Free Number: _____

E-mail: dmartin@sharpsinc.com Website: www.sharpsinc.com

Facility Manager: David Martin

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: Long Term Care Facilities

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☐ Other: _____

UU

NEVADA STATE BOARD OF PHARMACY

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☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownershipFacility Name: Tanvex BioPharma USA, Inc.Physical Address: 10421 Pacific Center Court, #100City: San Diego State: CA Zip Code: 92121Telephone Number: 858-210-4132 Fax Number: 858-210-4190Toll Free Number: N/AE-mail: license@tanvex.com Website: www.tanvex.comFacility Manager: Kevin Kai Wen YangProfessional qualifications and experience of facility manager: See attached**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Specialty Distributors, Specialty Pharmacies, and LTC's

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

NEVADA STATE BOARD OF PHARMACY

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☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: **WH 01618**)
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: X-GEN Pharmaceuticals, Inc.

Physical Address: 300 Daniel Zenker Drive

City: Horseheads State: NY Zip Code: 14845

Telephone Number: 607-562-2700 Fax Number: 607-562-2760

Toll Free Number: N/A

E-mail: XGP@slny.com Website: www.x-gen.us

Facility Manager: James Baileys

Professional qualifications and experience of facility manager: _____

Director of Operations at X-GEN Pharmaceuticals. Please see attached Resume for experience.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Manufacturers and Distributors.

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

WW

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation L Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation L Pages 1,2,3,5	<input type="checkbox"/> Sole Owner L Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATIONFacility Name: Belle Oak Bracing, Inc.Physical Address: 3900 Belle Oak Blvd. Suite 101, Largo, FL 33771

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3900 Belle Oak Blvd. Suite 101City: Largo State: FL Zip Code: 33771Telephone: 727-400-6113 Fax: 727-400-6139E-mail: info@belleoakbracinginc.com

Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATINGMon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5Fri: 9 to 5 Sat: N/A to Sun: N/A to Holidays: N/A to**MDEG ADMINISTRATOR INFORMATION:** Person in charge on a daily basisName: VINCENT BROWN**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**☐ Medical Gases**☐ Respiratory Equipment**☐ Life-sustaining equipment**☐ Diabetic Supplies☐ Assistive Equipment☐ Parenteral and Enteral Equipment**☒ Orthotics and ProsthesisOther: OFF THE SHELF ORTHOTICS

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____

Telephone: _____

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<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
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Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Cintas Corporation No. 2

Physical Address: 6800 Cintas Blvd. Mason, OH 45040
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 6800 Cintas Blvd.

City: Mason State: OH Zip Code: 45040

Telephone: 513-701-2788 Fax: N/A

E-mail: monastre@cintas.com Website: www.cintas.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 6:30 to 11:30 Tue: 6:30 to 11:30 Wed: 6:30 to 11:30 Thu: 6:30 to 11:30

Fri: 6:30 to 11:30 Sat: X to X Sun: X to X Holidays: X to X

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Robert Monast

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

☐ Medical Gases**

☐ Respiratory Equipment**

☐ Life-sustaining equipment**

☐ Diabetic Supplies

☒ Assistive Equipment

☐ Parenteral and Enteral Equipment**

☐ Orthotics and Prosthesis

Other: _____

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____

Telephone: _____

YY

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

FACILITY INFORMATION

Facility Name: Cintas Corporation No. 2 #169

Physical Address: 1200 Del Paso Rd. Suite 130 Sacramento, CA 95834
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 6800 Cintas Blvd. (Attn: Valeria Naymark - 659)

City: Mason State: OH Zip Code: 45050

Telephone: 513-573-3969 Fax: N/A

E-mail: naymark.v@cintas.com Website: www.cintas.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 6am to 5pm Tue: 6am to 5pm Wed: 6am to 5pm Thu: 6am to 5pm

Fri: 6am to 5pm Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Luke Howard

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

- ☒ Medical Gases** *emergency oxygen only. Please see explanation on the cover letter* ☒ Assistive Equipment
- ☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
- ☐ Life-sustaining equipment** ☐ Orthotics and Prosthesis
- ☐ Diabetic Supplies Other: _____

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Name: _____ Telephone: _____

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

FACILITY INFORMATION

Facility Name: Durable Medical Supply, Inc.

Physical Address: 720 Glynn St N Suite D-1
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 720 Glynn St N Suite D-1

City: Fayetteville State: GA Zip Code: 30214

Telephone: (770) 719-9998 Fax: (770) 719-9970

E-mail: durablemedicalsupply@onebox.com Website: www.durablemedicalsupplyinc.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 5pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pm

Fri: 9am to 5pm Sat: --- to --- Sun: --- to --- Holidays: --- to ---

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Simon Orobor

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

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: n/a

Telephone: n/a

AAA

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FACILITY INFORMATIONFacility Name: Electrical Geodesics, Inc.Physical Address: 500 East 4th Avenue, Suite 200, Eugene, OR 97401

(This must be a business address, we can not issue a license to a home address)

Mailing Address: Philips Healthcare, Attn: Beth C. Rogers, 3000 Minuteman RoadCity: Andover State: MA Zip Code: 01810Telephone: 541-687-7962 Fax: 541-687-7963E-mail: Julie.fellows@philips.com Website: https://www.philips.com/a-w/about/news/home.html**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 8 AM to 5 PM Tue: 8 AM to 5 PM Wed: 8 AM to 5 PM Thu: 8 AM to 5 PMFri: 8 AM to 5 PM Sat: Closed to Closed Sun: Closed to Closed Holidays: Closed to Closed**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: Julie L. Fellows**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**☐ Medical Gases**☐ Respiratory Equipment**☐ Life-sustaining equipment**☐ Diabetic Supplies☐ Assistive Equipment☐ Parenteral and Enteral Equipment**☐ Orthotics and Prosthesis☒ Other: Prescription and Non- Prescription Medical Devices

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____

Telephone: _____

BBB

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

FACILITY INFORMATIONFacility Name: Essential HMEPhysical Address: 2831 Camino Del Rio S #110
(This must be a business address, we can not issue a license to a home address)Mailing Address: 2831 Camino Del Rio S #110City: San Diego State: CA Zip Code: 92108Telephone: 1-844-646-0578 Fax: 1-888-821-4251E-mail: info@essentialhme.com Website: _____**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 8:30am to 3pm Tue: 8:30am to 3p.m. Wed: 8:30am to 3p.m. Thu: 8:30am to 3p.m.Fri: 8:30am to 3p.m. Sat: to Closed Sun: to Closed Holidays: to Closed**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: Nessa Nejat**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Off The Shelf Orthotics</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____ Telephone: _____

CCC

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<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATIONFacility Name: RGH Enterprises, Inc. known in MO as HHI Enterprises, Inc. dba Independence MedicalPhysical Address: 12600 NE 40th Street, Suite 100, Kansas City, MO 64161

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7000 Cardinal Place, Attn:QRA - Cynthia RhodesCity: Dublin State: OH Zip Code: 43017Telephone: 614-553-3076 Fax: 614-652-0674E-mail: Licensure@cardinalhealth.com Website: www.indemed.com**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 8:30am to 5:00pm Tue: 8:30am to 5:00pm Wed: 8:30am to 5:00pm Thu: 8:30am to 5:00pm
 Fri: 8:30am to 5:00pm Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basisName: Donald Hazelwood**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u>Disposable Medical Supplies</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A

Telephone: _____

DDP

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

FACILITY INFORMATIONFacility Name: Integrated Sleep Resources, Inc dba Integrated CareGroupPhysical Address: 10551 Barkley St., Suite 106, Overland Park, KS 66212
(This must be a business address, we can not issue a license to a home address)Mailing Address: 10551 Barkley St., Suite 106City: Overland Park State: KS Zip Code: 66212Telephone: 913-942-0152 Fax: 844-648-7792E-mail: awidau@integratedcaregroup.com Website: _____**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 8:30am to 5:00pm Tue: 8:30am to 5:00pm Wed: 8:30am to 5:00pm Thu: 8:30am to 5:00pmFri: 8:30am to 5:00pm Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: Amy Widau**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Orthotics: Off-the-Shelf ONLY, Mail order only, No patient contact required</u> |

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Name: _____ Telephone: _____

EEE

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FACILITY INFORMATION

Facility Name: In-Step Mobility Products

Physical Address: 8048 Monticello SKOKIE IL 60076
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 8048 Monticello SKOKIE IL 60076

City: SKOKIE State: IL Zip Code: 60076

Telephone: 847-676-1275 Fax: 847-676-1202

E-mail: crabinowitz@ustep.com Website: Ustep.Com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9A to 5P Tue: 9A to 5P Wed: 9A to 5P Thu: 9A to 5P

Fri: 9A to 4P Sat: — to — Sun: — to — Holidays: — to —

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jonathan Miller - President

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

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

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____

Telephone: _____

FFF

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FACILITY INFORMATIONFacility Name: Lingraphicare America, Inc.Physical Address: 103 Carnegie Center, Ste. 104
(This must be a business address, we can not issue a license to a home address)Mailing Address: SAME AS ABOVECity: Princeton State: NJ Zip Code: 08540Telephone: 609-275-1300 Fax: 609-275-1311E-mail: insurance@lingraphica.com Website: www.aphasia.com**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: _____ to _____ Tue: _____ to _____ Wed: _____ to _____ Thu: _____ to _____

Fri: _____ to _____ ~~Sat:~~ _____ to _____ ~~Sun:~~ _____ to _____ ~~Holidays:~~ _____ to _____

8:30a-5pm

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basisName: Kristen Beal**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**☐ Medical Gases**☐ Respiratory Equipment**☐ Life-sustaining equipment**☐ Diabetic Supplies☒ Assistive Equipment☐ Parenteral and Enteral Equipment**☐ Orthotics and ProsthesisOther: Speech generating device

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: Kristen BealTelephone: 609-275-1300

GGG

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FACILITY INFORMATIONFacility Name: Onduo, LLCPhysical Address: 55 Chapel Street, Suite 10 Newton, MA 02458
(This must be a business address, we can not issue a license to a home address)Mailing Address: 55 Chapel Street, Suite 10City: Newton State: MA Zip Code: 02458Telephone: 833-446-6386 Fax: _____E-mail: Legal@onduo.com Website: www.onduo.com**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 9AM to 5PM Tue: 9AM to 5PM Wed: 9AM to 5PM Thu: 9AM to 5PMFri: 9AM to 5PM Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: Patrick Cunningham, VP of Commercial Development**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____ Telephone: _____

HHH

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

FACILITY INFORMATIONFacility Name: OrthoPro of Twin Falls, Inc.Physical Address: 1437 Parkview Dr, Suite 200
(This must be a business address, we can not issue a license to a home address)Mailing Address: sameCity: Twin Falls State: ID Zip Code: 83301Telephone: 208-733-0505 Fax: 208-735-2117E-mail: staceyj@orthoprotwinfalls.com Website: orthoprotwinfalls.com**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 8:30 to 5 Tue: 8:30 to 5 Wed: 8:30 to 5 Thu: 8:30 to 5
 Fri: 8:30 to 5 Sat: closed Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basisName: Michael Johnson**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: n/aTelephone: n/a

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

111

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

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: WellDyneRx-FL

Physical Address: 500 Eagles Landing Drive
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 500 Eagles Landing Drive

City: Lakeland State: FL Zip Code: 33810

Telephone: 888-479-2000 X 6523 Fax: 863-393-0074

E-mail: administration@welldynernx.com Website: www.welldynernx.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5

Fri: 8 to 5 Sat: to Sun: to Holidays: to ****CLOSED Sat/Sun Pharmacist on call 24/7 with access to patient records****

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Joseph Fleischman Pharmacist in Charge

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

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____ Telephone: _____

JW

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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Application must be printed legibly or typed

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation ☐ Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation ☐ Pages 1,2,3,5	<input type="checkbox"/> Sole Owner ☐ Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATIONFacility Name: Westside Medical Bracing, Inc.Physical Address: 39029 Country Road 54, Zephyrhills, FL, 33542

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 39029 County Road 54City: Zephyrhills State: FL Zip Code: 33542Telephone: 813-702-6219 Fax: 813-702-6276E-mail: info@westsidemedicalbracing.com Website: N/A**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5Fri: 9 to 5 Sat: n/a to n/a Sun: n/a to n/a Holidays: n/a to n/a**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: Michael Viscusi**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Off the shelf orthotics</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____

Telephone: _____

PHO
KKK

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA 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. **If LLC use Non Public Corporation or Partnership.	
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,10,11a&b <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b	<input type="checkbox"/> Partnership - Pages 1,2,6,10,11a&b <input type="checkbox"/> Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Costco Pharmacy #1320

Physical Address: 3411 Saint Rose Pkwy

City: Henderson State: NV Zip Code: 89052

Telephone: (425) 313-6504 Fax: (425) 313-6922

Toll Free Number: 1 (800) 774-2678 E-mail: mtranly@costco.com

Website: www.costco.com

Managing Pharmacist: Grace Lee License Number: 18622

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: _____

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA 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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☒ 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. **If LLC use Non Public Corporation or Partnership.
☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☐ Partnership - Pages 1,2,6,10,11a&b
☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: SOUTHWEST SPECIALTY PHARMACY LLC

Physical Address: 8170 S. EASTERN AVE #10

City: LAS VEGAS State: NV Zip Code: 89123

Telephone: (702) 929-2229 Fax: (702) 929-2951

Toll Free Number: N/A E-mail: SWRXLV@gmail.com

Website: WWW.SWRXLV.COM

Managing Pharmacist: JOAN TRAN License Number: 16957 ✓

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: _____

MMH

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA 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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- ☒ 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. **If LLC use Non Public Corporation or Partnership.
- ☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☐ Partnership - Pages 1,2,6,10,11a&b
☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☒ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Well Care Pharmacy
 Physical Address: 3312 W. Charleston Blvd.
 City: Las Vegas State: NV Zip Code: 89102
 Telephone: 702-410-7825 Fax: 702-946-0409
 Toll Free Number: n/a E-mail: n/a
 Website: www.mywellcarepharmacy.com
 Managing Pharmacist: marcelino casal License Number: 13672

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: _____

NNN

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

\$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 type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change	<input checked="" type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: MP or MW <u>MW00547</u>)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownershipMDEG Name: Agiliti Health, Inc.Physical Address: 7061 W. Arby Avenue 100

(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as aboveCity: Las Vegas State: NV Zip Code: 89113Telephone: 702 914-2601 Fax: 702 914-2099E-mail: _____ Website: www.agilitihealth.com**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 8 to 4:30pm Tue: 8 to 4:30pm Wed: 8 to 4:30pm Thu: 8 to 4:30pmFri: 8 to 4:30pm Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____**MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)**Name: Freddy Perez**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

- | | |
|---|--|
| <input type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input checked="" type="checkbox"/> Respiratory Equipment** | <input checked="" type="checkbox"/> Parenteral and Enteral Equipment** |
| <input checked="" type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>specialty support services</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Freddy Perez Telephone: 702-544-4143

000

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: MP or MW _____)			

<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Cintas Corporation No. 2 (#187)

Physical Address: 730 Valle Verde Dr. Henderson, NV 89014
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Attn: Valeria Naymark G59
6800 Cintas Blvd.

City: Mason State: OH Zip Code: 45050

Telephone: 513-573-3969 Fax: N/A

E-mail: naymarkv@cintas.com Website: www.cintas.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7am to 5pm Tue: 7am to 5pm Wed: 7am to 5pm Thu: 7am to 5pm

Fri: 7am to 5pm Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Darren Castro

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Medical Gases** <i>please see explanation on the cover letter</i> | <input checked="" type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: _____ Telephone: _____

4

MATRIX GUIDELINE FOR DISCIPLINARY ACTIONS

	1st Action	2nd Action	3rd Action
Non ingested error	Letter	Letter	Hearing
No counseling	\$750.00	Counseling CE + \$1000.00	Hearing
Administrative fee	\$495.00	\$495.00	\$495.00
Ingested no potential harm	\$500.00	\$1000.00	Hearing
Ingested with potential harm or adverse outcomes	\$1000.00	Hearing	Hearing
Ingested with negative outcome or patient discomfort. No institution intervention	Hearing	Hearing	Hearing
Ingested with significant negative health circumstance. With institution admit	Hearing	Hearing	Hearing
Ingested with death related to inappropriate drug therapy	Hearing	Hearing	Hearing

The investigative committee will review each case individually and may recommend a board hearing, particularly with mitigating circumstances such as inappropriate technician involvement or pharmacist malfeasance.

In certain cases with ingested errors and significant negative health circumstances requiring institutional care, the investigative committee recommendation will be a board hearing.

In all death cases resulting from inappropriate drug therapy a board hearing will occur.

Attorney fees will be added costs in contested disciplinary actions requiring extensive attorney preparation and presentation and are not described in the above matrix.

The board has directed that ownership may be charged in disciplinary cases. In non-ingested errors copies of admonition letters will be sent to management. Accumulative actions for ownership monitoring will be based upon a 3 year period. All actions including non-ingested errors will be given a case number and monitored.

The Board has the authority to fine from \$0.00 to \$10,000 for each Cause of Action.

Updated August 2014

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
RPH HC during data entry selected propranol rather than Protonix as prescribed then unintentionally deleted the prescription. The patient ingested the wrong medication for 20 days with alleged adverse effects. RPH AD was PIC at the time of the violations.	Fatigue and lightheadedness.	HC: letter of reprimand; \$2,750 fine; 4 additional hours of CE on error prevention and patient counseling AD: letter of reprimand and 4 additional hours of CE on pharmacy management.	\$1,000 fine; \$1,500 administrative fee; create training module for all NV CVS pharmacy personnel on the proper procedure to cancel or inactivate and not delete a prescription returned because of an error.
RPH MT verified as accurate Adderall XR 25 mg. capsules rather than the prescribed Adderall ER 20 mg. capsules. She failed to act upon the DUR alert which indicated the potential for duplicate therapy and failed to counsel. The patient ingested the wrong medication for 30 days.	None reported.	Letter of reprimand; \$2,750 fine; and 4 additional hours of CE on error prevention and patient counseling.	\$1,500 administrative fee.
RPH DR entered 500 mg. vials for injection, rather than the ampicillin 500 mg. capsules as prescribed. RPH MG verified, labeled and dispensed ampicillin 500 mg. vials for injection, rather than the ampicillin 500 mg. capsules prescribed. RPH EB failed to adequately provide counseling.	Non-ingested.	RPH DR: registration is suspended; the suspension is stayed and RPH registration placed on probation for three months; four additional CEs on error prevention; \$3,000 fine. RPH MG: letter of reprimand: \$1,000 fine. RPH EB: letter of reprimand: \$750 fine; 2 additional CEs on patient counseling.	\$1,500 administrative fee; create training module for all NV CVS pharmacy personnel on the proper procedure to cancel or inactivate and to not delete a prescription returned because of an error.
RPH JF created multiple fraudulent prescriptions for himself, family members and for technicians TB and IK.	N/A	RPH JF, technicians TB and IK registrations revoked.	N/A
RPH RE committed multiple compounding violations.	Non-Ingsted	RPH registration suspended; suspension stayed and registration placed on probation for 30 days; \$2,000 fine; \$1,500 administrative fee; no sterile	Develop policies and procedures.

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		compounding; no non-sterile compounding until pharmacy staff complete a Board-approved compounding course.	
RPH DB verified as accurate Phenobarbital 15 mg. tablets with instructions to take 1 tablet twice daily; rather than the Phenobarbital 60 mg. tablets as prescribed. The patient ingested the wrong medication for 6 days.	Increased seizure activity.	Fined \$1,000; two additional hours of CE on error prevention; and public letter of reprimand.	\$1,500 administrative fee.
RPH NZ created a fraudulent prescription for a dangerous drug (Singulair) for herself and billed that prescription to an insurance provider. Respondent then furnished the dangerous drug to another person without a legal prescription.	N/A	Revoked	N/A
PT KY diverted 50-100 carisoprodol tablets monthly from her employing pharmacy beginning June 2015 until October 2017.	N/A	Revoked	N/A
TDs TJ and RVM dispensed controlled substances and dangerous drugs to patients without the prescriber's handwritten signature on each prescription; falsified the prescriber's signature on prescriptions for controlled substances and dangerous drugs; accessed the prescriber's inventory of controlled substances and dangerous drugs and dispensed them when the prescriber was not on-site at his medical office; dispensed controlled substances and dangerous drugs to patients who were not present at the prescriber's medical office,	N/A	Technician dispensing registrations revoked.	N/A

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
including dispensing using the U.S. Mail and Federal Express; falsely documented patient initials and dates of service on patient informed consent labels.			
Action to parallel CA order which found RPH RD guilty of subverting or attempting to subvert an investigation of the CA board; aiding or abetting violations of pharmacy law; violation of the statutes regulating controlled substances.	N/A	Three year probation; cannot own NV pharmacy; notify Board Staff if he falls out of compliance with CA Order.	N/A
Action to parallel CA order which found PT CM guilty of engaging in the practice of pharmacy without being a registered pharmacist, (2) fraudulently holding herself out as a pharmacist when she is not, and (3) signing documents that falsely indicate that she is a pharmacist.	N/A	Revocation.	N/A
Physician RT aided and abetted his staff in the unlicensed practice of pharmacy by allowing them to use his authority to obtain and possess an inventory of controlled substances and dangerous drugs; issue prescriptions for controlled substances and/or dangerous drugs using pre-signed and copied prescription blanks or a stamp of his signature to patients with whom he had no bona fide therapeutic relationship; allowing his unlicensed staff access to his inventory of controlled substances and dangerous drugs when he was not on site at his facility; allowing his	N/A	Revocation	N/A

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
unlicensed staff to dispense prescriptions for controlled substances and dangerous drugs without him first personally checking the medications and initialing them before they were dispensed.			
Physician CW allowed his staff to dispense and be dispensed, controlled substances and dangerous drugs to patients without his handwritten signature on each written prescription; allowed members of his office staff to falsify his signature on prescriptions for controlled substances and dangerous drugs that his medical office had already dispensed and that were required to bear his personal signature prior to dispensing; allowed unlicensed members of his office staff to sign prescriptions for controlled substances and dangerous drugs as if they were licensed practitioners with authority to prescribe and to sign valid prescriptions; allowed office staff access to the room or cabinet in which controlled substances and/or dangerous drugs are stored when he was not on-site at the facility; allowed his staff to dispense controlled substances or dangerous drugs when he was not on-site at his facility; allowed members of his office staff to dispense to patients who were not at his medical facility, including dispensing by U.S. Mail and Federal Express; allowed members of his office staff to falsely	N/A	Revocation.	N/A

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
document patient initials and dates of service on patient informed consent forms.			
Pharmacists RA and NQ were responsible for a prescription that was mislabeled and dispensed with the wrong patient name; counseling was not provided.	Patient alleged that she experienced stomach issues.	RA voluntary surrender. NQ letter of reprimand; four additional hours of CE and retraining of the pharmacy staff in effective processes, error prevention and counseling.	\$1,000 administrative fee.
PTs AM and ND diverted controlled substances from their employing pharmacy.	N/A	Revocation.	N/A
IG used his PMP account for the unauthorized purpose of accessing the patient utilization report of an individual who was not his patient. He disclosed the patient's information to the press.	N/A	IG's CS and PD registrations are revoked; the revocation is stayed and the registrations are placed on probation for one year. IG shall implement internal controls and procedures; pay a \$10,000 fine; pay \$16,000 attorney's fees and costs.	N/A
RG, MB, VV: unauthorized accessed and/or allowed unauthorized access to the PMP.	N/A	RG-\$2,000 fine; \$5,000 administrative fee; submit for Board Staff approval P&P regarding proper PMP access and use. MB-\$2,000 fine; \$2,000 administrative fee; submit for Board Staff approval P&P regarding proper PMP access and use. VV-\$5,000 fine; \$5,000 administrative fee.	N/A
JC aided and abetted in the unlawful prescribing of controlled substances and dangerous drugs; prescribed to patients she did not have a bona fide relationship; drug storage and recordkeeping	N/A	Revoked; \$3,000 administrative fee.	N/A

FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
violations; allowed other practitioners to treat her patients and bill Medicaid and other commercial health insurance plans using her NPI.			
RPH LM failure to verify technician's work; dispensed medication without an expiration date; failure to counsel; failure to provide records. RPH TN responsible as managing pharmacist.	N/A	LM shall pay a \$2,000 fine; \$1,500 administrative fee; 2 CEs on supervising pharmacist; 2 CEs on recordkeeping; 2 CEs on counseling. TN shall pay a \$500 fine; \$500 administrative fee; 2 CEs on managing pharmacist responsibilities	WG shall pay a \$1,000 fine; \$1,000 administrative fee. WG will provide Board Staff its P&Ps regarding recordkeeping and shall meet with Board Staff to discuss the P&Ps. WG will distribute a copy of the approved P&Ps to each Nevada-licensed pharmacist and conduct training.
PT VA diverted controlled substances from her employing pharmacy.	N/A	Revoked	
PT TH did not disclose on her application that she had been charge, arrested or convicted of a felony or misdemeanor,	N/A	PT registration cancelled. She is eligible to reapply for a technician registration.	
DA provided pre-signed prescription blanks to a practitioner who is not licensed to prescribe controlled substances; prescribed controlled substances for patients he did not have a bona fide therapeutic relationship and outside the usual course of his profession as an anesthesiologist.		Revoked; revocation stayed; 5 year probation; \$10,000 fine and \$15,000 administrative fee.	

4A

FILED**OCT 24 2018****NEVADA STATE BOARD
OF PHARMACY****BEFORE THE NEVADA STATE BOARD OF PHARMACY**

NEVADA STATE BOARD OF PHARMACY,)	CASE NO. 17-044-RPH-N
	)	17-044-PH-N
Petitioner,)	
v.	)	NOTICE OF INTENDED ACTION
	)	AND ACCUSATION
SUSAN BLAIR, RPH)	
Certificate of Registration No. 17494, and)	
)	
WALGREENS PHARMACY #11227)	
Certificate of Registration No. PHN02513,)	
)	
Respondents.)	
	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

JURISDICTION**I.**

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the alleged events, respondent SUSAN BLAIR, RPH, Certificate of Registration No. 17494 ("Blair"), was a pharmacist registered by the Board, and respondent WALGREENS PHARMACY #11227, Certificate of Registration No. PHN02513 ("Walgreens"), was a pharmacy registered by the Board.

DISCIPLINARY HISTORY**II.**

In March 2014, the Board entered a Stipulation and Order in the case of *Board of Pharmacy v. Respondents Susan Blair, Case No. 13-039-RPH-N and Walgreens Pharmacy #11227, Case No. 13-039-PH-N*, for violations resulting in the filling and dispensing of an

unauthorized prescription and three subsequent unauthorized refills of zolpidem, a Scheduled IV hypnotic. As a penalty, the Board ordered Blair to pay a fine of \$1,000.00 and administrative fee of \$500.00. The Board ordered Walgreens to provide additional training to its pharmacists and technicians on proper documentation and annotation of prescriptions that are superseded by other prescriptions.

FACTUAL ALLEGATIONS

III.

On March 11, 2017, patient T.B. saw his cardiologist, Dr. Nylk, who prescribed him thirty (30) 75 mg. clopidogrel (Plavix) tablets with instructions to take one tablet by mouth once a day. The prescription included three refills.

IV.

T.B. tendered the prescription to Walgreens two days later, on March 13. Walgreens dispensed the medication, Prescription No. 597217, the same day.

V.

On March 22, 2017, Dr. Nylk increased the quantity of T.B.'s prescription for 75 mg. clopidogrel (Plavix) tablets from thirty to ninety tablets with instructions to take one tablet by mouth once a day. Walgreens filled that prescription, Prescription No. 599411, the next day.

VI.

At the same time, Dr. Nylk provided T.B. an additional prescription for sixty 5 mg. Eliquis tablets with instructions to take one tablet by mouth twice a day. Dr. Nylk prescribed Eliquis as part of T.B.'s ongoing anti-platelet anticoagulation therapy. Walgreens designated that as Prescription No. 599727.

VII.

On April 7, 2017, T.B. returned to Walgreens to refill Prescription No. 597217 (75 mg. clopidogrel (Plavix) tablets).

VIII.

The pharmacist on duty, respondent Blair, refused to refill Prescription No. 597217, informing T.B. that the combination of clopidogrel and Eliquis posed a risk of increased bleeding. Blair advised T.B. to discontinue Eliquis and clopidogrel until T.B. consulted Dr. Nylk.

IX.

Blair then closed the clopidogrel prescription (Prescription No. 597217) “pending response from the provider.”

X.

Blair did not speak with Dr. Nylk to discuss and resolve her concerns regarding Prescription No. 597217 before or after she declined to fill that prescription.

XI.

As a result of Ms. Blair’s actions, T.B. went without anticoagulant therapy for about 4 or 5 days.

XII.

During the course of the Board’s investigation, the Board Investigator sought to obtain prescription records to substantiate the report he received from Walgreens that Blair closed Prescription No. 597217. Walgreens produced no records to substantiate that report.

XIII.

Later that same day that Blair purportedly closed Prescription No. 597217 (April 7, 2017), Blair initiated another prescription for clopidogrel for T.B., which Walgreens designated Prescription No. 603227.

XIV.

The Board Investigator requested repeatedly an audit of Prescription No. 603227, and pharmacy manager Derek Engbretson sent an audit request for Prescription No. 603227 to Walgreens’ Pharmacy Affairs.

XV.

In response, Walgreens' Pharmacy Affairs responded that Blair created and filled Prescription No. 603227 on April 7, 2017, then deleted that prescription record.

XVI.

There is no record of that fill at the Walgreens #11227.

XVII.

Walgreens provided inconsistent and conflicting information and documents regarding the origin and status of Prescription No. 603227. Information provided by Tom Bui, a Walgreens Healthcare Supervisor for Pharmacy and Retail Operation, to the Board Investigator indicates that:

“ . . . for reason unknown, the store closed the clopidogrel rx #597217 and COPY creates an new rx 603227 for the same drug, same directions, same quantity on 04/07/2017 at 2:35 pm. The rx was never filled and subsequently stored.”

XVIII.

Walgreens provided no records to show that Prescription No. 603227 was “stored”.

XIX.

That report that Prescription No. 603227 was “stored” conflicts with other records that indicate that Prescription No. 603227 was “. . . filled, then *deleted* on 4/7/17 at 16:26:48 (4:26:48 pm). The prescription was not verified or sold.” (Emphasis added.)

XX.

Other records from Walgreens indicate that a third prescription, “Rx 604576 was COPY created from the *stored* Rx 603227 on 04/13/2017 and dispensed to the patient on 04/13/2017.” (Emphasis added.) Again, that record that Prescription No. 603227 was *stored* and used to create Prescription No. 604576 is at odds with Walgreens' records indicating that Prescription No. 603227 was *deleted*.

XXI.

The Walgreens records indicating that Prescription No. 604576 was created from “deleted” or “stored” Prescription No. 603277 also conflicts with Walgreens’ records indicating that Prescription No. 60476 was created by Ms. Blair from the other previously closed Prescription No. 597217 on 04/07/2017.

XXII.

Further, the fill history for Prescription No. 60476 contains entries that are out of sequence.

Fill History

Scanned by M.R. Beardsley 03/13/2017 14:09:11
 Entered by K.A. Urritia on 04/13/2017 11:40:39
Pat/Pbr rev by S. Blair on 04/07/2017 15:42:50
Data Prod rev by S. Plair on 04/07/2017 15:42:50
 Filled by R. Ochoa on 04/13/2017 11:46:24
 Prod. Rev by D.R. Engebretson on 04/13/2017 11:47:03
 Sold Date 04/13/2017 11:52:00
 RPH of Record: D.R. Engebretson

The records Walgreens provided for Prescription No. 604576 indicate that respondent Blair somehow approved the data entered by K.A. Urrutia six days before Urrutia entered the data and before Mr. Engebretson created that prescription on 04/13/2017.

XXIII.

Walgreens’ inability to provide records showing a clear history of Prescription Nos. 603227 and 604576 persisted throughout the Board’s investigation.

FIRST CAUSE OF ACTION

Regulatory Violation: Failure to Contact Prescribing Practitioner
 (Respondent Blair)

XXIV.

A pharmacist may decline to fill a prescription “only if the pharmacist reasonably believes, in his or her professional judgement” that filling the prescription would be unlawful, imminently harmful to the health of the patient, fraudulent or not for a legitimate medical purpose. *See* NAC 639.753.

The regulation also requires that a pharmacist who declines to fill a prescription “shall speak with the prescribing practitioner in a timely manner to discuss and resolve the concerns of the pharmacist regarding the prescription.” NAC 639.753(2) (referencing the requirement that the pharmacist must speak to the prescribing practitioner in order to decline to fill a prescription).

Blair violated NRS 639.753(2)(4) by failing to contact Dr. Nylk to speak with him about T.B.’s concurrent clopidogrel and Eliquis prescriptions before, at the time or after she declined to fill T.B.’s prescription for clopidogrel. For that violation, Blair is subject to discipline pursuant to NRS 639.210(12) (violation of any law or regulation related to drugs or the practice of pharmacy) and NRS 639.255.

SECOND CAUSE OF ACTION

Unprofessional Conduct: Failure to Contact Prescribing Practitioner (Respondent Blair)

XXV.

“Performing any of [a registrant’s] duties as the holder of a license, certificate or registration issued by the Board . . . in an incompetent, unskillful or negligent manner” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(i). Unprofessional conduct or conduct contrary to the public interest is grounds for discipline pursuant to NRS 639.210(4). *See also* NRS 639.255.

Blair acted “in an incompetent, unskillful or negligent manner” and thereby engaged in “unprofessional conduct or conduct contrary to the public interest” when she failed to speak to Dr. Nylk before, at the time or after she declined to fill T.B.’s prescription for clopidogrel. *See*

NAC 639.945(1)(i). For that conduct, Blair is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

THIRD CAUSE OF ACTION
Statutory Violation: Failure to Maintain Records
(Respondent Blair)

XXVI.

“Performing any of [a registrant’s] duties as the holder of a license, certificate or registration issued by the Board . . . in an incompetent, unskillful or negligent manner” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(i). Unprofessional conduct or conduct contrary to the public interest is grounds for discipline pursuant to NRS 639.210(4) and NRS 639.255.

Blair acted “in an incompetent, unskillful or negligent manner” and thereby engaged in “unprofessional conduct or conduct contrary to the public interest” when she closed Prescription No. 597217 without explanation and without creating a record of her contact with patient T.B. See NAC 639.945(1)(i). For that conduct, Blair is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

FOURTH CAUSE OF ACTION
Failure to Maintain Records for Prescription No. 603227
(Respondent Walgreens #112277 and Respondent Blair)

XXVII.

NAC 639.706 Marking of prescriptions with serial numbers; maintenance of files of prescriptions.

1. A pharmacist who receives a prescription to fill, including a prescription that is written, transcribed from an oral order or transferred to the pharmacy, shall mark on the prescription a unique serial number issued for that prescription.

2. A pharmacist shall maintain files of prescriptions in a manner that ensures that every serial number is accounted for pursuant to NAC 453.480. If the prescriptions are not filed in

numerical order, the pharmacist shall file the prescriptions in such a manner that any prescription can be readily retrieved.

3. A pharmacist shall maintain a physical record in the files of prescriptions that accurately explains or accounts for any serial number issued for a prescription that is not filled, including a serial number issued in error or for a prescription that is later rendered void.

By deleting Prescription No. 603227, respondents violated NAC 639.706(2) and (3) by failing to maintain a record that adequately explains or accounts for that serial number (603277) even though it was not filled. For that violation, respondents are subject to discipline pursuant to NRS 639.210(12) (violation of any law or regulation related to drugs or the practice of pharmacy) and NRS 639.255.

FIFTH CAUSE OF ACTION

Failure to Maintain and Produce Prescription Records (Respondent Walgreens #112277)

XXVIII.

NAC 639.910(1)(a) requires that “[a]ny computerized system used by a pharmacy for recording information concerning prescriptions must be designed in such a manner that it provides: (a) A readily retrievable printed record of the information relating to a prescription or a patient which the pharmacy is required to maintain pursuant to state or federal law, including, without limitation, information relating to the original prescription or the refill or modification of that prescription”.

Nevada law requires a pharmacy computer system to have adequate safeguards to identify whether information in the system concerning a prescription has been modified or manipulated, and, where information was modified or manipulated, identify the manner, date and

person who modified or manipulated the information. *See* NAC 639.930(3), *see also* NAC 639.751(1)(b) and (2).

Additionally, NAC 639.930(4) and (5) require the pharmacy's computer system to maintain the information identified per NAC 639.930(3) and to prevent the removal of that information and the record of a prescription once the system assigns a number to the prescription. Further, NAC 639.935(3)(g)(3) states that computer system must produce printed records of history of each modification or manipulation of information concerning the prescription.

In failing to maintain clear records of the origin and status of Prescription Nos. 603227 and 604576 in a readily retrievable manner and by failing to maintain a recordkeeping system that would allow for readily retrievable prescription records for those prescription numbers, Walgreens violated NAC 639.910(1)(a), NAC 639.751(1)(b) and (2), NAC 639.930(3), (4) and (5), and NAC 639.935(3)(g)(3). For that conduct, Walgreens is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

SIXTH CAUSE OF ACTION
Pharmacy/Pharmacy Owner Responsibility
 (Respondent Walgreens #112277)

XXIX.

NRS 639.230(5) provides: "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board."

Additionally, "[t]he owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of

pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission.” NAC 639.702.

Further, “the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ.” NAC 639.945(2).

As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens is responsible for the violations alleged herein pursuant to NAC 639.702 and NAC 639.945(2). Walgreens is therefore subject to discipline pursuant to NRS 639.210(4) and (12) and NRS 639.255.

XXX.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 24th day of October 2018.



J. David Wuest, Deputy Executive Secretary
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 20 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SUSAN BLAIR, RPH

Certificate of Registration No. 17494

Respondent.

) **STATEMENT TO THE RESPONDENT**
) **NOTICE OF INTENDED ACTION**
) **AND ACCUSATION**
) **RIGHT TO HEARING**
)
) **CASE NO. 17-044-RPH-N**
)
)
 /

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Board within twenty (20) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has scheduled your hearing on this matter for Wednesday, December 5, 2018, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada.

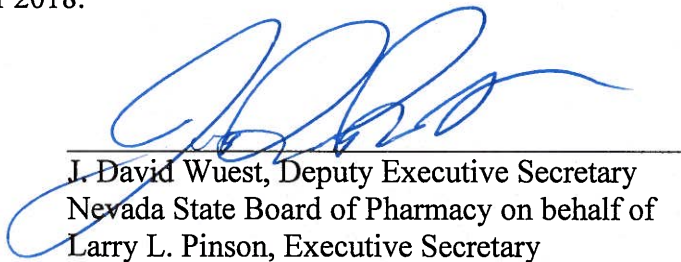
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 24th day of October 2018.



J. David Wuest, Deputy Executive Secretary
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	ANSWER AND
	)	NOTICE OF DEFENSE
Petitioner,)	
v.)	
)	
SUSAN BLAIR, RPH	)	CASE NO. 17-044-RPH-N
Certificate of Registration No. 17494)	
)	
Respondent.)	
	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections, or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ____ day of October 2018.

SUSAN BLAIR, R.PH.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 29th day of October, 2018, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Susan Blair
6978 Poco Bueno Circle
Sparks, NV 89436



SHIRLEY HUNTING

4B

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	STATEMENT TO THE RESPONDENT
	)	NOTICE OF INTENDED ACTION
Petitioner,	)	AND ACCUSATION
v.	)	RIGHT TO HEARING
)	
WALGREENS PHARMACY #11227	)	CASE NO. 17-044-PH-N
Certificate of Registration No. PHN02513)	
)	
Respondent.	/	

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

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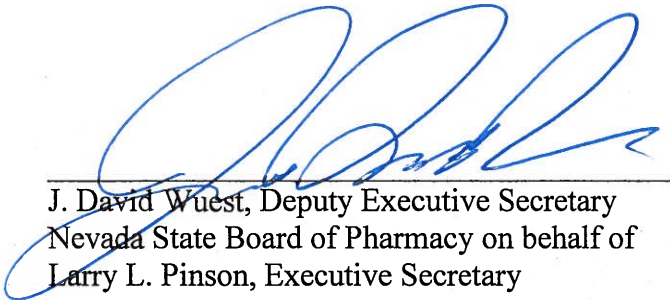
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 24th day of October 2018.



J. David Wuest, Deputy Executive Secretary
Nevada State Board of Pharmacy on behalf of
Larry L. Pinson, Executive Secretary

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	ANSWER AND
	)	NOTICE OF DEFENSE
Petitioner,)	
v.)	
)	
WALGREENS PHARMACY #11227	)	CASE NO. 17-044-PH-N
Certificate of Registration No. PHN02513)	
)	
Respondent.	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none")

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ____ day of October 2018.

Type or print name

AUTHORIZED REPRESENTATIVE FOR
WALGREENS PHARMACY #11227

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 29th day of October, 2018, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreens Pharmacy #11227
2299 Oddie Blvd.
Sparks, NV 89431



SHIRLEY HUNTING

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 29th day of October, 2018, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

William J. Stilling, Esq.
215 South State Street, Ste 500
Salt Lake City, UT 84111



SHIRLEY HUNTING

5A

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA 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 03042**)
 Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.
- ☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☒ Partnership - Pages 1,2,6,10,11a&b
☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Fidelis Health Group LLC d/b/a Fidelis Specialty Pharmacy

Physical Address: 5275 Arville St Ste 156

City: Las Vegas State: NV Zip Code: 89118

Telephone: (702) 815-0800 Fax: (702) 815-0801

Toll Free Number: (866) 643-3547 E-mail: wlemus@fidelis-rx.com

Website: www.fidelis-rx.com

Managing Pharmacist: Zachary William Bergan License Number: 15889

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	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 type="checkbox"/> <input checked="" type="checkbox"/> Parenteral
<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 type="checkbox"/> <input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community	<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____	<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding
	<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
	<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding
	<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
For the application to be complete

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

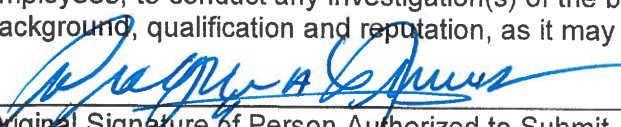
Within the last five (5) years:

- 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

Wagner A. Lemus

Print Name of Authorized Person

Date

10/9/18

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.

Type of Partnership: General _____ Limited _____ **LLC**

List names of 4 largest partners and percentage of ownership:

Name: WAL Capital LLC (Wagner A. Lemus) %: 50

Name: Emerald Mayan Investments LLC (Jose A. Rosas) %: 50

Name: N/A %: _____

Name: N/A %: _____

Partnership Name: Fidelis Health Group LLC

Mailing Address: 5275 Arville St Ste 156

City, State Zip Code: Las Vegas, NV 89118

Telephone Number: (702) 815-0800 Fax Number: (702) 815-0801

Contact Person: Wagner A. Lemus, President

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: N/A %: _____

Name: N/A %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 6:00 pm Saturday Closed am Closed pm

Sunday Closed am Closed pm 24 Hours No

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20131409456

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners


I, Wagner A. Lemus

Responsible Person of Fidelis Health Group, LLC d/b/a Fidelis Specialty 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

Wagner A. Lemus

Print Name of Authorized Person

10/9/18
Date

Managing Pharmacist

Pharmacist Name: Zachary William Bergan

License #: 15889

Pharmacy Name: Fidelis Specialty Pharmacy

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action:	State: <u>NV</u>	Date: <u>04/03/2008</u> Case #: <u>07-083-RPH-N</u>
	State: <u>NV</u>	Date: <u>12/21/2004</u> Case #: <u>04-063-RPH-N</u>
And/or Criminal Action:	State: <u>NV</u>	Date: <u>08/05/2007</u> Case #: <u>07CR462</u>
	County: <u>Lyon</u>	Court: <u>Dayton Township Justice Court</u>

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature



Date

10/09/2018

SECRETARY OF STATE

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

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **FIDELIS HEALTH GROUP LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 10, 2013, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 30, 2018.

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

Barbara K. Cegavske
Secretary of State



Electronic Certificate
Certificate Number: C20180830-2832

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **WAL CAPITAL LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 26, 2013, and is in good standing in this state.



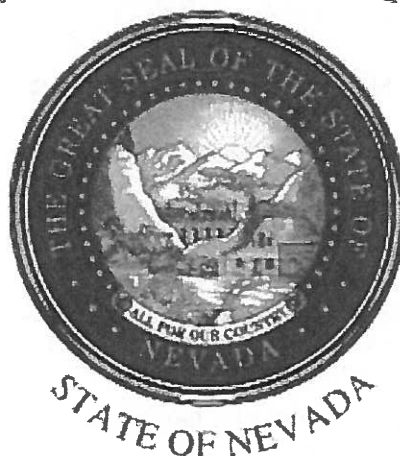
IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 30, 2018.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20180830-2833

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **EMERALD MAYAN INVESTMENTS L.L.C.**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 30, 2013, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 30, 2018.

Barbara K. Cegavske
Secretary of State



Electronic Certificate
Certificate Number: C20180830-2831

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 10/04/2018

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Retail Pharmacy, Change of ownership
 Nature of License
Fidelis Specialty Pharmacy, 5275 Arville St Ste 156, Las Vegas, NV 89118
 Name and Address of Establishment for Which License Is Requested
Fidelis Specialty Pharmacy
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name <u>Lemus</u>		First Name <u>Wagner</u>		Middle Name <u>Anthony</u>	
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) <u>N/A</u>					
Present Residence Address-Street or RFD <u>Vargas Way</u>		City <u>Redondo Beach</u>		State/Zip <u>CA 90278</u>	
Present Business Address <u>5275 Arville St Ste 156</u>		City <u>Las Vegas</u>		State/Zip <u>NV 89118</u>	
Occupation <u>President, Fidelis Health Group, LLC</u>				Phone: Residence _____ Business <u>(702) 815-0800</u>	
Date of Birth _____		Place of Birth (City, County, State) <u>Guatemala City, Guatemala</u>			
Age <u>45</u>		Social Security Number _____		Sex <u>Male</u>	
Color of Eyes <u>Blue</u>	Color of Hair <u>Black</u>	Complexion <u>Fair</u>	Weight <u>265 lbs.</u>	Build <u>Stocky</u>	Height <u>5'8"</u>

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. N/A

If naturalized, certificate No. 3 / INS Reg Date 08/26/1999 *Certificate Copy Attached*

Place Los Angeles, CA (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial W.L. Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** July 19, 1998 Malibu, Los Angeles, CA
Date City, County and State
 Spouse's full name (Maiden) Gina Paola Lemus (Perez) S.S. No.
 Date of Birth _____ Place of Birth Lima, Peru
 Resident address Vargas Way Redondo Beach CA 90278
Street City State Zip
 Telephone: Residence _____ Business (310) 291-3449
 Spouse's employer Casa Linda Properties Occupation Real Estate Salesperson
 Address of employer 18119 Prairie Ave Ste 116 Torrance CA 90504
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
----------------	----------------------------	------------------------------	---------------------	--------------------------

N/A

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

N/A

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Justin C. Lemus		Torrance, CA	Vargas Way, Redondo Beach, CA 90278

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial W.L

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father

Jorge Lemus, Frampton Ave Spc 9, Harbor City, CA 90710 Printer / Retired

Mother

Thelma Lemus (Ramos), rampton Ave Spc 9, Harbor City, CA 90710 Hair Stylist /

Retired

Walter David Perez, 5 Artesia Blvd, Torrance, CA 90504 Car Rentals / Deceased

Mother-in-Law

Maria Elena Perez (Luna), 18 5 Artesia Blvd, Torrance, CA 90504 Homemaker / Retired

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Madeline Lara, 5 W Ave 34, Los Angeles, CA 90065 Intake coordinator

Spouse

Douglas Lara, W Ave 34 Los Angeles, CA 90065 Graphic designer

Dolly Lemus, J W Ave 34 Los Angeles, CA 90065 Interpreter

Spouse

N/A

Jonathan Lemus, Scott Ave, Los Angeles 90026 Patient care coordinator

Spouse

Judith Lemus, 5 Scott Ave, Los Angeles 90026 Credit analyst

N/A

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Kenter Canyon Elementary, Los Angeles, CA		1979 - 1988	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Pacific Palisades, Los Angeles, CA		1988 - 1991	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	Santa Monica College, Santa Monica, CA		1991 - 1992	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other	El Camino College, Torrance, CA		1992 - 1994	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Type of degree obtained, if any N/A

College or university where obtained N/A

Applicant's initial W.L.

5 MILITARY INFORMATION:

- A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

- B. Have you registered for the draft? Yes ☒ No ☐

County Los Angeles State CA Date registered 1991

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
----------------	-----	--------	-------------------------	-----------------	------------------

N/A

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? _____ city, county and state _____
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? _____ city, county and state _____
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

N/A

Applicant's initial W

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
---	------------	--------------------------	------------------------	------------------

N/A

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	--

N/A

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
-----------------------------	-------------------	------	-----------------

11/2015 - Present	Vargas Way, Redondo Beach, CA, Los Angeles County		
-------------------	---	--	--

02/2012 - 10/2015	4629 W 164th St, Lawndale, CA, Los Angeles County		
-------------------	---	--	--

06/2009 - 01/2012	4445 W 164th St, Lawndale, CA, Los Angeles County		
-------------------	---	--	--

11/2008 - 05/2009	4006 Artesia Blvd, Torrance, CA, Los Angeles County		
-------------------	---	--	--

03/2004 - 10/2008	4244 W 179th St, Torrance, CA, Los Angeles County		
-------------------	---	--	--

09/1998 - 02/2004	2122 Bataan Rd Unit C, Redondo Beach, CA, Los Angeles County		
-------------------	--	--	--

03/1986 - 08/1998	2929 W 11th St, Los Angeles, CA, Los Angeles County		
-------------------	---	--	--

Applicant's initial

WL

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
11/2013	Fidelis Health Group, 5275 Arville St Ste 156, Las Vegas, NV 89118	Current
Title	Description of Duties	Name of Supervisor
President	Corporate governance, business development	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
07/2012	National Cornerstone, 24747 Redlands Blvd, Loma Linda, CA 92354	Executive position with Fidelis Health Group
Title	Description of Duties	Name of Supervisor
Division Director	Specialty pharmacy sales	Edgar Kusnohadi
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/2008	Biomed Pharmaceuticals, 721 S Glasgow Ave, Inglewood, CA 90301	Career Advancement
Title	Description of Duties	Name of Supervisor
Sales Executive	Specialty pharmacy sales	Peter Sartini
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
04/2004	Accredo Health Group, 1831 Commerce St, Corona, CA 92880	Career advancement
Title	Description of Duties	Name of Supervisor
Sales Associate	Specialty pharmacy sales	Bonnie Webb
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/2001	Children's Hospital LA, 4650 Sunset Blvd, Los Angeles, CA 90027	Career advancement
Title	Description of Duties	Name of Supervisor
Ambulatory Care Rep	Office management- Rehab Department.	Steve Snitzer
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/1997	California Hospital Medical Center, 1401 S Grand Ave, Los Angeles 90015	Career advancement
Title	Description of Duties	Name of Supervisor
Clerk	Clerical work- Radiology Department	Guillermo Torres
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial W Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Jason Brenenstahl	Home	1/2 Warfield Ave,	Redondo Beach, CA	90278		6 Years
Employer Majestec Security	Business	546 Mary Ann Dr,	Redondo Beach, CA	90278	855-625-3788	
Name Erik Moreno	Home	Marcelina Ave Unit G,	Torrance CA	90501		6 Years
Employer Sasco	Business	2750 Moore Ave,	Fullerton, CA	92833	714-870-0217	
Name Sam Aviles	Home	Grant Ave Apt 3,	Redondo Beach, CA	90278		6 Years
Employer Honeywell	Business	12 Clintonville Rd,	North Ford, CT	06472	800-289-3473	
Name Marco Serpas	Home	E Palm Ave Apt 1,	Burbank, CA	91501		30 Years
Employer ResCare	Business	21010 Vanowen St,	Canoga Park, CA	91303	818-596-4448	
Name Richard Granados	Home	Inglewood Ave Apt A,	Lawndale, CA	90260		6 Years
Employer CA Orthopaedic Spec.	Business	360 San Miguel Dr Ste 701,	Newport Beach, CA	92660	949-759-3600	

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

.....

.....

.....

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

NV Board of Pharmacy Non-Resident Pharmacy Permit PH03322

Fidelis Health Group LLC d/b/a Fidelis Specialty Pharmacy, 1002 S Baldwin Ave, Arcadia, CA 91007

CA Board of Pharmacy Permit PHY52510. Members (3) and address listed below.

Members:

WAL Capital LLC (Wagner A. Lemus)
 Emerald Mayan Investments LLC (Jose A. Rosas)
 RDL Capital Group LLC (Russell D. Lubrani)
 5275 Arville St Ste 156, Las Vegas, NV 89118

Applicant's initial W

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 09/12/2018

Applicant's initial

wt

STATE OF CALIFORNIA

SS.

COUNTY OF LOS ANGELES

I, Wagner A. Lemus, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.


 10/4/18
Original Signature of Applicant

Subscribed and Sworn to before me this _____ day of

Notary Public

(seal)

See Attached Notary

Applicant's initial  _____
Page 9

ADDITIONAL INFORMATION

[illegible]

Applicant's initial.

W

California Jurat Certificate

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

S.S.

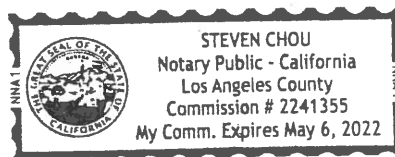
Subscribed and sworn to (or affirmed) before me on this 4 day of Oct,

20 17, by Wagner A Lemus and

_____, proved to me on the basis of

satisfactory evidence to be the person(s) who appeared before me.





For use required when notary public, Commission No. _____

Seal

OPTIONAL INFORMATION

Although the information in this section is not required by law, it is to prevent fraud, removal and theft of this Jurat to an unauthorized person and may prove useful to persons relying on the attached document.

Description of Attached Document

The certificate is attached to a document titled/for the purpose of

containing _____ pages, and dated _____

Method of Affiant Identification

Proved to me on the basis of satisfactory evidence:

☐ form(s) of identification ☐ credible witness(es)

Notarial event is detailed in notary journal on:

Page # _____ Entry # _____

Notary contact: _____

Other

☐ Affiant(s) Thumbprint(s) ☐ Describe: _____

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

☑ Date 10/04/2018

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

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Application for Retail Pharmacy, Change of ownership
 Nature of License
Fidelis Specialty Pharmacy, 5275 Arville St Ste 156, Las Vegas, NV 89118
 Name and Address of Establishment for Which License Is Requested
Fidelis Specialty Pharmacy
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
Rosas	Jose	Antonio
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)		
N/A		
Present Residence Address-Street or RFD	City	State/Zip
S Isabella Ave	Monterey Park	CA 91754
Present Business Address	City	State/Zip
5275 Arville St Ste 156	Las Vegas	NV 89118
Occupation	Phone: Residence	Business
Vice President, Fidelis Health Group, LLC		(702) 815-0800
Date of Birth	Place of Birth (City, County, State)	
	Mexico City, Mexico	
Age	Social Security Number	Sex
43		Male
Color of Eyes	Color of Hair	Complexion
Black	Black	Medium
	Weight	Build
	175 lbs.	Medium
		Height
		5'10"

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. N/A

If naturalized, certificate No. 1 / INS Reg. Date 01/30/2004 *Certificate Copy Attached*

Place Los Angeles, CA (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial jm

MARITAL INFORMATION-Continued

A. **Current Marriage** March 25, 1997 Los Angeles, Los Angeles County, CA
Date City, County and State
 Spouse's full name (Maiden) Ivette Rosas (Gomez) S.S. No.
 Date of Birth _____ Place of Birth El Monte, CA
 Resident address 1 S Isabella Ave Monterey Park CA 91754
Street City State Zip
 Telephone: Residence _____ Business (626) 585-7256
 Spouse's employer Pasadena City College Occupation Counselor
 Address of employer 1570 E Colorado Blvd Pasadena CA 91106
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
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N/A

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
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N/A

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Alexis Rosas	13	Los Angeles, CA	9 S Isabella Ave, Monterey Park, CA 91754
Maya Rosas		Los Angeles, CA	1 S Isabella Ave, Monterey Park, CA 91754
Anthony Rosas		Los Angeles, CA	S Isabella Ave, Monterey Park, CA 91754

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial DR
 Page 2

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name.....

Address.....

Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father

Jose Angel Rosas

Unknown, Mexico City, Mexico.

Wholesale supply / Retired

Mother

Evelia Romo Bustamante

3

N Ditman Ave, Los Angeles, CA 90063,

Housekeeper

Father-in-Law

Sergio Gomez

3 S Isabella Ave, Monterey Park, CA 9175,

CSR for ADT/ Deceased

Mother-in-Law

Hermelinda Sanchez

3 S Isabella Ave, Monterey Park, CA 91754,

Housekeeper / Retired

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

N/A

Spouse

Spouse

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Belvedere Elementary, Los Angeles, CA		1981 - 1990	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Roosevelt High School, Los Angeles, CA		1990 - 1993	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	California State Los Angeles, Los Angeles, CA		1997 - 2002	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... Bachelor of Arts

College or university where obtained..... California State Los Angeles

Applicant's initial..... 

5 MILITARY INFORMATION:

- A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch Date of entry-active service

Date of separation Type of discharge

Rating at separation Serial number

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

- B. Have you registered for the draft? Yes ☐ No ☒

County State Date registered

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
----------------	-----	--------	-------------------------	-----------------	------------------

N/A

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? city, county and state
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? city, county and state
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

N/A

Applicant's initial Jan Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
---	------------	--------------------------	------------------------	------------------

N/A

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	--

N/A

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
-----------------------------	-------------------	------	-----------------

02/2011 - Present	S Isabella Ave, Monterey Park,	CA, Los Angeles County
-------------------	--------------------------------	------------------------

02/2005 - 01/2011	913 Loma Verde St, Monterey Park,	CA, Los Angeles County
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01/2001- 01/2005	2109 S Isabella Ave, Monterey Park,	CA, Los Angeles County
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09/1997 - 12/2000	617 W Riggan St, Monterey Park,	CA, Los Angeles County
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09/1989- 09/1997	926 N Ditman Ave, Los Angeles,	CA, Los Angeles County
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Applicant's initial SAZ

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
11/2013	Fidelis Health Group, 5275 Arville St Ste 156, Las Vegas, NV 89118	Current
Title	Description of Duties	Name of Supervisor
Vice President	Corporate governance, business development	N/A

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
09/2013	Biogen Idec, 225 Binney St, Cambridge, MA 02142	Executive position with Fidelis
Title	Description of Duties	Name of Supervisor
Community Relations Manager	Represent biopharma company to communities served	Deborah Speranzo

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
02/2002	Accredo Health Group, 1831 Commerce St, Corona, CA 92880	Career advancement
Title	Description of Duties	Name of Supervisor
Customer Account Manager	Represent specialty pharmacy to communities served	Craig Mears

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial Jan Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Isabel Brenes	Home	Bear Creek Ave,	Chino Hills,	CA 91709,		23 Years
Employer Chino High School	Business	5472 Park Pl,	Chino,	CA 91710,	909-627-7351	
Name Juan Ramon Gomez	Home	Hartsville St,	La Puente,	CA 91746,		29 Years
Employer Scheffer Construction	Business	727 N Vernon Ave,	Azusa,	CA 91702 ,	626-333-6317	
Name Fernando Nemesio	Home	W Riggins St,	Monterey Park,	CA 91754,		2 15 Years
Employer LAUSD	Business	333 S Beaudry Ave,	Los Angeles,	CA 90017,	213-241-1000	
Name Anna Macias	Home	2 W Wren Dr,	Canyon County,	CA 91387,		19 Years
Employer Garfield High School	Business	5101 E 6th St,	East Los Angeles,	CA 90022,	323-981-5500	
Name Ana Lacayo	Home	N Dos Robles Pl,	Alhambra,	CA 91801,		19 Years
Employer Kaiser Permanente	Business	393 E Walnut St,	Pasadena,	CA 91188,	626-405-5000	

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:
- | | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |
- Yes ☐ No ☒
If yes, state type, where and years held

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

NV Board of Pharmacy Non-Resident Pharmacy Permit PH03322
Fidelis Health Group LLC d/b/a Fidelis Specialty Pharmacy, 1002 S Baldwin Ave, Arcadia, CA 91007
CA Board of Pharmacy Permit PHY52510. Members (3) and address listed below.

Members:

WAL Capital LLC (Wagner A. Lemus)
 Emerald Mayan Investments LLC (Jose A. Rosas)
 RDL Capital Group LLC (Russell D. Lubrani)
 5275 Arville St Ste 156, Las Vegas, NV 89118

Applicant's initial JA Page 7

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 10/01/2018

Applicant's initial

SM

STATE OF CALIFORNIA

ss.

COUNTY OF LOS ANGELES

I, Jose A. Rosas, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.


Original Signature of Applicant

Subscribed and Sworn to before me this _____ day of

10/4/13

Notary Public

(seal)

- See Attached Notary -

Applicant's initial  Page 9

Applicant's initial.

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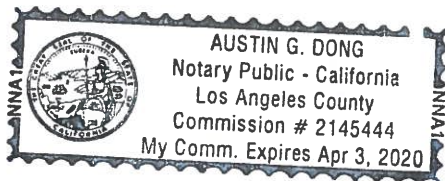
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 4 day of Oct.,
20 18, by JOSE A. ROSAS

proved to me on the basis of satisfactory evidence to be the person(s) who appeared
before me.



(Seal)

Signature

X *[Signature]*
10/4/18

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 10/09/2018

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for _____ Designated Representative for Retail Pharmacy
 _____ Nature of Pharmacy or Wholesaler
 _____ Fidelis Health Group, 5275 Arville St STE 156 Las Vegas, NV 89118
 _____ Name and Address of Business for Which Designated Representative Is Requested
 _____ Fidelis Specialty Pharmacy
 _____ If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Bergan	First Name Zachary	Middle Name William
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) N/A		
Present Residence Address-Street or RFD 3 Mountain Song Ct	Dates 06/01/2015-Current	City Henderson
Present Business Address 5275 Arville St STE 156	Dates (02/02/2015- Current)	City Las Vegas
Present Position with the Pharmacy or Wholesaler Pharmacy Manager		Phone: Residence _____ Business 702-815-0800
Date of Birth	Place of Birth (City, County, State) Middletown, Middlesex, CT	
Age 40	Social Security Number	Sex M
Color of Eyes Blue	Color of Hair Blonde	Complexion Fair
Weight 235		Build Large
Height 6'1"		

Scars, tattoos or distinguishing marks and/or characteristics _____ Scar on left shoulder _____

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. **N/A**

If naturalized, certificate No. **N/A** Date **N/A**

Place **N/A** (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial ZB

MARITAL INFORMATION-Continued

A. **Current Marriage** 9/7/2010 Middletown, Middlesex, CT
Date City, County and State
 Spouse's full name (Maiden) Alexis Marie Gillmore S.S. No. _____
 Date of Birth 3 Place of Birth Flagstaff, AZ
 Resident address Mountain Song Ct Henderson NV 89074
Street City State Zip
 Telephone: Residence _____ Business N/A
 Spouse's employer Self employed Occupation Photographer
 Address of employer Mountain Song Ct Henderson NV 89074
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Andrea Smith	8/15/2007	May 2005	Divorce	Minden, Douglas, Nevada
N/A				
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Andrea Smith	Sansol Ct	Sparks	NV	89436	
N/A					
N/A					

3. **FAMILY INFORMATION:**A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Reese Bergan		Farmington, CT	3 Mountain Song Ct Henderson, NV 89074
Emma Gillmore		Farmington, CT	3 Mountain Song Ct Henderson, NV 89074
N/A			

B. **Child Support Information:**

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial AB

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/AAddress N/AContact person N/A**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
William Bergan		Spithead Rd Waterford, Ct 06385	Land Surveyor
Mother			
Gail Bergan (Falt)		Spithead Rd Waterford, Ct 06385	Teacher
Father-in-Law			
Tom Gillmore		Shady Lane Suamino, WI 54313	Fire Protection Engineer
Mother-in-Law			
Nicky Gillmore (Juarez)		Tall Tree Ct Maysville, NC 28555	Homemaker/Retired

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Matt Bergan		Shore Ave Kotzebue, AK 99752	Engineer
Spouse			
Toni Raye Bergan (Schaeffer)		1 Shore Ave Kotzebue, AK 99752	Alaska Air
John Bergan		Randolph Rd Middletown CT 06457	Insurance
Spouse			
Maria Bergan (Esquiviz)		Randolph Rd Middletown CT 06457	Insurance
Nathaniel Bergan	3	45th St Apt 10a. NY, NY 10036	Engineer
Spouse			
Sarah Bergan (Brandas de Melo)		W 45th St Apt 10a. NY, NY 10036	Student
N/A			
Spouse			
N/A			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Burr Elementary	Higganum, CT	1982-1990	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Haddam Killingworth H.S.	Higganum, CT	1990-1995	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University Ithaca College	Ithaca, NY	1995-1996	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other University of Connecticut	Storrs, CT	1996-2002	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Pharm D.College or university where obtained University of Connecticut

Applicant's initial

5 MILITARY INFORMATION:

- A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

- B. Have you registered for the draft? Yes ☒ No ☐

County Middlesex State CT Date registered April 1995

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☒ No ☐ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
08/05/2007	29	DUI	Dayton, NV	12/19/2009	NHP
N/A					
N/A					

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☒ No
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A				
N/A				
N/A				

Applicant's initial BA Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				
N/A				
N/A				

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
- Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		
N/A		
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
June 2015 to Current	Mountain Song Ct	Henderson	NV
March 2013- June 2015	1773 Nuevo Rd	Henderson	NV
June 2012- March 2013	3125 W Warm Springs Rd #1125	Henderson	NV
May 2010- June 2012	44 Chittenden Rd	Killingworth	CT
October 2007 - April 2010	39 Hickory Lane	Higganum	CT
January 2003 - October 2007	932 Powers Ave	Minden	NV
May 2002 - January 2003	1151 White Oak Loop	Minden	NV
May 2001-May 2002	39 Hickory Lane	Higganum	CT
Sept 1999 - May 2001	380 Daleville Rd	Willington	CT
Sept 1998 - Sept 1999	15 Carriage House Dr	Storrs	CT
Sept 1996- June 1998	North Eagleville Rd	Storrs	CT
Sept 1995- June 1996	953 Danby Rd	Ithaca	NY
1977- Aug 1995	39 Hickory Lane	Higganum, CT	Applicant's initial 

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
02/05/2018 to Current	Fidelis Specialty Pharmacy 5275 Arville St STE 156 LV, NV 89118	7,300
Title	Description of Duties	Name of Supervisor
Pharmacy Manager	All aspects of licensed Pharmacy services, procurement, dispensing, records	Russell Lubrani
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
June 2012-02/05/2018	Anazao health Corp 7465 W Sunset Rd LV, NV 89113	5,000
Title	Description of Duties	Name of Supervisor
Staff Pharmacist	All aspects of licensed Pharmacy services, procurement, dispensing, records, compounding	Doug Cannman
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
October 2006- October 2007	AmerisourceBergen Relief R.Ph 1300 Morris Dr Chesterbrook, PA 19087	1500
Title	Description of Duties	Name of Supervisor
Relief Pharmacist	On call pharmacist, relief Pharmacist, medium/long term placements (Hospital, retail, clinic)	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
October 2002-October 2006	Walgreens Pharmacy 1465 E William St, Carson City, NV 89701	8000
Title	Description of Duties	Name of Supervisor
Staff Pharmacist	All aspects of licensed Pharmacy services, procurement, dispensing, records	Russ Smith
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

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9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name	Tim Ferris	Home	3 Redbud Ln	Bostic, NV 28018		21 years
Employer	Defiant Marine	Business	3 Redbud Ln	Bostic, NV 28018		
Name	Liam Poirier	Home	5 Rt 81	Killingworth, CT 06419		28 Years
Employer	New England Residential Services	Business	282 Main St Extension	Middletown, CT 06457	860-347-9633	
Name	Dan August	Home	Beebe Rd East Haddam, Ct	06423	1	17 Years
Employer	ServPro	Business	239 Williams St Unit #6	New London, CT 06320	860-443-2222	
Name	Chris Peters	Home	1 Sari Dr	Las Vegas, NV 89110		6 Years
Employer	Professional Rx Pharmacy	Business	2560 E Sunset Rd #120	Las Vegas, NV 89120	702-478-6690	
Name	Doug Cannman	Home	Windjammer Ct	Henderson, NV 89074		5 Years
Employer	Anazao Health	Business	7465 W Sunset Rd LV, NV	89113	800-995-4363	

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐

If yes, state type, where and years held Nevada R.Ph #15889 (2002-2008, 2011-Current)

Oregon R.Ph # 16447 12/2017- Current, Arizona R.Ph. # S023189 04//2018- Current

Connecticut R.Ph. # 10949 02/2012 - 01/2014 (Inactive)

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☒ No ☐

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

12) NV Board of Pharmacy Case No. 04-063-RPH-N (12/2004), NV BOP Case No. 07-083-RPH-N 04/2008

Applicant's initial

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14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☒ No ☐
 NV BOP Case No 07-083-RPH-N April 2008

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
 NV BOP Case No 07-083-RPH-N April 2008

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☒ No ☐
 NV BOP Case No. 07-083-RPH-N April/2008

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes ☒ No ☐
 NV BOP Case No. 07-083-RPH-N April/2008

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐

N/A



Date of photograph 9/12/18

Applicant's initial ZJ

STATE OF NEVADA

SS.

COUNTY OF CLARK

I, Zach Bergan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

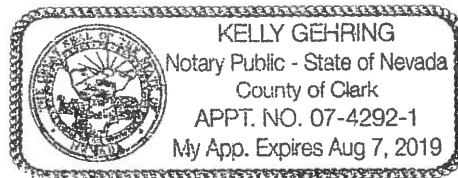
Original Signature of Applicant

Subscribed and Sworn to before me this 9th day of

OCTOBER 2018 By ZACHARY WILLIAM BERGAN

Notary Public

(seal)



Applicant's initial _____

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ADDITIONAL INFORMATION

Question 6c from page 4: NV Board of Pharmacy Case No. 04-063-RPH-N (12/2004) and NV BOP Case No. 07-083-RPH-N 04/2008

Applicant's initial ZB

5B

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA 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. **If LLC use Non Public Corporation or Partnership.
☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☐ Partnership - Pages 1,2,6,10,11a&b
☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Modern Rx

Physical Address: 6330 S Eastern Ave Suite 1A

City: Las Vegas State: NV Zip Code: 89119

Telephone: 800-959-3657 Fax: 800-376-5441

Toll Free Number: _____ E-mail: info@modernrxpharmacy.com

Website: Not Applicable

Managing Pharmacist: THUHO NGUYEN License Number: 14869

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

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: Local Delivery

APPLICATION FOR NEVADA 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

Aimee Brown

Print Name of Authorized Person

09/09/2018

Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: Nevada

Parent Company if any: _____

Mailing Address: 6330 S Eastern Ave Suite 1ACity: Las Vegas State: NV Zip: 89119Telephone: 800-959-3657 Fax: 800-376-5441Contact Person: Aimee BrownFor any ^{LLC} ~~corporation~~ non publicly traded, disclose the following:1) List top 4 persons to whom the shares were issued by the ^{LLC} ~~corporation~~?a) Aimee Brown - 100% owner 6330 S Eastern Ave Suite 1A, Las Vegas, NV 89119
Name Business Addressb) _____
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address2) Provide the number of shares issued by the corporation. N/A3) What was the price paid per share? N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 9:00 am 5:30 pmSaturday N/A am N/A pmSunday N/A am N/A pm24 Hours N/A

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

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

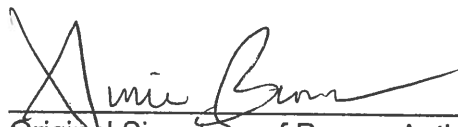
I, Aimee Brown

Responsible Person of Modern Rx

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

Aimee Brown

Print Name of Authorized Person

9/12/2018

Date

Managing Pharmacist

 Pharmacist Name: THUHO NGUYEN

 License #: 14889

 Pharmacy Name: Modern Rx

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

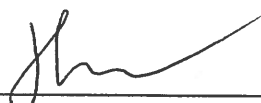
I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action: State: _____ Date: _____ Case #: _____		
And/or Criminal Action: State: _____ Date: _____ Case #: _____		
County: _____ Court: _____		

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.



 Signature

10/1/18

 Date

SECRETARY OF STATE

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

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MODERN RX LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 12, 2018, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 28, 2018.

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

Barbara K. Cegavske
Secretary of State



Electronic Certificate
Certificate Number: C20180928-1256

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 10/2/2018

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy Licence

Nature of License
Modern Rx Pharmacy 6330 S EASTERN AVE., LAS VEGAS, NEVADA 89119

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	<u>Brown</u>	First Name	<u>Aimee</u>	Middle Name	<u>Elizabeth</u>
Alias(es), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)					
<u>3 Mansbury St.</u>		<u>Fremont</u>	<u>California, 94538</u>		
Present Residence Address-Street or RFD		City	State/Zip		
<u>6330 S EASTERN AVE.,</u>		<u>Dates 10/1/2018</u>	<u>LAS VEGAS,</u>	<u>NEVADA, 89119</u>	
Present Business Address		City	State/Zip		
Owner/ Operations		<u>Dates TBD</u>			
Occupation			Phone:		
			Residence		
<u>9</u>			<u>TBD</u>		
<u>Livonia, Michigan</u>					
Date of Birth		Place of Birth (City, County, State)			
<u>49</u>		<u>Female</u>			
Age	Social Security Number			Sex	
<u>Hazel</u>	<u>Blonde</u>	<u>caucasian</u>	<u>140</u>	<u>Average</u>	<u>5' 7"</u>
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height

Scars, tattoos or distinguishing marks and/or characteristics Small mole on chin right side

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☒ Widowed ☐ Engaged ☐

Applicant's initial



MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

Spouse's full name (Maiden) Date N/A City, County and State
S.S. No.

Date of Birth Place of Birth

Resident address Street City State Zip

Telephone: Residence Business

Spouse's employer Occupation

Address of employer Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Paul Brown	1/26/2018	9/19/1992	Divorce	Alameda County, Fremont, Ca.

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Paul Brown	Beethoven Common Apt	Fremont	Ca.	94538	

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Haley Brown		San Mateo	Mansbury St. Fremont, Ca. 94538

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial



FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address _____

Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
Jerry Baird	.0	Yonder Drive Lake Havasu, AZ 86406	Retired
Mother			
Sandra Baird	48	Yonder Drive Lake Havasu, AZ 86406	Retired
Father-in-Law			
None			
Mother-in-Law			
None			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Jerry Baird	(	Alameda De Las Pulgas, Belmont, CA 94002	IT Manager
Spouse			
Cherrise Baird		Alameda De Las Pulgas, Belmont, CA 94002	Accountant
Junko Droesher	Germany		Retired
Spouse			
Raik Droesher	Germany		Sales
Spouse			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Red Rocks Elementary	Morrison, CO	1980-1984	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Bear Creek High School	Colorado	1984-1985	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University College of San Mateo	San Mateo, CA	1987-2014	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any High School , AA Degree in AccountingCollege or university where obtained College of San Mateo

Applicant's initial



5 MILITARY INFORMATION:

- A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

- B. Have you registered for the draft? Yes ☐ No ☒

County.....State.....Date registered.....

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when?.....city, county and state.....
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when?.....city, county and state.....
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial



ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
1994 to Present	Mansbury St	Fremont	California
1992-1994	Port Walk Place, Redwood Shores, CA		

Applicant's initial



9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Dyan Vassallo	Home	Brecon Court	Redwood City	CA	94062	30
Employer Splunk	Business	270 Breannan Street,	San Francisco,	CA	415-848-8400	
Name Christina Valdez	Home	1 Pennsylvania Ave.,	#15 Fremont,	CA	94536	9
Employer Praxair	Business	41446 Christy Street,	Fremont,	CA	94538 510-438-6734	
Name Leah Gregg	Home	8 Calico Ct,	Morgan Hill,	CA	95037	22
Employer Student	Business					
Name Linda Folan	Home	Clifton Avenue,	San Carlos,	CA	94070	26
Employer Retired	Business					
Name Judy Weber	Home	Mansbury Street,	Fremont,	CA	94538	24
Employer Stay at home mom	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐

If yes, state type, where and years held

Real Estate in the state of California 2006-2010

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial

AB

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 10/3/18

Applicant's initial AB

STATE OF California

SS.

COUNTY OF Alameda

I, Aimee Brown, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

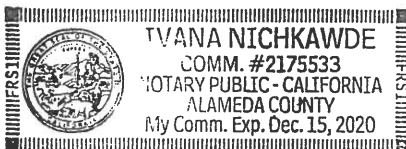
Aimee Brown
Original Signature of Applicant

Subscribed and Sworn to before me this 3rd day of

October 2018

Jane Nickawde
Notary Public

(seal)



Applicant's initial

AB

ADDITIONAL INFORMATION

[illegible]

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 11/2/18

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Modern Rx
6330 S Eastern Suite 1A Las Vegas, NV 89119
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

NGUYEN THUHO
Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Melrose Abbey pl Las Vegas NV 89141
Present Residence Address-Street or RFD City State/Zip

NA NA NA
Present Business Address Dates City State/Zip

NA NA NA
Present Position with the Pharmacy or Wholesaler Phone: Residence 912

1 1 1
Date of Birth Place of Birth (City, County, State) Business

45 45 45
Age Social Security Number Sex

Brown Black Medium Tan 147 lbs Medium 5'8
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics None

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No

If naturalized, certificate No Date 9/14/2001

Place Las Vegas, NV (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial TH

MARITAL INFORMATION-Continued

A. **Current Marriage** 5/2008 Las Vegas, Clark, NV
 Date City, County and State
 Spouse's full name (Maiden) THUY NGUYEN S.S. No. 9
 Date of Birth 1-1-1971 Place of Birth SAIGON - VIETNAM
 Resident address Melrose Abbey Pl Las Vegas NV 89141
 Street City State Zip
 Telephone: Residence _____ Business N/A
 Spouse's employer Walgreen Occupation pharmacist
 Address of employer 6650 E Lake Mead Blvd Las Vegas NV 89156
 Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
THUY NGUYEN	3/2003	Las Vegas, NV	Divorced	Las Vegas, NV

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
THUY NGUYEN	Melrose Abbey Pl	LV	NV	89141	702-324-5075

3. **FAMILY INFORMATION:**A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
XENA NGUYEN	1-1-1991	Las Vegas, NV	Melrose Abbey Pl, LV, NV 89141
Star NGUYEN	1-1-1991	Las Vegas, NV	Melrose Abbey Pl LV, NV 89141

B. **Child Support Information:**

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial TA

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name.....

Address..... N/A

Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father GIAO NGUYEN	1/1/1941	Deceased	Pharmacist
Mother HANH VO	1/1/1941	Gaelic Hills LV, NV 89141	retired
Father-in-Law LIEUCAO	1/1/1941	Deceased	
Mother-in-Law			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
THUNHI Duncan	1/1/1941	Moody ave Fullerton, CA	pharmacist
Spouse Kent Duncan	1/1/1941	S Moody ave Fullerton, CA	pharmacist
TRAC NGUYEN	1/1/1941	Dogwood ST, Westminster, CA	pharmacist
Spouse Victoria NGUYEN	1/1/1941	Dogwood St, Westminster, CA	registered nurse
LUONG NGUYEN	1/1/1941	patch Dr, Huntington Beach, CA	pharmacist
Spouse VY NGUYEN	1/1/1941	patch Dr, Huntington Beach, CA	pharmacist
NGAN NGUYEN	1/1/1941	Southern Highland, Las Vegas, NV	registered nurse
Spouse Katerina NGUYEN	1/1/1941	Loggetta Way, LV, NV 89141	Dental assistant

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School	Pham Chan Trinh	Danang, Vietnam	8/1988 - 5/1991
College	The University of New Mexico	Albuquerque, NM	5/94 - 5/99
University			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... pharmacist

College or university where obtained..... Bachelor of ~~science~~ Science at University of New Mexico

Applicant's initial..... DJ

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒

County _____ State _____ Date registered _____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial

DM

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
5/2011 - present	Melrose Abbey Pl	Las Vegas,	NV 89141
6/2010 - 5/2011	1425 Corral Dr	Las Vegas	NV
3/2007 - 6/2010	7903 Sleeping Lily Dr	Las Vegas, NV	89178

Applicant's initial

101

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

5/2008-present	CVS pharmacy- Las Vegas, NV	over 10,000 hours
pharmacist	All Duties of a pharmacist	Jody Lewis
5/2006 - 5/2008	Walgreen, Las Vegas, NV	about 3000 hours
pharmacist in charge	All of Duties of a pharmacist & PIC	Matt Forster
12/2008 - 12/2009	AMEX pharmacy, Las Vegas, NV	about 800 hours
Owner	All duties of owner of pharmacy	Owner
3/2004 - 5/2006	CVS pharmacy, Las Vegas, NV	about 3000 hours
pharmacist in charge	Typing, production, Inventory...	Chad Luebski
6/2002 - 3/2004	Walgreen, Chico, CA	about 2000 hours
pharmacist	All Duties of a Full time pharmacist	Collins Bogg
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

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9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Sam Labib</u>	Home	<u>3 Nordland Dr, Corona, CA 92880</u>				<u>10 years</u>
Employer <u>Kaiser</u>	Business	<u>Kaiser permanente, California</u>				
Name <u>Hoa Leu</u>	Home	<u>Inverlocky Ct, Las Vegas, NV 89161</u>				<u>3 6 years</u>
Employer <u>Tiger soft</u>	Business	<u>Tiger soft computer 702-808-0033</u>				
Name <u>Trinh Huu</u>	Home	<u>S Muscarel way, Las Vegas, NV 89141</u>				<u>10 years</u>
Employer <u>Unemployment</u>	Business	<u>Unemployment</u>				
Name <u>Tony chu</u>	Home	<u>E camelia Dr, Alhambra, CA 91801</u>				<u>1 10 years</u>
Employer <u>Walgreen</u>	Business	<u>Working for Walgreen in California</u>				
Name <u>TRUNG NGUYEN</u>	Home	<u>Henderson, NV</u>				<u>11 years</u>
Employer <u>CVS pharmacy</u>	Business	<u>work for CVS at 1825 E warm spring Lv, NV 89119</u>				

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

Applicant's initial

DM

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒
15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒
17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes ☐ No ☒
18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒
19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐
20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐
21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐



ATTACH PHOTOGRAPH
TAKEN WITHIN LAST
30 DAYS HERE

Date of photograph 11/1/18
Applicant's initial TM

STATE OF Nevada SS.COUNTY OF Clark

I, THUHO NGUYEN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

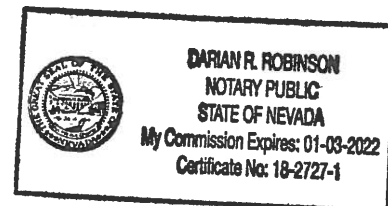
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 2nd day of

November 2018
DARROL
Notary Public

(seal)



Applicant's initial TH Page 9

ADDITIONAL INFORMATION

N/A

Applicant's initial

TH

5C

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA 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. **If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b

☐ Partnership - Pages 1,2,6,10,11a&b

☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b

☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Perform Rx Pharmacy

Physical Address: 2565 Chandler Ave Suite 2

City: Las Vegas State: NV Zip Code: 89120

Telephone: 844-334-1010 Fax: 833-861-0249

Toll Free Number: 844-334-1010 E-mail: performpharmacy@yahoo.com

Website: Not Applicable

Managing Pharmacist: Trinh Luu License Number: 16351

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

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: Local Delivery

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

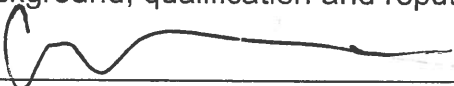
Within the last five (5) years:

- 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

Courtney Robinson

Print Name of Authorized Person

10/26/2018

Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: Nevada

Parent Company if any: _____

Mailing Address: 2565 Chandler Ave Suite 2City: Las Vegas State: NV Zip: 89120Telephone: 844-334-1010 Fax: 833-861-0249Contact Person: Courtney Robinson .

For any corporation non publicly traded, disclose the following:

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

a) Courtney Robinson 2565 Chandler Ave Suite 2, Las Vegas, NV 89120
Name Business Addressb) _____
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address2) Provide the number of shares issued by the corporation. N/A3) What was the price paid per share? N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday	<u>9:00</u> am	<u>5:30</u> pm	Saturday	<u>N/A</u> am	<u>N/A</u> pm
Sunday	<u>N/A</u> am	<u>N/A</u> pm	24 Hours	<u>N/A</u>	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20181777436

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Courtney Robinson

Responsible Person of Perform Rx 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

Courtney Robinson

Print Name of Authorized Person

10/26/2018

Date

Managing Pharmacist

 Pharmacist Name: Trinh Luu

 License #: 16351

 Pharmacy Name: Perform Rx Pharmacy

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action: State: _____ Date: _____ Case #: _____		
And/or Criminal Action: State: _____ Date: _____ Case #: _____		
County: _____ Court: _____		

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature



Date

11-1-18

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **PERFORM RX PHARMACY LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 28, 2018, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 2, 2018.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State



Electronic Certificate
Certificate Number: C20181102-1888

**APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
for a Pharmacy or Wholesaler located in Nevada**

211

Date 11-1-18

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for _____
Nature of Pharmacy or Wholesaler _____
Name and Address of Business for Which Designated Representative Is Requested _____
If applicable, Name Under Which It Is Now Operated _____

1. PERSONAL INFORMATION:

Last Name Luu First Name Triah Middle Name Ngoc

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
N/A

Present Residence Address-Street or RFD 2 Spring Ranch Pkwy City Las Vegas State/Zip NV 89118
Dates 2009-Present

Present Business Address _____ City _____ State/Zip _____
Dates _____

Present Position with the Pharmacy or Wholesaler _____
Phone: Residence _____ Business _____

Date of Birth _____ Place of Birth (City, County, State) Saigon, Vietnam

Age 49 Social Security Number _____ Sex male

Color of Eyes Brown Color of Hair Black Complexion Medium Weight 170 lbs Build Medium Height 5'9"

Scars, tattoos or distinguishing marks and/or characteristics Birth mark on Right Cheek

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. _____

If naturalized, certificate No. _____ Date 11-1-18

Place Bakersfield California (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial TL

A. **Current Marriage** 3-4-08 Las Vegas, Clark, NV
 Spouse's full name (Maiden) Ho, Linh Thuy Thi City, County and State
Date S.S. No.
 Date of Birth Place of Birth Vietnam
 Resident address Spring Ranch Pkwy Las Vegas NV 89118
Street City State Zip
 Telephone: Residence Business
 Spouse's employer Sweet Nails Occupation Manicurist
 Address of employer 10530 Southern Highlands Las Vegas NV 89118
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Olivia Nguyen	2006	2004	Divorced	Las Vegas, Clark, NV

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Lynna Luu		Las Vegas, NV	Spring Ranch Pkwy
Lana Luu		Las Vegas, NV	Spring Ranch Pkwy

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial PL

District attorney or public agency responsible for enforcing the child support order:

Name

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
Hai Luu		N. Main St Chambersburg, PA	Electrical Engineer
Mother			
Lang Luu		N. Main St Chambersburg, PA	Taylor
Father-in-Law			
Duong Van Ho (Deceased)		Vietnam	Farmer
Mother-in-Law			
Ba Kim. Nguyen (Deceased)		Vietnam	Farmer

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Michelle Trainor		495 Arcaro Dr	House wife
Spouse Richard Trainor		Milton GA 30004	CEO of Lexisnexis
Spouse			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate	
Grammar School	Wilson	Battle Creek	1977-1984	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Burroughs	Ridgecrest	1984-1987	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	University of New Mexico	Albuquerque	1989-2003	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... Pharm D.

College or university where obtained..... University of New Mexico

Applicant's initial.....

5 MILITARY INFORMATION:

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A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒

County _____ State _____ Date registered _____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial 

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
1/2010 - Present	Spring Ranch Pkwy	Las Vegas	NV
2/2008 - 1/2010	10367 Gwynns Falls ST	Las Vegas	NV
6/04 - 2/08	3555 Arville ST #105B	Las Vegas	NV
5/99 - 6/04	4573 ATLANTIC Ave	Long Beach	CA

Applicant's initial

FL

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8/17	QHR Pharmacy 765 N. Nellis Blvd #7 Las Vegas	1,400
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacy Manager	manage Pharmacy Operations	Mol:
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
7/14	1144 E. Charleston Blvd, Las Vegas	6,240
Title	Description of Duties	Name of Supervisor
Pharmacist	Fill, Process, Verify, Transfer	Shaina

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
6/04	cvs Pharmacy DesserT Inn Rd	29,800
Title	Description of Duties	Name of Supervisor
Pharmacist	Fill, process, verify, counsel	Ke

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

[illegible]

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

If additional space is needed, continue on page 10 or provide attachment.

9. CHARACTER REFERENCES:

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List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Hoa Lau</u>	Home	<u>4 Inverloch</u>	<u>CT</u>			<u>3 1 yr</u>
Employer <u>Self</u>	Business					
Name <u>Jimmy Nguyen</u>	Home	<u>Melrose Abbey</u>	<u>LV</u>			<u>12 15 yrs</u>
Employer <u>CVS</u>	Business	<u>Las Vegas</u>	<u>NV</u>			
Name <u>Christina Arief</u>	Home	<u>Poker face</u>	<u>LV</u>			<u>10 yrs</u>
Employer <u>Primerica</u>	Business					
Name <u>Samantha Dong</u>	Home	<u>Sahara Ave</u>	<u>LV</u>			<u>15 1 yr</u>
Employer <u>West Valley RX</u>	Business					
Name <u>Karin Nguyen</u>	Home	<u>Muscari way</u>	<u>LV</u>			<u>6 10 yrs</u>
Employer <u>Self</u>	Business					

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

Applicant's initial RL

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler)? Yes ☐ No ☒

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐



Date of photograph 11-2-18

Applicant's initial RE

COUNTY OF Clark

I, Trinh Luu, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

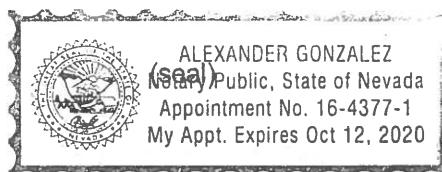

Original Signature of Applicant

State of Nevada

Clark, County

Subscribed and Sworn to before me this 2nd day of November 2018Alexander Gonzalez


Notary Public

Applicant's initial TL

Lined area for additional information.

Applicant's initial TV

5D

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA 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. **If LLC use Non Public Corporation or Partnership.
☒ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☒ Partnership – Pages 1,2,6,10,11a&b
☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☒ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Swift Pharmaceutical Inc

Physical Address: 2411 South Eastern

City: Las Vegas State: NV Zip Code: 89104

Telephone: Pending Fax: Pending

Toll Free Number: N/A E-mail: Pending

Website: Pending

Managing Pharmacist: Aurelia Hurtada-Sadowski License Number: 15345 ✓

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

☒ ☒ Retail
☒ ☒ Hospital (# beds _____)
☒ ☒ Internet
☒ ☒ Nuclear
☒ ☒ Ambulatory Surgery Center
☒ ☒ Community
☒ ☒ Other: N/A

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: N/A

APPLICATION FOR NEVADA 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

RON GABOLA

Print Name of Authorized Person

10/31/18

Date

Board Use Only	Date Processed: _____	Amount: <u>500.00</u>
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APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada
 Parent Company if any: N/A
 Mailing Address: 1811 S 7th St.
 City: Las Vegas State: NV Zip: 89104
 Telephone: 7028862265 Fax: N/A
 Contact Person: Ron Gabiola

For any corporation non publicly traded, disclose the following:

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

- a) Ron Gabiola 57th St Las Vegas NV 89104
 Name Business Address
- b) N/A
 Name Business Address
- c) N/A
 Name Business Address
- d) N/A
 Name Business Address

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

3) What was the price paid per share? 1

List any physician shareholders and percentage of ownership.

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

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm Saturday N/A am N/A pm
 Sunday N/A am N/A 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: NV 20181757529

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners


I, Ron Gabiola

Responsible Person of Swift Pharmaceutical Inc

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

RON GABIOLA
Print Name of Authorized Person

10/31/2018
Date

Managing Pharmacist

Pharmacist Name: Aurelia Hurtado - Sobuski License #: 15345Pharmacy Name: Swift Pharmaceutical Inc

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action:	State: <u>N/A</u>	Date: <u>N/A</u> Case #: <u>N/A</u>
And/or Criminal Action:	State: <u>N/A</u>	Date: <u>N/A</u> Case #: <u>N/A</u>
County	<u>N/A</u>	Court: <u>N/A</u>

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Anna D. Husted-Valandi
Signature

NOVEMBER 01, 2018
Date

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 10/31/2018

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Retail Community Pharmacy
Swift Pharmaceutical Inc 2411 S Eastern Las Vegas NV 89104
 Name and Address of Establishment for Which License Is Requested
N/A
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Gabiola Ron Sy
 Last Name First Name Middle Name
N/A
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
57th St Las Vegas NV 89104
 Present Residence Address-Street or RFD City State/Zip
57th St Las Vegas NV 89104
 Dates 2018
 Present Business Address City State/Zip
Registered Nurse Dates 2014 - Present
 Occupation
Philippines Business N/A
 Date of Birth Place of Birth (City, County, State)

28 years old
 Age Social Security Number Sex
Brown Black Fair 195165 Mesomorph 5'6
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics None

Are you a citizen of the United States? Yes ☐ No ☒ If alien, registration No.

If naturalized, certificate No. N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial R.G.
 Page 1

MARITAL INFORMATION-Continued

A. Current Marriage 01/10/2018 Philippines
 Spouse's full name (Maiden) Trixie De Lara Gonsespe City, County and State NIA
 Date of Birth _____ Place of Birth Philippines
 Resident address Vista Verde North Kaybiga Calacan City, Philippines
 Street _____ City _____ State _____ Zip _____
 Telephone: Residence _____ Business NIA
 Spouse's employer NIA Occupation Student
 Address of employer NIA
 Street _____ City _____ State _____ Zip _____

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>Claire Corpuz</u>	<u>10/17/2016</u>	<u>Las Vegas, NV</u>	<u>Divorce</u>	<u>Las Vegas Clark County NV</u>

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
<u>Claire Corpuz</u>	<u>Tanagrone Dr</u>	<u>North Las Vegas</u>	<u>NV</u>	<u>89084</u>	<u>702 633 5002</u>

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
<u>NIA</u>			

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial P.G.
 Page 2

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/AAddress N/AContact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father <u>Rodolfo Pineda Gabiola</u>	<u>5/1</u>	<u>Vista Verde North Kaybiga Calacan City</u>	<u>Business Manager</u>
Mother <u>Rena Patawaran Sy</u>	<u>8/1</u>	<u>Vista Verde North Kaybiga Calacan City</u>	<u>Housewife</u>
Father-in-Law <u>Alberto Gorospe</u>	<u>UK</u>		<u>Caregiver</u>
Mother-in-Law <u>Melinda Gorospe</u>	<u>UK</u>		<u>Caregiver</u>

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
<u>Randolph Gabiola</u>	<u>2/23</u>	<u>Vista Verde North Kaybiga Calacan City</u>	<u>Callcenter Agent</u>
Spouse <u>Thanytha Enriquez</u>	<u>1/19</u>	<u>Vista Verde North Kaybiga Calacan City</u>	<u>Nurse</u>
<u>Russel Ann Gabiola</u>	<u>2/3</u>	<u>Vista Verde North Kaybiga Calacan City</u>	<u>Housewife</u>
Spouse <u>Cristopherkhu</u>	<u>1/1</u>	<u>Vista Verde North Kaybiga Calacan City</u>	<u>Stock Trader</u>

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>Guardian Angel School</u>	<u>Deparo, Philippines</u>	<u>1997 - 2003</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School <u>Guardian Angel School</u>	<u>Deparo, Philippines</u>	<u>2003 - 2007</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University <u>Trinity University of Asia</u>	<u>Quezon City, Philippines</u>	<u>2007 - 2011</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any B S N C Bachelor of Science in NursingCollege or university where obtained Trinity University of AsiaApplicant's initial P.G.

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒Branch NIA Date of entry-active service NIADate of separation NIA Type of discharge NIARating at separation NIA Serial number NIA

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☒ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒County NIA State NIA Date registered NIA

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>NIA</u>					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? city, county and state

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? city, county and state

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
<u>NIA</u>				

Applicant's initial P. G.

Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
--	------------	-----------------------	------------------------	------------------

N/A

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	---

N/A

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
--------------------------	-------------------	------	-----------------

01/1990-03/2014	1433 Vista Verde North	Kayhiga Caceron City, Philippines	
03/2014-10/2016	2909 Tanagrine Dr	North Las Vegas	NV / Clark County
10/2016-10/2017	5001 Vacaville Ave	Las Vegas	NV / Clark County
10/2017-Present	5711 N St	Las Vegas	NV / Clark County

Applicant's initial R.G.

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/2011		Explore other opportunities
R.N.	Medical Care (Nursing)	Corq Patawaran
09/2015	United Homehealth	Explore other job
R.N.	Medical Care (Nursing)	Arlene Melendres
10/2015	Premier Homehealth	N/A
R.N.	Medical Care (Nursing)	Ajane Alino
N/A		
N/A		
N/A		
N/A		
N/A		
N/A		
N/A		
N/A		
N/A		
N/A		

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial 12-07
Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	City	State	Zip	Telephone	Years Known
Name <u>Rubelle Yadao</u> Home	<u>9 Tanager Dr</u>	<u>NV</u>	<u>89104</u>		<u>6</u>
Employer <u>Naph Cafe</u> Busin	<u>330 Casino Center Blvd</u>	<u>Las Vegas NV</u>	<u>89101</u>		
Name <u>Larry Yadao</u> Home	<u>9 Tanager Dr</u>	<u>NV</u>	<u>89104</u>		<u>6</u>
Employer <u>N/A</u> Busin	<u>N/A</u>				
Name <u>Aida Celosa</u> Home	<u>9 Sandy Brown Ave North</u>	<u>Las Vegas NV</u>	<u>89131</u>		<u>6</u>
Employer <u>N/A</u> Busin	<u>N/A</u>				
Name <u>Carlisle Gropes</u> Home	<u>10 Solomon Leap St</u>	<u>Las Vegas NV</u>	<u>89153</u>		<u>10</u>
Employer <u>Sunrise Hospital</u> Business	<u>3180 S Maryland Parkway</u>	<u>Las Vegas NV</u>	<u>89109</u>		
Name <u>Adelle Fortunato</u> Home	<u>Bellhurst Ave</u>	<u>Las Vegas NV</u>	<u>89137</u>	<u>2</u>	<u>10</u>
Employer <u>Valley Hospital</u> Business	<u>620 Shadow Ln</u>	<u>Las Vegas NV</u>	<u>89106</u>		

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
- If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
<u>N/A</u>			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

N/A

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

Applicant's initial R. G.

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13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

N/A

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

N/A

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

N/A

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

N/A

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer)? Yes ☐ No ☒

N/A

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

N/A



Date of photograph 10/31/2018

Applicant's initial R.G.

STATE OF NEVADA

ss.

COUNTY OF CLARK

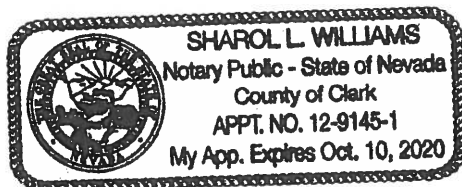
I, Ron Gabiola, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

STATE OF NEVADA
COUNTY OF CLARK
Subscribed and Sworn to before me this 31 day of

OCT 1, 2018
[Signature]
Notary Public

[Signature]
Original Signature of Applicant



(seal)

Applicant's initial R. G.
Page 9

ADDITIONAL INFORMATION

PIP

Handwriting practice lines consisting of 30 horizontal dashed lines.

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

 Date 11-1-18

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for COMMUNITY RETAIL PHARMACY
SWIFT PHARMACEUTICAL INC
 Nature of Pharmacy or Wholesaler
 Name and Address of Business for Which Designated Representative Is Requested
N/A
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name HURTADA-SADOWSKI First Name AURELIA Middle Name TURINGAN
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
N/A
 Present Residence Address-Street or RFD TROTTERS RIDGE DR City LAS VEGAS State/Zip NV 89122
 Present Business Address 2411 S. EASTERN City LAS VEGAS State/Zip NV 89104
 Present Position with the Pharmacy or Wholesaler MANAGING PHARMACIST Phone: Residence 702 886 2265
 Date of Birth NOVEMBER 03, 1964 Place of Birth (City, County, State) 680-051207 Sex FEMALE
 Age BROWN Social Security Number BROWN FAIR Sex 5'11 INCH
 Color of Eyes BROWN Color of Hair FAIR Complexion 165 lbs Weight 5'11 INCH Build 5'11 INCH Height

Scars, tattoos or distinguishing marks and/or characteristics NONE

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. _____

If naturalized, certificate No. _____ Date FEB 07, 2003

Place LAS VEGAS, NV (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial SM Page 1

MARITAL INFORMATION-Continued

A. Current Marriage SADOWSKI
 Spouse's full name (Maiden) STEPHEN STANLEY Date 3/1 City, County and State CLEVELAND, OHIO
 S.S. No. _____
 Date of Birth 1- Place of Birth CLEVELAND, OHIO
 Resident address TROTTERS RIDGE DR LV, NV 89122
 Street City State Zip
 Telephone: Residence ? Business _____
 Spouse's employer O'REILLY Occupation SALESPERSON
 Address of employer 9221 S. EASTERN LAS VEGAS NV 89183
 Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>FRESQUINHO DE GUIA</u>	<u>FEB, 21, 2013</u>		<u>DIVORCE DECREE</u>	<u>D296506</u>

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
<u>N/A</u>					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
<u>NONE</u>			

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial JS
 Page 2

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address _____

Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father DECEASEDMother ROSITA HURTADA, MANILA PHILIPPINESFather-in-Law DECEASEDMother-in-Law DECEASED

D. Brothers and Sisters:

N/A SEE ATTACHMENTS

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

ARLENE HURTADA-MANABUELOD - REG. NURSE

Spouse JOEL MANABUELOD - OCC. THERAPIST

ARIEL HURTADA - MED. TECHNOLOGIST

Spouse ANA MATHIE HURTADA - REG. NURSE

ALVIN HURTADA - COMPUTER TECHNOLOGIST

Spouse EVANGELINE HURTADA - REG. NURSE

CYNTHIA HURTADA - CARE-GIVER

Spouse N/A

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	<u>PASAY CITY ELEMENTARY SCHOOL</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	<u>PASAY CITY WEST HIGH SCHOOL</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	<u>THE PHILIPPINE WOMEN'S UNIVERSITY</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>
University	<u>COLLEGE OF PHARMACY</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any BACHELOR OF SCIENCE MAJOR IN PHARMACYCollege or university where obtained THE PHILIPPINE WOMEN'S UNIVERSITYApplicant's initial 8

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☒ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒

County _____ State _____ Date registered _____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)

Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's Initial _____

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ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☐ No ☒ (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
---	------------	--------------------------	------------------------	------------------

NA

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	--

NA

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
-----------------------------	-------------------	------	-----------------

4023 WEYBRIDGE DR LV NV 89121

4015 WEYBRIDGE DR LV NV 89121

4011 WEYBRIDGE DR LV NV 89121

Applicant's initial

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8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

FEB 6, 1998 - DESERT SPRINGS HOSPITAL
CURRENT 2075 E. FLAMINGO RD LAS VEGAS NV 89119

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
CLINICAL	PHARMACIST	JIM TRAN
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
NOTHING	FOLLOWS	
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial



Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone
Name <u>MARIA ALTAMIRANO</u>	Home				
Employer <u>HEALTH SOUTH</u>	Business				
Name <u>NOEL CASTILLO</u>	Home			7	
Employer <u>V&S</u>	Business				
Name <u>MICHAEL JOHANSON</u>	Home				
Employer	Business				
Name <u>ANNIE PEREZ</u>	Home				
Employer	Business				
Name <u>BELEN VERZOSA</u>	Home			41	
Employer	Business				

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

Applicant's initial 8

Page 7

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒
15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒
17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler)? Yes ☐ No ☒
18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒
19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐
20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐
21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐



Date of photograph NOVEMBER 01, 2018

Applicant's initial 8

STATE OF Nevada

SS.

COUNTY OF CLARK

I AURELIA HURTADA-SADOWSKI being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Aurelia Hurtada-Sadowski
Original Signature of Applicant

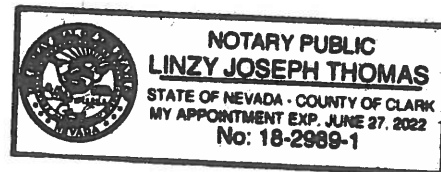
Subscribed and Sworn to before me this 15th day of

November 2015

[Signature]
Notary Public

my commission expires June 27, 2022

(seal)



Applicant's initial 8

Page 9

ADDITIONAL INFORMATION

BROTHERS AND SISTERS INFO.

ALEXIE HURTADA MAXIAGUELO AND JOEL MANAGUELO
4535 N. MARMORA AVE, CHICAGO ILL 60630
702 506-1969,

ARIEL AXIO ANAMARE HURTADA
2108 BELFORD DR. APT 202, Aiken, S. CAROLINA 29801
702-460-7476

ALVIN HURTADA, CYNTHIA HURTADA,
MANILA, PHILIPPINES

Applicant's initial

Page 10

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 01064**)
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.

JOANN HOBSON
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: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: New Jersey

Parent Company if any: _____

Mailing Address: 1 West Broad StCity: Hopewell State: NJ Zip: 08525Telephone: 609-466-1960 Fax: 609-466-8222Contact 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 Addressb) Eric Jaderlund Bond St Bridgewater NJ 08807
Name Addressc) _____
Name Addressd) _____
Name Address2) Provide the number of shares issued by the corporation. 200 (100 EACH)3) What was the price paid per share? non par value4) 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 pmSaturday 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.

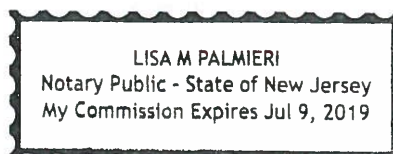
FURTHER AFFIANT SAYETH NOT.

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 609-466-1963
 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

28RS00399300
License/Registration/Certificate #

SIGNATURE

ACTING DIRECTOR

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)

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

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General \times 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>

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 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 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.

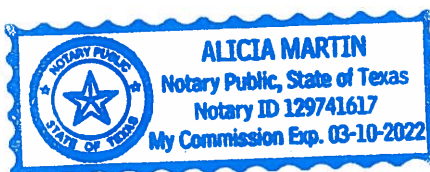
FURTHER AFFIANT SAYETH NOT.

I, Michael 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, 2018

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 met 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**

NEXGEN COMPOUNDING PHARMACY, Permit No. 7260
CONSENT AGREEMENT
 Page 2 of 3

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.

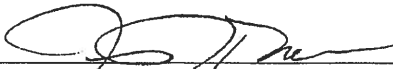
It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members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

NEXGEN COMPOUNDING PHARMACY, Permit No. 7260
 CONSENT AGREEMENT
 Page 3 of 3

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

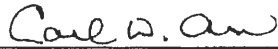
APPROVED FOR SUBMISSION TO THE LOUISIANA BOARD OF PHARMACY:


 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.

☒ **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: 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

- ☒ ☐ 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 ** *yes*
☐ ☒ 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

Tom Siegenthaler

Print Name of Authorized Person

10-24-2018
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: 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	Closedpm	24 Hours	N/A
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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.

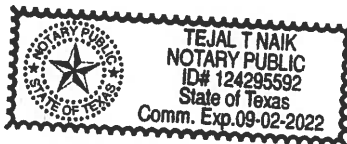
FURTHER AFFIANT SAYETH NOT.

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.

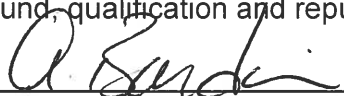
Within the last five (5) years:

- 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.
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 CORPORATIONState of Incorporation: DelawareParent Company if any: SMP Acquisition Co. Inc.Mailing Address: 680 Washington Blvd., 10th FloorCity: Stamford State: CT Zip: 06901Telephone: 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 Addressb) _____
Name Addressc) _____
Name Addressd) _____
Name Address2) Provide the number of shares issued by the corporation. N/A3) What was the price paid per share? N/A4) What date did the corporation actually receive the cash assets? N/A

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

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

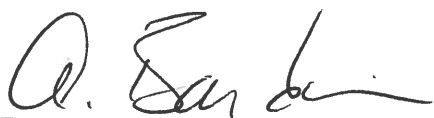
Hours of Operation for the pharmacy:Monday thru Friday 9 am 7 pmSaturday 10 am 2 pmSunday / am / pm24 Hours /A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: n/a

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)
MIAMI-DADE) ss. 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.

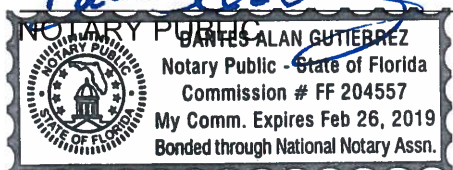
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

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

FRIER LEVITT
ATTORNEYS AT LAW

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

QUALIFICATION(S):
Community Pharmacy
Schedule II & III
4:1 Pharmacy Technician Ratio Approved

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

AC#

7486456

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**




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/	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.	
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](#)

SMP Pharmacy Solutions #2
Ownership Information

South Miami Pharmacy II, LLC

- Member/Manager – SMP Acquisition Co., Inc.
- Officers—
 - Armando Bardisa, Pharm.D. (President)
 - DOB: 1
 - Business Address: 7425 SW 42 St. Miami, FL 33155
 - Home Address: 7425 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: 100 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: 100 Tarryhill Road, Tarrytown, NY 10591
 - Business Phone: (203) 653-6400
 - Home Phone: (
 - SS#:

CERTIFICATE of ACCREDITATION



ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT:

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

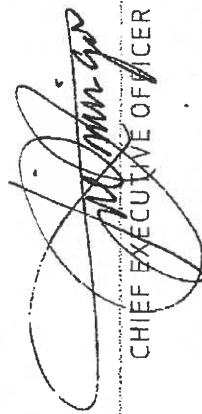
HAS DEMONSTRATED A COMMITMENT TO PROVIDING QUALITY CARE AND SERVICES TO CONSUMERS
THROUGH COMPLIANCE WITH ACHC'S NATIONALLY-RECOGNIZED STANDARDS FOR
ACCREDITATION AND IS THEREFORE GRANTED ACCREDITATION FOR THE FOLLOWING:

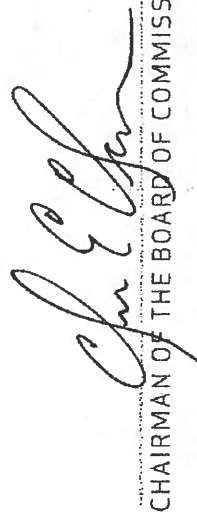
PHARMACY

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

7A

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New Outsourcing Facility <input type="checkbox"/> Ownership Change (Provide current license number if making changes:) OUT _____ <input type="checkbox"/> 503a OR <input type="checkbox"/> 503b Apply as retail pharmacy only.	
Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Publicly Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1-3 & 4 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1-3 & 5	<input type="checkbox"/> Partnership - Pages 1-3 & 6 <input type="checkbox"/> Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: F.H. Investments Inc DBA Asteria Health

Physical Address: 7004 Champion Blvd. Ste 100

City: Birmingham State: AL Zip Code: 35242

Telephone: 205 995 0505 Fax: 205 995 0507

Toll Free Number: 855 771 0505 (Required per NAC 639.708)

E-mail: WayneFixler@asteriahealth.com Website: asteriahealth.com

Supervising Pharmacist: William Fixler Nevada License #: 18470 ✓

SERVICES PROVIDED

Yes/No

- ☐ ☒ Parenteral
☒ ☐ Sterile Compounding
☐ ☒ Non Sterile Compounding
☒ ☐ Mail Service Sterile Compounding - direct to clinics only NOT Pt. specific
☐ ☒ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____ Amount: 500.00

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY**Page 2**FEI Number (From FDA application): 3010348724

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

F.H. Investments Inc. DBA Asteria Health

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

Asteria Health

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

Name: William Fixler Nevada License Number: 18470A Nevada business license is not required, however if the Outsourcing Facility has a Nevada business license please provide the number: NAThis page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

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

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☐

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



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

Wayne Fixler

Print Name of Authorized Person

10/29/18

Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY

Page 5

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: AlabamaParent Company if any: NAAddress: 7004 Champion Blvd Ste 100City: Birmingham State: AL Zip: 35242Telephone: 205-995-0505 Fax: 205-995-0507Contact Person: Wayne Fixler

For any corporation non publicly traded, disclose the following:

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

a)	<u>William Fixler</u>	<u>1285 Greystone Crest Birmingham, AL 35242</u>
	Name	Address

b)	<u>Thomas Diamantidis</u>	<u>17336 Napa St. Northridge, CA 91325</u>
	Name	Address

c)	<u>Wayne Fixler</u>	<u>2168 Kirkman Dr. Birmingham, AL 35242</u>
	Name	Address

d)		
	Name	Address

2) Provide the number of shares issued by the corporation. 1003) What was the price paid per share? \$1.004) What date did the corporation actually receive the cash assets? July 1 2017

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

Include with the application for a non publicly traded corporation

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

List of officers and directors

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that F.H. Investments, Inc. was formed in Shelby County, Alabama on May 13, 2010. The Alabama Entity Identification number for this entity is 264-200. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20181030000022458

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

10/30/2018

Date

J. H. Merrill

John H. Merrill

Secretary of State

List of Owners, Directors, Corporate Officers

William Fixler, PharmD – Owner, Director, President, Pharmacist-In-Charge

7004 Champion Blvd. Suite 100, Birmingham, AL 35242

(855)771-0505; cell (205)821-8068

Thomas Diamantidis, PharmD – Owner, Director, Vice President

7004 Champion Blvd. Suite 100, Birmingham, AL 35242

(855)771-0505; cell (818)219-5369

Wayne Fixler – Owner, Secretary/Treasurer

7004 Champion Blvd. Suite 100, Birmingham, AL 35242

(855)771-0505; cell (602)300-9383

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: F.H. Investments Inc. DBA Asteria Health

Address: 7004 Champion Blvd. Ste 100

City: Birmingham State: AL Zip: 35242

I hereby authorize the Alabama 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
195381	Active	11-13-17	12-31-18

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"/> Surrendered <input type="checkbox"/> Limited <input type="checkbox"/> Suspended <input type="checkbox"/> Restricted <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) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Has applicant met all licensing requirements of your state? (If no, please explain) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Signature of State Official	Title	State	Date	State Seal
Rhonda Coxen	Licensing Supervisor	AL	10-30-18	

Alabama State Board of Pharmacy



2018

This is to Certify

**F H INVESTMENTS, INC DBA ASTERIA
HEALTH**
7004 CHAMPION BLVD
SUITE 100
BIRMINGHAM, AL 35242
Is duly licensed as a

Permit No.

195381
Supervising Pharmacist

WILLIAM EARL FIXLER
14696

Manufacturer

IN CONFORMITY WITH THE PROVISIONS OF ACT #205, GENERAL ACTS OF ALABAMA, 1966 SPECIAL SESSION, AND RULES AND REGULATIONS OF THE BOARD, THIS CERTIFICATE EXPIRES ON THE LAST DAY OF
AND MUST BE CONSPICUOUSLY DISPLAYED.

12/31/2018
Alabama State Board of Pharmacy

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

Susan F. Alvarado 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.)

- (a) 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, 1966 Special Session of Alabama Legislature (Title 468 257 (a)-a32) Code of Alabama 1940 (Recomp. 1958)

CONTROLLED SUBSTANCES
REGISTRATION NUMBER

195381
SCHEDULES

THIS REGISTRATION
EXPIRES

12/31/2018
BUSINESS ACTIVITY

FEE
PAID

\$600.00
DATE ISSUED

III IV V

MFG

01/30/2018

F H INVESTMENTS, INC DBA ASTERIA HEALTH
7004 CHAMPION BLVD
SUITE 100
BIRMINGHAM, AL 35242

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

OUTSOURCING FACILITY REGISTRATION

FEI Number: 3010348724 (copy of email from FDA enclosed)

Current Registration Date: 01/06/2018 (copy of email from FDA enclosed)

Initial Registration Date: 05/18/2017 (copy of email from FDA enclosed)

7B

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: EDGE pharmacy Services, LLC

Physical Address: 856 Hercules DR

City: Colchester State: VT Zip Code: 05446

Telephone: 802.497.0161 Fax: 802.497.1082

Toll Free Number: _____ (Required per NAC 639.708)

E-mail: wchatoff@edgepharmacy.com Website: www.edgepharmacy.com

Supervising Pharmacist: Tyler Wingood Nevada License #: Applied For ✓

SERVICES PROVIDED

Yes/No

- ☒ ☐ Parenteral
☒ ☐ Sterile Compounding
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding
☐ ☒ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____ Amount: 500.00

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY**Page 2**

FEI Number (From FDA application): _____

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

Edge pharmacy Services, LLC

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

N/A

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

Name: _____ Nevada License Number: _____

A Nevada business license is not required, however if the Outsourcing Facility has a Nevada business license please provide the number: N/AThis page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

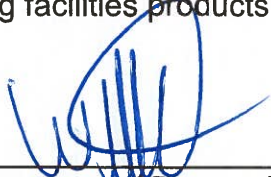
I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized Outsourcing Facility may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



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

William M. Chertoff

Print Name of Authorized Person

10-16-2018

Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY

Page 5

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

(LLC)

State of Incorporation: Delaware
 Parent Company if any: Edge Pharmacy Services, LLC
 Address: 856 Hercules DR.
 City: Colchester State: VT Zip: 05446
 Telephone: 802.497.0161 Fax: 802.497.1082
 Contact Person: William M. Charoff

For any corporation non publicly traded, disclose the following:

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

a) William M. Charoff Name Rocky Mtn Ln. Honesburg, VT 05461 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? Formed 5/20/13

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

Include with the application for a non publicly traded corporation

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

List of officers and directors

William M. Charoff, Managing member 100%

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "EDGE PHARMACY, INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS
OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF JULY, A.D. 2018.



6880784 8300

SR# 20185632038

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

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

Authentication: 203056268

Date: 07-12-18



State of Vermont
Board of Pharmacy
Instate Pharmacy



Pharmacist Manager: William M. Chatoff
Retail Pharmacy

EDGE Pharmacy Services LLC

856 Hercules Dr Ste 30
Colchester, VT 05446-5839

Credential #: 038.0097691
Status: ACTIVE
Effective: 08/01/2017
Expires: 07/31/2019

James C. Condes
Secretary of State

For the most accurate and up to date record of licensure, please visit www.vtprofessionals.org



State of Vermont
Board of Pharmacy
In-State Manufacturing Drug Outlet



Pharmacist Manager:

EDGE Pharmacy Services LLC

856 Hercules Dr Ste 30
Colchester, VT 05446-5839

Credential #: 124.0100145
Status: ACTIVE
Effective: 08/01/2017
Expires: 07/31/2019

James C. Condes
Secretary of State

For the most accurate and up to date record of licensure, please visit www.vtprofessionals.org

7C

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Leiter's

Physical Address: 17 Great Oaks Blvd

City: San Jose State: CA Zip Code: 95119

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

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

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

Supervising Pharmacist: Paul Yamamoto Nevada License #: 19734 ✓

SERVICES PROVIDED

Yes/No

- ☐ Parenteral
☒ Sterile Compounding
☒ Non Sterile Compounding
☐ Mail Service Sterile Compounding
☐ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____ Amount: 500.00

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY**Page 2**FEI Number (From FDA application): 3003434972Please provide the name of the facility as registered with the FDA and the registration number:
Leiter's Compounding, DUNS# 079215020Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
Current DBA is only "Leiter's". Previous DBA was "Leiter's Compounding"

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

Name: Paul Yamamoto Nevada License Number: 19734

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

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☒ No ☐

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

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

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



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

Robin Hoke, President & CEO

Print Name of Authorized Person

9/22/18

Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY**Page 5****OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**State of Incorporation: CaliforniaParent Company if any: Leiter's Enterprises, Inc.Address: 17 Great Oaks Blvd.City: San Jose State: CA Zip: 95119Telephone: 408-292-6772 Fax: 408-288-8252Contact Person: Brian Rozema, Pharm.D. - Licensing Consultant

For any corporation non publicly traded, disclose the following:

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

a) See attached corporate structure chart
Name Addressb) _____
Name Addressc) _____
Name Addressd) _____
Name Address

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

3) What was the price paid per share? _____

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

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

Include with the application for a non publicly traded corporation

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

List of officers and directors



397703



1008



PH03891



0801R

DO NOT FOLD OR STAPLE ABOVE THIS LINE

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

Renewal Application - PHARMACY

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

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

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

RENEW BY MAIL/IN-PERSON

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

<OR>

RENEW ONLINE

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

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

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

1. Been charged, arrested or convicted of a felony or misdemeanor in any state?..... ☐ Yes ☒ No
2. Been the subject of a board citation or an administrative action whether completed or pending in any state?..... ☐ Yes ☒ No
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?..... ☐ Yes ☒ No

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

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

Section 2: CAUTIONS

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

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

NON-DISCIPLINARY STATE-MANDATED QUESTION

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

Section 3:

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

Original Signature: _____

Date: 10/4/18

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

17 Great Oaks Blvd, San Jose, CA 95119

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

Corporate Officers

Robin S. Hoke - President & CEO

DOB

Home: Yorkshire Rd, Columbus, OH 43221; Ph

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

Email: Robin.Hoke@Leiters.com

Dennis M. Potter - CFO, Secretary & Treasurer

DOB

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

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

Email: Dennis.Potter@Leiters.com

Business Description

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

Other Businesses

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

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

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

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

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

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

LEITER'S ENTERPRISES, INC.

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

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

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

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



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

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

ALEX PADILLA
Secretary of State



LEITER'S

November 22, 2016

To Whom It May Concern,

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

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

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

Respectfully,

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



Board of Pharmacy



Outsourcing Facility License

LICENSE NO. OSF 107

ISSUE DATE OCTOBER 19, 2017

LEITERS

17 GREAT OAKS BLVD
SAN JOSE CA 95119

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

CORPORATION

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



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

Outsourcing Facility License

LICENSE NO. OSF 107
RECEIPT NO. 00152853

VALID UNTIL OCTOBER 01, 2019

LEITERS
17 GREAT OAKS BLVD
SAN JOSE CA 95119

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.
This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, or shareholder (more than 10 percent share change). This permit is valid only at the address shown.

09/19/18

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

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

FORM WPHOSF (02/28/17)

**California State Board of Pharmacy**

1625 N. Market Blvd, N219, Sacramento, CA 95834
Phone: (916) 574-7900
Fax: (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

May 18, 2018

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

California State Board of Pharmacy License Verification

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

Licensee Name: LEITER'S

License Type: OUTSOURCING FACILITY

License Number: OSF 107

Status: ACTIVE

Issue Date: 10/19/17

Expiration Date: 10/01/18

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

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Virginia Herold
Executive Officer

By

A handwritten signature in blue ink, reading "Barbera Schleicher".

Barbera Schleicher
Public Inquiry Analyst
(916) 574-7922
Barbera.Schleicher@dca.ca.gov



Visit our website at www.pharmacy.ca.gov

8

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA WHOLESALE 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 Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change
 (Please provide current license number if making changes: WH_____)

☐ Publicly Traded Corporation – Page 1,2,3,4 ☐ Partnership - Page 1,2,3,6a,6b
☒ Non Publicly Traded Corporation – Page 1,2,3,5a,5b ☐ Sole Owner – Page 1,2,3,7
 Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Arnold Dental Supply Company, Inc.

Physical Address: 925 North Hills Boulevard, Reno NV 89506

Mailing Address: 16531 13th Ave W, Suite A102

City: Lynnwood State: WA Zip Code: 98037

Telephone: (425) 712-8786 Fax: (425) 712-8677

Toll Free Number: (800) 562-6645

E-mail: leticia@arnold-dental.com Website: www.arnold-dental.com

Facility Manager: Ted Vucenich - Plant Manager

Professional qualifications and experience of facility manager: Over 13 years of director and general manager experience in distribution & logistics in the healthcare, ecommerce, retail, and wholesale environment.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☒ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate.)

Yes ☐ No ☒

Licensed as a Manufacturer by the FDA?
(If yes, provide a copy of the FDA registration)

Yes ☐ No ☒

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

- | | | |
|----|---|---|
| 1) | NDC Inc | 402 BNA Drive, Suite 500, Nashville, TN 37217 |
| | Name | Address |
| | Dental Supplies | |
| | Business | |
| 2) | Dentsply Caulk Division / Dentsply Pharmaceutical / Dentsply Midwest Division | PO Box 536935, Atlanta, GA 30353 |
| | Name | Address |
| | Dental Supplies | |
| | Business | |
| 3) | 3M | 2807 Paysphere Circle, Chicago, IL 60674 |
| | Name | Address |
| | Dental Supplies | |
| | Business | |
| 4) | Dentsply Trubyte | 33544 Treasury Center, Chicago, IL 54261 |
| | Name | Address |
| | Dental Supplies | |
| | Business | |

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners 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 at least 10% interest or partners 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 wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

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

Leticia Guerrero

Print Name of Authorized Person

October 31, 2018

Date

Board Use Only

Received: _____

Amount: 500.00

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATIONState of Incorporation: WashingtonParent Company if any: The Dentists Supply Company (TDSC)Corporation Name: Arnold Dental Supply Company, Inc.Mailing Address: 1201 K Street, 14th FloorCity: 1201 K Street, 14th Floor State: CA Zip: 95814Telephone: (800) 232-7645 Fax: _____Contact Person: Alison Sandman

For any corporation non publicly traded, disclose the following:

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

a) N/A
Name Addressb) N/A
Name Addressc) N/A
Name Addressd) N/A
Name Address**NOTE: All persons who are stockholders must accurately complete a personal history record form.** Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.2) Provide the number of shares issued by the corporation. N/A3) What was the price paid per share? N/A4) What date did the corporation actually receive the cash assets? N/A5) Provide a copy of the corporation's stock register evidencing the above information - N/A

Legal Owner Information – List of Officers & Directors			
Name	Parent Company - Address	Phone	Title
Peter DuBois	The Dentists Supply Company 1201 K Street, 14 th Floor Sacramento, CA 95814	(800) 232-7645	Vice Chair, Board of Directors
Steven Kend, DDS	The Dentists Supply Company 1201 K Street, 14 th Floor Sacramento, CA 95814	(800) 232-7645	Secretary / Treasurer
Jennifer Mason	The Dentists Supply Company 1201 K Street, 14 th Floor Sacramento, CA 95814	(800) 232-7645	Vice President of Operations
Todd Lewis	The Dentists Supply Company 1201 K Street, 14 th Floor Sacramento, CA 95814	(800) 232-7645	Assistant Treasurer / Vice President Finance
Kevin Roach	The Dentists Supply Company 1201 K Street, 14 th Floor Sacramento, CA 95814	(800) 232-7645	Chief Financial Officer
Alison Sandman	The Dentists Supply Company 1201 K Street, 14 th Floor Sacramento, CA 95814	(800) 232-7645	Assistant Secretary
Walter Weber, DDS	The Dentists Supply Company 1201 K Street, 14 th Floor Sacramento, CA 95814	(800) 232-7645	Board Chair
Jim Wiggett	The Dentists Supply Company 1201 K Street, 14 th Floor Sacramento, CA 95814	(800) 232-7645	President / Chief Executive Officer

UNITED STATES OF AMERICA

4138481

The State of Washington



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

ARNOLD DENTAL SUPPLY COMPANY, INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 07/02/1962.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 04/03/2018
UBI Number: 578 058 577



Secretary of State, 1000 First Avenue, Suite 1000
Washington, Olympia, the State Capital

Kim Wyman

Kim Wyman, Secretary of State

Date Issued: 04/03/2018

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

✓ Date 10/31/2018

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Wholesaler
Arnold Dental Supply Company, Inc. 925 North Hills Blvd. Reno, NV 89506
 Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Thompson Denise Lynne
 Last Name First Name Middle Name
Sheffield

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

125th Ave NE Lake Stevens WA 198258
 Present Residence Address-Street or RFD City State/Zip

16531 13th Ave W. STEA 102 07/1998 Lynnwood WA 98037
 Present Business Address Dates City State/Zip

Operations Manager 3/2012 - Current
 Present Position with the Pharmacy or Wholesaler Dates

Phone:
 Residence
 Business 425-329-1223

La Mesa, San Diego County, CA
 Date of Birth Place of Birth (City, County, State)

42 F
 Age Sex

Brown Brown Light 180 Medium 5'6"
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics none

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No.

If naturalized, certificate No. Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial DT

MARITAL INFORMATION-Continued

A. **Current Marriage** 7/24/2004 Mukilteo, Snohomish County, WA
 Date City, County and State
 Spouse's full name (Maiden) Ryan Thomas Thompson S.S. No. _____
 Date of Birth _____ Place of Birth Oxford, England
 Resident address 125th Ave NE Lake Stevens WA 98258
 Street City State Zip
 Telephone: Residence _____ Business 206-595-1294
 Spouse's employer Self Occupation finish Carpentry
 Address of employer 607 125th Ave NE Lake Stevens WA 98258
 Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
<u>Isabella Thompson</u>		<u>Edmonds, WA</u>	<u>125th Ave NE, Lake Stevens, WA</u>
<u>Lillian Thompson</u>		<u>Edmonds, WA</u>	<u>125th Ave NE, Lake Stevens, WA</u>

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial DT

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name.....

Address.....

Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Wilbur F. Sheffield		Oakway, Brier, WA 98036	Painter
Father			

Bonnie G. Sheffield (Largen)		Oakway, Brier, WA 98036	Painter
Mother			

Thomas T. Thompson		217 th PL SW, Brier, WA 98036	Engineer
Father-in-Law			

Deborah J. Thompson (Engleth)		217 th PL SW, Brier, WA 98036	Florist
Mother-in-Law			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Karen L. Platner (Sheffield)		Bryce Dr. Lake Stevens, WA 98258	Insurance Agent
Spouse			

Bradley H. Platner		Bryce Dr. Lake Stevens, WA 98258	Merchandiser
--------------------	--	----------------------------------	--------------

Wilbur F. Sheffield II		Gopher Lane, Marion, MT 59925	Produce Manager
Spouse			

Courtney M. Sheffield (Largen)		Gopher Lane, Marion, MT 59925	Seamstress
--------------------------------	--	-------------------------------	------------

Stephanie P. Day (Sheffield)		100 th ST. SE, Everett, WA 98208	Accountant
Spouse			

William A. Day		100 th ST. SE, Everett, WA 98208	Machinist
----------------	--	---	-----------

Cameron B. Sheffield		Harbor Pt. Blvd #H302 Mukilteo, WA 98275	Painter
Spouse			

Natalie M. Sheffield (Robinson)		Harbor Pt. Blvd #H302 Mukilteo, WA 98275	Domestic
---------------------------------	--	--	----------

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Brier Terrace Middle School	Brier, WA	1987-1988	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Mountlake Terrace High School	Mountlake Terrace, WA	1989-1993	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College Edmonds Community College	Edmonds, WA	1993-2001	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other Wells Middle School	Dublin, CA	1988-1989	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Associates of Arts DegreeCollege or university where obtained Edmonds Community CollegeApplicant's initial DT

5 MILITARY INFORMATION:

- A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

- B. Have you registered for the draft? Yes ☐ No ☒

County.....State.....Date registered.....

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when?.....city, county and state.....
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when?.....city, county and state.....
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial.....

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
09/2003 - current	125 th Ave NE	Lake Stevens	WA
11/1989 - 09/2003	21253 Oak Way	Brier	WA

Applicant's initial DT

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
June 2012	Arnold Dental Supply 16531 th Ave W. Ste A102, Lynnwood WA 98037	13,160 hours
Title	Description of Duties	Name of Supervisor
Operations Manager	In charge of employees who receive & distribute Rx drugs. Ensure records are kept accurately & up to date.	Mark Decker
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
July 1999	Arnold Dental Supply 16531 th Ave W Ste A102, Lynnwood, WA 98037	27,040 hours
Title	Description of Duties	Name of Supervisor
Account Specialist	Handled Rx drugs for order checking, invoicing and packaging. maintained appropriate records.	Frank Nowtash
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Carolyn Soriano	Home	21st Ave	Brier	WA	98036	30 years
Employer N/A	Business	N/A				
Name Frank Nowtash	Home	132nd Avenue	Bellevue	WA	98005	20 years
Employer SeaPort Dental Services	Business	837 132nd Avenue	Bellevue	WA	98005	206-391-0138
Name Sanchez Nowtash	Home	132nd Avenue	Bellevue	WA	98005	18 years
Employer N/A	Business	N/A				
Name Harriet Siegel	Home	Hoover Ave Apt #135	Bloomfield	NJ	07003	7 years
Employer Rutgers University	Business	110 Bergen St	Newark	NJ	07103	973-972-4627
Name Tom Meintz	Home	19th Ave SW	Seattle	WA	98146	12 years
Employer GC America	Business	3737 W. 127th St	Alsip	IL	60803	206-227-1706

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
- If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

Applicant's initial

DT

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes ☐ No ☒

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler?

Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler?

Yes ☒ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours?

Yes ☒ No ☐



Date of photograph 10/31/2018

Applicant's initial DT

STATE OF Washington ss.COUNTY OF Snohomish

I, Denise L. Thompson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.



Original Signature of Applicant

Subscribed and Sworn to before me this 31 day of October 2018Julie A. StatesJulie A. States

Notary Public



Applicant's initial

DT

ADDITIONAL INFORMATION

N/A

Form with horizontal lines for additional information.

Arnold Dental Supply Company, Inc.

A Washington corporation

As of March 27, 2018

Employees at Arnold Dental Supply Company, Inc. – Reno, NV			
Name Capacity	Responsibilities & Key Objectives	Qualifications	Access RX Drugs
Denise Thompson Operations Manager CA Designated Representative	Operations Management Continuous Improvement Team Management Customer Experience Inventory Safety Technology	Bachelor's degree in Operations Management or Supply Chain and/or 10+ years' experience; 5+ years in senior leadership role; Designated Representative Certification; Proficiency in warehouse management software & distribution center operations.	Yes
Andrea Peterson HR Manager	Operations Management Continuous Improvement Team Management Safety Technology	Bachelor's degree in Operations Management or Supply Chain and/or 10+ years' experience; 5+ years in senior leadership role, Proficiency in employees relationships and team building.	
Ted Vucenich Plant Manager	Operations Management Continuous Improvement Team Management Customer Experience Inventory Safety Technology	Bachelor's degree in Operations Management or Supply Chain and/or 10+ years' experience; 5+ years in senior leadership role; Proficiency in warehouse management software & distribution center operations.	Yes

9

Business Renewal Application THERACOM

Business Information

Name of Business : THERACOM

Mailing Address :

Street : 3101 Gaylord Parkway

MS 1N-E103

City : Frisco Country : United States State : Texas

Zip : 75034

☐ Select if the Physical Address is same as the Mailing Address

Physical Address :

Street : 345 INTERNATIONAL BLVD #200

City : BROOKS Country : United States State : Kentucky

Zip : 40109

Business Phone : (877) 654-7812

Email Address : jchicoli@amerisourcebergen.c

Nevada Business License Information - Check appropriate answer

- ☒ I DO NOT have a Nevada Business license number.
- ☐ I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending.
- ☐ I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066.

Name of Business License :

Business License # :

Legal Information

1. Since your last renewal or recent licensure has any owner, shareholder, partners with any interest or the corporation been charged, arrested or convicted of a felony or misdemeanor in any state? ☐ Yes ☒ No
2. Since your last renewal or recent licensure has any owner, shareholder, partners with any interest or the corporation been the subject of a board citation or an administrative action whether completed or pending in any state? ☐ Yes ☒ No
3. Since your last renewal or recent licensure has any owner, shareholder, partners with any interest or the corporation had your license subjected to any discipline for violation of pharmacy or drug laws in any state? ☒ Yes ☐ No

The first 3 disciplinary actions are for the Pharmacy's PIC, Jack McGuire.

1. State: Oregon - Date: 10/26/2015 - Case #: 2015-0419
2. State: Alabama - Date: 5/23/2017 - Case #: 16-L-0165
3. State: Kentucky - Date: 4/20/107 - Case #: 17-0270

The 4th document is for one of the Pharmacy's Pharmacist, Joseph "Max" Eiler

1. State: Kentucky - Date: 12/11/2016 - Case #: 16-00998

The 5th document is discipline against the Pharmacy from the Maine Board of Pharmacy.

1. State: Maine - Date: 2/1/2018 - Case #: 2017-PHA-13809

Document Name	Document Type	Document Date	Link	Action
Firm Legal Question 3	Firm Legal Question 3	09/17/2018	Document Details	<input type="checkbox"/>
Firm Legal Question 3	Firm Legal Question 3	09/17/2018	Document Details	<input type="checkbox"/>
Firm Legal Question 3	Firm Legal Question 3	09/17/2018	Document Details	<input type="checkbox"/>

Document Name	Document Type	Document Date	Link	Action
Firm Legal Question 3	Firm Legal Question 3	09/17/2018	Document Details	<input type="checkbox"/>
Firm Legal Question 3	Firm Legal Question 3	09/17/2018	Document Details	<input type="checkbox"/>

Document Name : Document Type :

Document :

Drop file here to upload or click here to browse and select file(s) to upload

Board Administrative ActionState : Date : Case # : **Criminal Action :**State : Date : Case # : County : Court : **Acknowledgement and Declaration**

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

Signature : Date Of Application : **Fee Detail(s)**

The fees for Business renewal are NOT REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/01/2018 to 10/31/2020	Business Renewal Fee	\$500.00
	Convenience fee	\$15.00
	Total :	\$515.00

Fee and PaymentPayment Method : Application Fees : Convenience fee : Late Fees : Total Fees :

Reference Number : 61288558632

InvoiceDate : 09/17/2018

Paid

TheraCom Pharmacy[™]

AmerisourceBergen



IHS ACQUISITION XXX, INC. d/b/a TheraCom
345 International Blvd. Suite 200, Brooks KY 40109
KY BOP License Number P07549 ((“TheraCom Pharmacy”))

November 17, 2016

Re: SUMMARY OF BOARD OF PHARMACY ACTION
Consent Order between State of Oregon Board of Pharmacy and Jack M. McGuire
Case No. 2015-0419, *In the Matter of the Pharmacist License of Jack M. McGuire*

On October 26, 2015, the State of Oregon Board of Pharmacy (“OR BOP”) entered into a Consent Order with Jack M. McGuire to settle a notice of proposed license denial by the Oregon BOP (“Notice of Proposed License Denial”) in response to Mr. McGuire’s May 13, 2014 National Association of Board of Pharmacy Official Application for Transfer of Pharmacist License to the State of Oregon (“NABP Application”) and his April 2, 2015 OR BOP Pharmacist License Application (OR Pharmacist License Application).

The Notice of Proposed License Denial concerned allegations that Mr. made fraudulent statements or misrepresented facts in connection with the requirement of both applications that Mr. McGuire answer the question whether he had ever been charged or convicted of a felony or misdemeanor. With respect to the NABP Application, though Mr. McGuire disclosed a 2005 DUI charge, the Oregon BOP alleged that Mr. McGuire failed to disclose a 2002 DWI arrest in Kentucky and a 2004 DWI arrest in New York. Regarding the OR Pharmacist License Application, according to the OR BOP, Mr. McGuire disclosed the 2002 and 2005 DW/DUI arrests, but did not disclose the 2004 DWI arrest. The OR BOP charged that Mr. McGuire’s failure to respond fully and truthfully to questions stated in the applications, though he had certified that he had done so, was unprofessional conduct in violation of Oregon laws and was grounds for discipline.

Mr. McGuire waived his right to hearing with the assistance of counsel and right to judicial review. He admitted the facts alleged by the OR BOP in the Notice of Proposed License Denial. The OR BOP granted Mr. McGuire a license with the following conditions. Mr. McGuire was to pay a civil penalty of \$1,000, with \$850 stayed pending compliance with the Consent Order and no further violations for three years and \$150 payable within ten days of the date of the Consent Order. Mr. McGuire agreed to under and submit certificates for three hours of continuing education hours within ten days of the date of the Consent Order.

STATUS OF CONSENT DECREE AS OF 11/17/2016: Mr. McGuire paid the initial \$150 civil penalty and completed his continuing education and provided certification to the OR BOP in the time allotted. He has not had a further violation since the date of the Consent Order.

ADDITIONAL INFORMATION:

Background facts: Mr. McGuire has represented that the DUI/DWI arrests in 2002, 2004 and 2005 occurred prior to his enrollment in pharmacy school, and were fully disclosed in his application to pharmacy school. He has addressed his problems related to alcohol use and has not had a recurrence of alcohol abuse since he began his professional education and practice.

RECEIVED

OCT 26 2015



BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

OREGON BOARD OF PHARMACY

In the Matter of the
Pharmacist License of

JACK M MCGUIRE

Applicant

Case No. 2015-0419

CONSENT ORDER

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed License Denial; Answer Required ("Notice"), hereby incorporated by reference, regarding the applicant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the applicant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the applicant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the applicant admits that the facts alleged in the above-noted Notice are true, that the applicant's conduct, as admitted, violated the statutes and rules cited in the Notice, and that legal cause exists pursuant to ORS 689.405 for refusal to issue a pharmacist license by the Board; and

WHEREAS, the Board is authorized to settle matters pursuant to ORS 183.417(3) and the Board and applicant agree to the terms set forth in this Consent Order;

The Board finds that the allegations in the Notice are true and hereby grants applicant's license with conditions.

1. Licensee shall pay a civil penalty in the amount of \$1,000 with \$850 stayed pending compliance with the terms of this Consent Order and no further violation for three (3) years. The \$150 civil penalty shall be paid within ten days from the date this Consent Order becomes final,

2. Licensee shall earn and submit continuing education (CE) certificates for three (3) hours of CE in the area of pharmacy law or ethics within 10 days from the date this Consent Order becomes final. The continuing education hours earned in regards to this case are in addition to the CE required by pharmacists for renewal and are not eligible for renewal purposes.

47 Licensee shall submit certificates of completion to the Board office by certified mail (or other
 48 method approved by the Board in writing) and retain receipt of verification of delivery to the
 49 Board office.

50
 51 3. Failure of the licensee to comply with all the requirements of the final order in
 52 this matter constitutes failure to cooperate with the Board and is grounds for revocation or any
 53 other form of discipline or sanction authorized by law.

54
 55 CONSENT

56
 57 I hereby acknowledge that I have read and understand the above-noted Notice and the
 58 terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order with
 59 incorporated Notice is a public record and shall be available via the Board's online licensure
 60 verification; is available upon written request pursuant to public disclosure laws; and shall be
 61 reported to the National Practitioner Data Bank as required by federal law. I agree to the Board
 62 entering the Consent Order.

63
 64
 65
 66 Jack M McGuire, Applicant Date 10-22-15

67
 68
 69 IT IS SO ORDERED.

70
 71
 72 BOARD OF PHARMACY
 73 FOR THE STATE OF OREGON

74
 75
 76
 77 Gary Miner, R.Ph. Date 10/26/15
 78 Compliance Director
 79

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the	)	Case No. 2015-0419
Pharmacist License of)	
JACK M MCGUIRE	)	NOTICE OF PROPOSED
Applicant	)	LICENSE DENIAL;
	)	ANSWER REQUIRED

The Oregon Board of Pharmacy proposes to deny your pharmacist license, and impose a civil penalty, pursuant to ORS 689.445, ORS 689.832, and ORS 689.405 because you violated the Oregon Pharmacy Act and the Board of Pharmacy rules as follows:

On or about 5/13/2014, you made fraudulent statements or misrepresented the facts when completing your National Association of Board of Pharmacy (NABP) Official Application For Transfer of Pharmacist License to the state of Oregon. You answered "yes" to question #4, "Have you ever been charged or convicted (including a nolo contendere pleas of guilty plea) of a felony or misdemeanor..? and provided an explanation of "charged with DUI in February of 2005" but failed to report 2 other arrests.

You failed to disclose your 2002 arrest in Indian Hill, Kentucky for Driving While Intoxicated.

You failed to disclose your 08/08/2004 arrest in Malone, New York for Driving While Intoxicated, Operating Motor Vehicle BAC.08 of 1%.

On or about 4/2/2015, you made fraudulent statements or misrepresented the facts submitted on your Oregon Board of Pharmacy Pharmacist License Application. The Board of Pharmacy license application you completed requires that you respond fully and truthfully to questions. A question asked whether you have ever been cited, arrested for, charged with or convicted of the commission of any crime, offense or violation of the law in any state or by the Federal Government even if those charges were dismissed, to which you responded Yes. You were required to explain the circumstances in detail to any affirmative responses. You signed the application certifying that you read the application and all information provided was true and correct and were aware that providing false information or withholding information is grounds for denial of a license. You stated that you had a DUI in 2002 and 2005 and thought that they were expunged because they were over 10 years old.

You failed to disclose your 08/08/2004 arrest in Malone, New York for Driving While Intoxicated, Operating Motor Vehicle BAC.08 of 1%.

The above conduct is unprofessional conduct as defined by OAR 855-006-0005(28)(j) and (k) and in violation of and grounds for discipline pursuant to OAR 855-019-0310(1) and (7), OAR 855-019-0205(1) and (2), OAR 855-001-0035, ORS 162.085, and ORS 689.405(1)(a),

(e)(B) and (f).

Based on these alleged violations, the Board proposes to deny your pharmacist license and impose a \$1,000 civil penalty per violation.

HEARING RIGHTS

You are entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). If you wish to have a hearing, you must file a written request for hearing with the Board within 60 days from the date this notice was mailed. You may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax (971) 673-0002

If a request for hearing is not received within this 60-day period, your right to a hearing shall be considered waived.

If you request a hearing, you will be notified of the time and place of the hearing. Before the commencement of the hearing, you will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing. You may be represented by legal counsel.

If you do not request a hearing within 60 days, or if you withdraw a hearing request, notify the Board or Administrative Law Judge that you will not appear, or fail to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

Notice to Active Duty Servicemembers: Active duty servicemembers have a right to stay these proceedings under the federal Servicemembers Civil Relief Act. For more information contact the Oregon State Bar at 1-800-452-8260, the Oregon Military Department at 1-800-452-7500 or the nearest United States Armed Forces Legal Assistance Office through <http://legalassistance.law.af.mil>.

ANSWER REQUIRED

Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you must also provide, within 60 days from the date this document was served, a written answer to the allegations set forth in this document. Your written answer must include an admission or denial of each factual matter alleged in the notice. Except for good cause, factual matters alleged in this document and not denied in your answer will be presumed admitted.

**Hearing Request and Answers:
Consequences of Failure to Answer
855-001-0015**

- 93
94 (1) A hearing request, and answer when required, shall be made in writing to the
95 Board by the party or his attorney and an answer shall include the following:
96 (a) An admission or denial of each factual matter alleged in the notice;
97 (b) A short and plain statement of each relevant affirmative defense the party
98 may have.
99
- 100 (2) Except for good cause;
101 (a) Factual matters alleged in the notice and not denied in the answer shall be
102 presumed admitted;
103 (b) Failure to raise a particular defense in the answer will be considered a
104 waiver of such defense;
105 (c) New matters alleged in the answer (affirmative defenses) shall be
106 presumed to be denied by the agency; and
107 (d) Evidence shall not be taken on any issue not raised in the notice and the
108 answer.
109
110

111 BOARD OF PHARMACY
112 FOR THE STATE OF OREGON
113
114

115 _____
116 Gary Miner, R.Ph.,
117 Compliance Director
118

115 10/14/15
116 Date

119
120 DATE OF MAILING 10/14/2015
121

CERTIFICATE OF DISPOSITION.

STATE OF NEW YORK
FRANKLIN COUNTY

MALONE TOWN COURT
CRIMINAL PART

PEOPLE OF THE STATE OF NEW YORK.

VS.

JACK M. MCGUIRE; Defendant

CASE NO: 04085088

Date of Birth: 04/16/1980
Date of Arrest: 08/08/2004
Disposition Date: 09/14/2004

Section Charged	Section Disposed	Ticket No & Description	Disposition	Fine	Civil-Fee	Surchg.
VTL 1192 03	VTL 1192 01	LS239324 1 OP VEH IMP ALC	CD/FINE/SCH	500.00	0.00	80.00
VTL 1192 02	VTL 1192 02	LS239325 2 OP MV .08 OF 1%	Dismissed	0.00	0.00	0.00
VTL 1128 0A	VTL 1128 0A	LS239326 3 LANE VIOLATION	Dismissed	0.00	0.00	0.00

Upon a proper request for an official statement of disposition, I certify that the above named defendant having appeared before this court was charged as shown above. Each of the charges was disposed of as indicated.

Dated: The 2nd day of June 2015

for M. L. Lamitie SA
Hon. MICHAEL L. LAMITIE

NOTE: A copy of the request will be filed with this certificate in the case records.

CAUTION: This information must not be divulged if the case is sealed or where the defendant has been adjudicated a youthful offender.

Count 102
Judge
DI
JEFFERSON
(CT 102) TRAFFIC COURT (ROOM 102) 09:00AM

Run Date: 10/05/2005 3:35:07AM
Docet: Lm.fpt
Page 161 of 189
10/05/2005 Court Docket

109 DI 05-T-011021 COMMONWEALTH VS. MCGUIRE, JACK MICHAEL
1 02/19/2005 5G9446882-1 0021110 189A0105b Operate MIV under/Influ Alcs/Drugs, 08,
Aggravator, 2nd Off (M)
Ba Lvl .208

G 09/06/2005
CERTIFIED COPY OF RECORD
OF JEFFERSON DISTRICT COURT

05-01-2015
DAVID L. NICHOLSON, CLERK

2 02/19/2005 5G9446882-2 0001150 189290 BY Mike Flynn D.C.
DIS 09/06/2005

Mike Flynn, DC
DAVID L. NICHOLSON
CIRCUIT COURT CLERK

3 02/19/2005 5G9446882-3 0005030 30439080 *OBSOLETE* NO INSURANCE-1ST
OFFENSE (M)
DIS 09/06/2005

4 10.04 2005 NA 0026800 533050 PROBATION VIOLATION (FOR
MISDEMEANOR OFFENSE) (M)

FTC

Refer ATP
withholding
FTC

110 DI COMMONWEALTH VS.

05/09/1966 M W 405027227 M92537692
☐ OTOOLE, JOSEPH (4TH), COMPLAINING WITNESS
☐ WOODS, THOMAS JR, COMPLAINING WITNESS
☐ MCNULTY, BILLY RAY JR DEFENDANT / RESPONDENT
Bail Set: 10/01/2005 NBS \$0.00
Bail Set: 10/01/2005 OR \$0.00
Posted:
Posted:

P-800-2050
P-314-0535

ARRAIGNMENT

Sch Memo: ALSO HAS BULLITT CO HOLD

10/05/2005 102 ARR

10/05/2005 102

Page 161 of 189

Judge Signature: B

[illegible]

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
)	
JACK M. McGUIRE	)	BOARD OF PHARMACY
)	
Pharmacist License Number 18073	)	Case Number 16-L-0165

FINAL ORDER

On May 9, 2017, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Mr. Jack M. McGuire (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent was issued pharmacist license number 18073 by the Alabama State Board of Pharmacy.

2. The Respondent was notified of the charges on March 4, 2017; the Respondent attended the administrative hearing but was not represented by counsel. The Respondent acknowledged his right to counsel and expressly waived same. (Board's Exhibits One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. On October 14, 2015 the Oregon Board of Pharmacy issued a Notice of Proposed License Denial based on the Respondent's failure to disclose on his application for transfer of license, his 2002 arrest in Kentucky for driving under the influence and his 2004 arrest in New York for driving while intoxicated. (Board's Exhibit One "A")

5. The Respondent entered into a Consent Order with the Oregon Board of Pharmacy dated October 26, 2015 based on his failure to disclose prior arrests on his application for licensure, wherein the Respondent was ordered to pay a civil penalty and complete three hours of continuing education in law and ethics. (Board's Exhibit One "B")

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-34, § 34-23-92 (12) and § 41-22-12.

2. The Respondent was properly notified of the charges; the Respondent attended the hearing but was not represented by counsel at the hearing.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or specificity of the Statement of Charges.

4. The Respondent's license to practice pharmacy in the state of Alabama is due to have disciplinary sanctions imposed in that he is guilty of violating Code of Alabama (1975), § 34-23-33 (2) based upon any or all of the violations, findings and discipline as set out in the Notice of Proposed License Denial dated October 14, 2015 and the Consent Order entered by the Oregon State Board of Pharmacy on October 26, 2015.

5. The Respondent's license to practice pharmacy in the state of Alabama is due to have disciplinary sanctions imposed in that he is guilty of violating Code of Alabama (1975), § 34-23-33 (6) based upon any or all of the violations of paragraph four above of this Final Order.

6. The Respondent's license to practice pharmacy in the state of Alabama is due to have disciplinary sanctions imposed in that he is guilty of violating Code of Alabama (1975), §

34-23-33 (13) in that he violated Board Rule 680-X-2.22 (2) (d) based upon any or all of the violations of paragraph four above of this Final Order.

7. The Respondent's controlled substance permit and license to practice pharmacy in the state of Alabama are due to have disciplinary sanctions imposed in that he is guilty of violating Code of Alabama (1975), § 20-2-54 (a) (4) by violating the provisions of Code of Alabama (1975), § 34-23-1 et seq., said violation being based upon the violations contained in any or all of the preceding paragraphs of this Final Order.

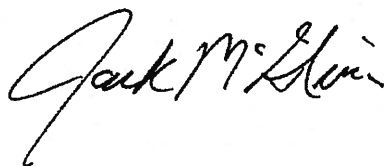
ORDER

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

1. The Respondent's license to practice pharmacy in the State of Alabama shall be renewed; and
2. The Respondent shall pay the Board an administrative fine of Two Thousand (\$2,000.00) Dollars within thirty (30) days of the date of this Final Order and future applications for renewal shall not be granted unless said fine has been paid; and
3. Any future violations of this Order, the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rule of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state may, upon hearing and proof thereof, result in further disciplinary sanctions.

5/23/2017

DONE and ORDERED, this _____ day May 2017.

Buddy Bunch

Mr. Buddy Bunch, R. Ph., President
Alabama State Board of Pharmacy

c: Mr. Jack M. McGuire, R. Ph.
Mr. James S. Ward, Esq.
Dr. Susan Alverson, Executive Secretary
Mr. Vance L. Alexander, Esq.

REC'D KYBOP OCT31'16

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 16-0099B

PAID
1000/Cashier
CK

IN RE: PHARMACIST LICENSE NO. 015903 HELD BY JOSEPH MAX EILER

Agreed Order

Come the parties, the Kentucky Board of Pharmacy ("the Board") and Joseph Max Eiler ("Respondent"), and the parties having been fully informed regarding the matter set forth herein, state as follows:

(1) Pursuant to Chapter 315 of the Kentucky Revised Statutes, the Board is authorized to regulate and control all matters related to pharmacists and pharmacies not delegated to another agency of the Commonwealth. The matter herein has not been delegated to another agency of the Commonwealth.

(2) Respondent is a pharmacist licensed by the Commonwealth of Kentucky, having been assigned license no. 015903.

(3) (a) On or about February 25, 2016, Board staff conducted a non-sterile compounding inspection at Commons Community Pharmacy in Prospect, Kentucky where Respondent is employed as the pharmacist-in-charge.

(b) The Board's investigation revealed that the pharmacy was in the midst of construction for an expansion. Legend drugs and prepared prescription medications were in the newly expanded pharmacy space which had not been approved by the Board, in violation of 201 KAR 2:205, Section 2(3)(b).

(c) Respondent is subject to discipline pursuant to KRS 315.121.

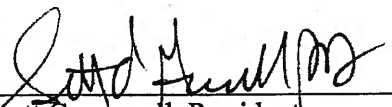
(4) The Board and Respondent have agreed to address this matter by entering into this Agreed Order, in lieu of the filing of a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

(A) Respondent shall be fined \$1,000.00, payable on or before November 4, 2016. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy, State Office Bldg., Annex, Ste. 300, 125 Holmes St., Frankfort, Kentucky 40601.

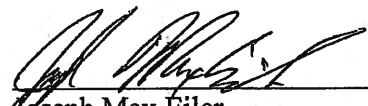
(B) By entering into this Agreed Order, Respondent expressly acknowledges that Respondent was fully and completely informed of Respondent's right to due process; the Respondent fully understands those rights; and the Respondent knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.

(C) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.



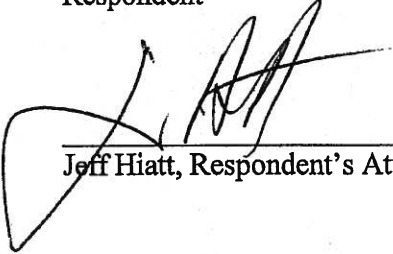
Scott Greenwell, President
Kentucky Board of Pharmacy

12-14-2016
Date



Joseph Max Eiler
Respondent

10-24-2016
Date



Jeff Hiatt, Respondent's Attorney

10-27-16
Date

STATE OF MAINE
BOARD OF PHARMACY

IN RE:)	
)	
IHS ACQUISITION XXX, INC.	)	CONSENT AGREEMENT
D/B/A Thermacom)	
)	
Complaint No. 2017-PHA-13809)	

PARTIES

This document is a Consent Agreement regarding disciplinary action against the mail order pharmacy license of IHS Acquisition XXX, Inc. in the State of Maine. The parties to this Consent Agreement are: IHS Acquisition XXX, Inc. d/b/a Thermacom ("Thermacom"), the Maine Board of Pharmacy ("the Board"), and the Maine Office of the Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

FACTS

1. At all times relevant to this matter, Thermacom was licensed by the Board as a mail order pharmacy, license no. MO40001463, located at 345 International Boulevard, Suite 200, Brooks, Kentucky.
2. On November 21, 2016, Jack McGuire replaced William Chauvin as the pharmacist in charge ("PIC") of Thermacom, thereby requiring Thermacom to submit a Change of PIC application to the Board within 7 days after the PIC change.
3. Thermacom, however, did not file a change of PIC application with the Board until January 6, 2017.
4. On January 10, 2018, Senior Consumer Assistant Specialist Meagan Damon, filed an administrative complaint with the Board alleging that Thermacom had failed to file a timely change of PIC application.

5. This administrative complaint was docketed as complaint no. 2017-PHA-13809.
6. Under Board Rules Chapter 11, § 3, upon a change of PIC, a mail order pharmacy must file a new application with the Board by registered mail no later than seven (7) days after the change.
7. Pursuant to the Board's general delegation of authority dated October 6, 2016, which authorizes Board Staff to offer prescribed consent agreements to resolve first-time violations of PIC change notification requirements, this Consent Agreement is being offered to finally resolve Complaint No. 2017-PHA-13809.
8. Absent acceptance of this Consent Agreement by signing and dating it and returning it to Maine Board of Pharmacy, Complaints Division, Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333-0035 by February 10, 2018, the Board will resolve this matter by holding an adjudicatory hearing.

COVENANTS

9. Thermacom admits to the facts as stated above and admits that such conduct constitutes grounds for discipline pursuant to 10 M.R.S. § 8003(5-A)(A)(5) for violating a rule of the Board, specifically Board Rules Chapter 11, § 3, by failing to file a new application with the Board by registered mail no later than 7 days after a change of PIC.
10. As DISCIPLINE for the violation admitted to in paragraph 9 above, Thermacom agrees to accept the imposition of:

- a. A WARNING; and
- b. A CIVIL PENALTY in the amount of one thousand five hundred dollars (\$1500.00).

Payment of the civil penalty shall be made by check or money order payable to the "Treasurer, State of Maine" and delivered to the Complaints Division, Department of

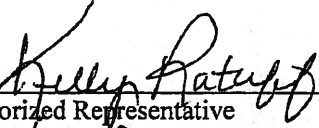
Professional and Financial Regulation, 35 State House Station, Augusta, Maine
04333, and must be submitted with the signed Consent Agreement.

11. This Consent Agreement is not appealable and is effective until modified or terminated by the parties hereto.
12. Violation of any of the terms or conditions of this Consent Agreement by Thermacom shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.
13. The Board and the Office of the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.
14. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.
15. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.
16. The Board and Thermacom agree that no further agency action will be initiated against Thermacom's license by the Board based upon the specific violations admitted to herein, except or unless Thermacom fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct in the event that other allegations are brought against Thermacom. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining discipline in any further complaints against Thermacom.


17. Thermacom acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

IHS ACQUISITION XXX, INC.
d/b/a Thermacom


DATED: 1/23/2018

BY: 
Authorized Representative
Kelly Rathiff
Printed Name

DATED: 2/1/2018


JOSEPH BRUNO, R.Ph., President
MAINE BOARD OF PHARMACY

DATED: 2/1/2018


ANDREW L. BLACK
Assistant Attorney General

10

Pharmacy Board

From: Paul Edwards
Sent: Friday, September 14, 2018 3:56 PM
To: Shirley Hunting; Pharmacy Board
Cc: Back to Roots
Subject: FW: Justin Curnutt

Candy and Shirley,

Will you please schedule Mr. Curnutt for an appearance at the December meeting? See his email below.

Please contact him directly if you have questions or need anything from him.

Best regards,

To:

S: Paul Edwards, Esq.

General Counsel

Nevada State Board of Pharmacy

431 W. Plumb Lane

Reno, NV 89509

(775) 850-1440 (phone)

(775) 850-1444 (fax)

E-mail: pedwards@pharmacy.nv.gov

Web page: bop.nv.gov



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From: Paul Edwards
Sent: Friday, September 14, 2018 3:54 PM
To: 'Back to Roots'
Subject: RE: Justin Curnutt

Justin,

I will forward your request to our Licensing Department. They will schedule it and you will receive a notice with the date, time and location. The next available Board Meeting is December 5-6, 2018 in Reno.

Best regards,

S. Paul Edwards, Esq.
 General Counsel
 Nevada State Board of Pharmacy
 431 W. Plumb Lane
 Reno, NV 89509
 (775) 850-1440 (phone)
 (775) 850-1444 (fax)
 E-mail: pedwards@pharmacy.nv.gov
 Web page: bop.nv.gov



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From: Back to Roots
Sent: Friday, September 14, 2018 6:06 AM
To: Paul Edwards <pedwards@pharmacy.nv.gov>
Subject: Re: Justin Curnutt

Mr. Edwards,
 Could you please schedule me for the Reno board hearing prior to the end of the year. If I need to contact someone else to make this happen then just let me know.
 Thanks,
 Justin Curnutt

On Mon, Aug 13, 2018 at 11:56 AM Paul Edwards <pedwards@pharmacy.nv.gov> wrote:

From:
 Justin,
 To:
 Subject:

We can bump it out to either meeting. Its up to you. Just let me know whether you want to come to Reno, or if you prefer Las Vegas in January.

Best regards,

S. Paul Edwards, Esq.
 General Counsel

Nevada State Board of Pharmacy

431 W. Plumb Lane

Reno, NV 89509

(775) 850-1440 (phone)

(775) 850-1444 (fax)

E-mail: pedwards@pharmacy.nv.govWeb page: bop.nv.gov

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From: Back to Roots**Sent:** Saturday, August 11, 2018 10:48 AM**To:** Paul Edwards <pedwards@pharmacy.nv.gov>**Subject:** Justin Curnutt

Mr. Edwards,

In October I would have 11 months completed of my 12 month stipulation of being an intern pharmacist. I do not want to sit before the board having not completed this stipulation entirely as it would be wasting their time. Is there an option for me to sit before the board in December in Reno? Or would you suggest to wait until January 2019 and sit with them in the Las Vegas board hearing? Just looking for advice.

Thanks,

Justin Curnutt

From April 2017 Meeting Minutes

Darla Zarley disclosed that Mr. Curnutt was a former student, but stated that she would be able to participate in this matter fairly and without bias.

Justin Curnutt appeared and was sworn by President Basch prior to answering questions or offering testimony.

President Basch stated that Mr. Curnutt appeared before the Board during the January 2017 board meeting. He explained that at that time the Board moved to reinstate Mr. Curnutt's Nevada Pharmacist License pending he comply with a number of restrictions, including to meet with Board Staff to explain the circumstances surrounding all unaccounted for medications.

Mr. Curnutt stated that he has met with Board Staff twice to review the case.

Ken Scheuber, Investigator for the Nevada State Board of Pharmacy, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Scheuber explained after meeting with Mr. Curnutt there are discrepancies regarding two prescriptions.

The Board questioned Mr. Curnutt regarding the two prescriptions in question.

Mr. Curnutt apologized to the Board for his mistake, but was not able to recall the circumstances surrounding the two prescriptions.

The Board expressed concern regarding Mr. Curnutt's lack of personal accountability regarding the case.

Board discussion ensued regarding the restrictions on Mr. Curnutt's Nevada Pharmacist License, status on the OIG Blacklist, and the possibility of having Mr. Curnutt complete a college level ethics course.

Board Action:

Motion: Kirk Wentworth moved to deny Justin Curnutt's Request for Reinstatement of Pharmacist License.

Kirk Wentworth withdrew his motion.

The Board discussed having Mr. Curnutt serve as a Pharmacy Intern.

Board Action:

Motion: Jason Penrod moved to approve Justin Curnutt's Application for Nevada Pharmacy Intern pending he finds employment at a pharmacy, completes

a Board Staff approved college level ethics course, and complies with all the restrictions placed on his license during the January 2017 board meeting.

Second: Robert Sullivan

Action: Passed unanimously

From January 2017 Meeting Minutes

Darla Zarley disclosed that Justin Curnutt was a former student, but stated that she would be able to participate in this matter fairly and without bias.

Justin Curnutt appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Edwards explained that the Board heard Mr. Curnutt's case during the January 2016 board meeting. He stated that Mr. Curnutt committed prescription fraud and insurance fraud by creating, filling and dispensing multiple fraudulent prescriptions for himself and another staff member. Those fraudulent prescriptions were then billed to an insurance provider.

Mr. Curnutt agreed to Mr. Edwards' summary of the facts. He requested reinstatement of his pharmacist license and described his activities during the last year.

Mr. Curnutt explained that he is active with the Boy Scouts of America and his church community. He also opened a health food store and taught courses on various aspects of maintaining a healthy lifestyle.

Board discussion ensued regarding Mr. Curnutt's status on the OIG Blacklist. Mr. Pinson explained that if he is on that list he would not be allowed be employed by any entity that bills Medicare or Medicaid.

The Board questioned Mr. Curnutt regarding unaccounted for medications that were confiscated. Mr. Curnutt could not provide an explanation for the medications.

The Board discussed the possibility of having a mentor report on Mr. Curnutt's activities as well as other corrective action.

Board Action:

Motion: Kirk Wentworth moved to reinstate Justin Curnutt's Nevada Pharmacist License pending Mr. Curnutt meets with Board Staff to explain the circumstances surrounding all unaccounted for medications that remain at issue in his case. Board Staff is authorized to review and approve Mr. Curnutt's explanation. If Board Staff accepts the explanation Justin Curnutt's license will be reinstated, this will take place no sooner than

February 5, 2017, and be put on a probationary status for a period of no less than two years from the reinstatement date. During the probationary period Mr. Curnutt may not work more than forty hours per week. He may not work as a pharmacist in charge or pharmacy manager of any Nevada pharmacy. He may not work alone and must work at all times under the direct supervision of a Nevada licensed pharmacist. He must engage a peer mentor who must be a Nevada licensed physician or pharmacist, and is subject to Board Staff approval. The mentor must submit quarterly written status reports to the Board's Executive Secretary explaining his or her perception and opinion of his work status, the activities in which he is engaged as part of his personal and professional recovery, his level of compliance with the terms of his probation and any other matters that the mentor deems pertinent. Mr. Curnutt shall inform all current and potential future employers of this disciplinary action. Any violation of the terms of the Board's Order may result in the immediate suspension of his pharmacist license.

Second: Jason Penrod

Action: Passed unanimously

Explanation of Ethics Course:

March 19th, 2018; (11+ months since the April 2017 Board hearing) I have yet to get a "college level ethics course" approved by the Board. Please refer to the last statement, which is underlined, in this document for the intention of this document. This document also serves to show a chronological correspondence between Mr. Edwards and myself.

June 26th, 2017; It took 2 months to investigate and get as close to an adequate "college level ethics course." I submitted various courses with which some were from private companies as well as some from colleges. I was very eager to satisfy this stipulation and put into practice what I had learned throughout the remainder of the year.

June 30th, 2017; I received a response back from Mr. Edwards asking for a bit of time for the Board to investigate these courses. Out of all of them available Mr. Edwards was leaning toward the company, "Illumeo," which offered a 3 part certification course on personal ethics, professional ethics, and work ethics. He stated that, "we will make a final decision and let you know sometime next week," with regard to the ethics courses initially presented.

October 17th, 2017; I had not heard back yet and so inquired once again as to these same courses.

October 18th, 2017; I was told that it was the week of a Board Meeting and therefore to give him some additional time to evaluate the ethics courses as that was a busy week.

November 15th, 2017; I had not heard back yet and so inquired once again. I also asked Mr. Edwards to send me an additional document.

November 15th, 2017; Mr. Edwards sent the document promptly and asked to, "Remind me what ethics courses you are looking at please?"

December 9th, 2017; I responded by reiterating all I had communicated on June 26th, 2017.

January 18th, 2018; I had not heard back and submitted to Mr. Edwards an email restating my desire to get a course approved and completed.

February 13th, 2018; Mr. Edwards responded back and stated that either of the 2 ethics courses that were initially proposed on June 26th, 2017 were "fine" and could have the Board look at them. He also gave input and direction as to what he thought the Board would regard as more on point but stated that he could see what they thought of the 2 initial courses.

For about a week I searched for medical ethics courses that were "college level," as directed by Mr. Edwards, while waiting to hear if the Board had authorized or denied the initial courses. I found various medical ethics courses regarding ethics in medical studies, ethics in surgery, nurse ethics, ethics with opiate prescribing, ethics in just about everything MD related that did not pertain to my particular issues.

February 26th, 2018; I responded back offering the above results about the medical ethics courses not seeming adequate and asked for him to continue to pursue the initial 2 courses proposed on June 26th, 2017 to be approved, or not, by the Board as time is now upon us for me to get something done. If they were not approved by the Board then at least I could have some direction as a NO answer is still a step in the right direction.

March 5th, 2018; I asked Mr. Edwards to get the initial course by MIT approved as I could not find a medical ethics course that was adequate in my opinion. I ruled out the company I had initially found with the 3 tiered certification

program," Illumeo," because it was not a college level ethics course and assumed this is what Mr. Edwards was referring to when he made mention that it was not on point.

March 13th, 2018; Mr. Edwards responded back stating that my 2 initial courses were not on point and that if I really wanted to get them approved by the Board then he would make the request. Almost 1 year in and I was given a recommendation from Mr. Edwards to look at the "Professional Boundaries Inc." ethics course. Mr. Edwards inferred that someone had done that course to satisfy a disciplinary action.

In Summary:

I was under the assumption that the 2 courses initially found would work by the encouraging emails at the beginning of last year by Mr. Edwards. I did not find out until February 2018 that the initial courses were less than adequate. Almost a year into trying to get a course approved I was informed that they were not on point. He also gave me an inclination on March 13th, 2018 as to what someone else had done and the Board approved of regarding an ethics course. The course looks amazing; however, it is \$1,875 for the course. I am currently in hardship and unfortunately cannot afford such a course.

Last year there were mentions made that I could take a UNLV or Roseman sponsored ethics course, that would not cost much money, if offered and approved. I looked into such courses through UNLV and they had so many prerequisite courses that it would take me years to get to the ethics course of choice. Roseman on the other hand has not offered such a course. It seems that I have been making suggestions and nothing has been passed along in order to meet an agreement on an ethics course. I have striven to get everything done within my purview. I have taken various ethics courses to not only satisfy the requirement for the stipulation but to also gain an understanding of how far I had strayed and to put the ethics to use in my life.

I realize the Board is busy and has little time for trivial issues but in this case my trivial issue was a specific stipulation from the Board (i.e. to get the ethics course approved by the Board) in order to obtain my licensure back. Please allow me an opportunity to become a pharmacist once more and accept my humble attempt at completing various ethics courses. I would more than happily finish any other ethics course the Board approves, regardless of cost, if I were allowed my pharmacist license back.

My attempt at sitting before the Board is to either:

- 1- Have the Board grant my license back while accepting my modest attempt at completing the ethics courses and therefore satisfying stipulation number 3;
- or
- 2- To comply with the final paragraph in the document issued last year entitled: Revised Conditions of Pharmacist License No. 18338, about all of the stipulations set forth stating, "A hearing before the Board would be required to amend them [the conditions]," and therefore to get the Board to grant my license back as a pharmacist with a new stipulation of completing the ethics course set forth by the Professional Board Inc. at first availability.

Thank you,

Justin Curnutt

Stipulation Overview 2017-2018

Objective:

To obtain my pharmacist license.

Summary of Qualifications:

As per April 2017 document entitled: Revised Conditions for Reinstatement of Pharmacist License No. 18338; which has been provided for your convenience.

- 1- Effective April 12, 2017- the date of the meeting- the board declined to reinstate your pharmacist license. The board did, however, grant you an intern pharmacist license for a period of not less than (1) year.

Response: Completed as of the date of this board hearing April 11-12, 2018.

- 2- While you are working as an intern pharmacist:
 - a. You must work under the supervision of a preceptor as required by NAC 639.262, et al. Your preceptor and the pharmacy where you propose to work are subject to prior approval by the Board Staff;

Response: Chris Southwick of Advanced Isotopes of Nevada was authorized to be a preceptor for the duration of employment at that facility.

- b. Your preceptor/intern supervisor must submit quarterly written status reports to the Board's Executive Secretary explaining his or her perception and opinion of your work status, the activities in which you are engaged as part of your personal and professional development, and any other matters that the preceptor/supervisor deems pertinent;

Response: To the best of my knowledge those reports were submitted for the duration of employment at that facility.

- c. You may be employed and work on a full time basis, but you may not work more than forty (40) hours per week;

Response: I did not work more than 40 hours in any one week during the year as an intern pharmacist.

- d. You may not work as a pharmacist in charge or managing pharmacist in any Nevada-pharmacy; and

Response: I did not work as a pharmacist in charge or managing pharmacist during the year.

- e. You may not work alone. You must work at all times under the direct supervision of a Nevada-licensed pharmacist.

Response: I did not work alone at any point during the year within a pharmacy; always under the direct supervision of a Nevada-licensed pharmacist.

- 3- Before you are eligible to have your pharmacist license reinstated, you must find and complete a college level ethics course. That course is subject to prior Board Staff approval.

Response: As of submitting these documents on March 13, 2018 I have yet to get an ethics course approved by Board Staff. Please refer to document entitled: Explanation of Ethics Course.

In a proactive attempt to show Board Staff I am willing to do whatever it takes, I have completed various "college level" ethics courses throughout the year. This was done not only to satisfy the stipulation but to begin to implement the ideas and theories into my daily life.

- MIT Course Number: 24.231 entitled "Ethics" Referenced at: Julia Markovits. *24.231 Ethics*. Fall 2009. Massachusetts Institute of Technology: MIT OpenCourseWare, <https://ocw.mit.edu>. License: [Creative Commons BY-NC-SA](#).
- MIT Course Number: HST.935 entitled "Narrative Ethics: Literary Texts and Moral Issues in Medicine" Referenced at: Martha Montello. *HST.935 Narrative Ethics: Literary Texts and Moral Issues in Medicine*. January IAP 2007. Massachusetts Institute of Technology: MIT OpenCourseWare, <https://ocw.mit.edu>. License: [Creative Commons BY-NC-SA](#).

- 4- Once reinstated, your license will be put in a probationary status for a period of not less than two (2) years from the reinstatement date, and may be subject to any the Board deems appropriate at that time.

Response: Not applicable.

- 5- You must inform all current and future employers of this disciplinary action (BOP v. Curnutt, Case No. 15-051-RPH-S), including the facts and circumstances of the case, i.e., that the Board revoked your pharmacist license as a result of your conviction in this matter.

Response: Doing.

- 6- You will not violate, attempt to violate, assist or abet anyone in the violation of or conspire to violate any of the provisions of Nevada Revised Statutes (NRS) Chapter 453, 454, 585 or 639, or any other state or federal law or regulation relating to drugs, the possession, manufacture or distribution of drugs or the practice of pharmacy.

Response: Doing.

- 7- After not less than one (1) year, you may petition the Board for full reinstatement of your pharmacist license. The Board may, at its sole discretion, comply with such a request, but it is under no obligation to do so.

Response: Doing.

- 8- Any violation of the terms of the Board's Order, as explained above, may result in the immediate suspension of your intern pharmacist license.

These conditions are not negotiable. A hearing before the Board would be required to amend them. You may contact me, Dr. Pinson, the Board's Executive Secretary, or Mr. Wuest, the Board's Deputy Executive Secretary, if you have questions. A copy of the recording from the hearing in this matter is available upon request.

Submitted in concurrence with this document is the OIG Blacklist reversal and PCMA document.

Thanks,

Justin Curnutt



UNITED STATES OFFICE OF PERSONNEL MANAGEMENT

Washington, DC 20415

October 3, 2017

Reply to:
Debarring Official
OIG/OPM
1900 E St., NW., Rm. 6400
Washington, DC 20415-1110

Office of the
Inspector General

Justin Daine Curnutt
4531 North Leslie Street
Pahrump, NV 89060

Dear Mr. Curnutt:

On January 8, 2017, the Office of Personnel Management (OPM) proposed your debarment for a period concurrent with your Department of Health and Human Services (DHHS) exclusion. OPM's debarment became effective on February 22, 2017.

DHHS has notified us that they have modified your exclusion. Accordingly, I have terminated OPM's debarment effective August 10, 2017, and all Federal Employees Health Benefit Program (FEHBP) carriers will be notified of the change in your status. In addition, your OPM debarment will be removed from the General Services Administration's government wide System for Award Management (SAM), formerly, Excluded Parties List System or EPLS.

Although your eligibility to participate in the FEHBP has been reinstated effective August 10, 2017, your name will remain on SAM until the next monthly update. You should use this letter to demonstrate that you are eligible to participate in the FEHBP until your name is removed from SAM.

If you have any questions or require additional information, please contact the Administrative Sanctions Group by email at debar@opm.gov, or at (202) 606-2185 or (202) 606-1838.

Sincerely,

A handwritten signature in black ink, appearing to read "J. David Cope", is located below the word "Sincerely,".

J. David Cope
Debarring Official



DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

WASHINGTON, DC 20201

**AUG 10 2017**

Justin Daine Curnutt
aka Justin D. Curhott
4531 North Leslie Street
Pahrump, NV 89060

Dear Justin Daine Curnutt:

RE: OI File No. H-16-41267-9

Your request for the reinstatement of your eligibility to participate as a provider of items and services covered by the title XVIII (Medicare) program has been approved. The reinstatement is effective with the date of this notice.

We have notified the appropriate State agencies of this action. However, the States are not obligated to reinstate you to their programs if they have imposed a longer period of exclusion under their own authority.

We recommend that you contact the Medicare carrier to determine your options for participating in that program.

Although your right to participate in the Federal health care programs has been reinstated effective with the date of this letter, your name will remain on the List of Excluded Individuals/Entities (LEIE) until the next monthly update. You can access the LEIE online at <http://oig.hhs.gov/exclusions/index.asp>. You should use this letter to demonstrate that your right to participate in the Federal health care programs has been reinstated until your name is removed from the LEIE.

Sincerely,

A handwritten signature in blue ink, appearing to read "Thomas J. Sowinski", with a stylized flourish at the end.

Thomas J. Sowinski

Reviewing Official

Health Care Program Exclusions



NEVADA STATE BOARD OF PHARMACY

OFFICE OF THE GENERAL COUNSEL

WRITER'S DIRECT DIAL: (775) 850-1440 • E-MAIL: PEDWARDS@PHARMACY.NV.GOV • FAX: (775) 850-1444

April 19, 2017

BY CERTIFIED U.S. MAIL AND ELECTRONIC MAIL

Justin Curnutt
2341 Postal Dr.
Pahrump, NV 89048
nukemrx@gmail.com

RE: Revised Conditions for Reinstatement of Pharmacist License No. 18338

Dear Mr. Curnutt:

As you are aware, the Nevada State Board of Pharmacy (Board) met on Wednesday, April 12, 2017, in Las Vegas, Nevada. Board Staff asked that you appear at the meeting for further consideration of your petition for reinstatement of your pharmacist license.

In particular, you were asked at a prior meeting to "meet with Board Staff and explain the circumstances surrounding all unaccounted for medications that remain at issue in your case." Your explanation was "subject to Board Staff's review and approval." Board Staff did not accept your explanation as adequate and brought the matter back before the Board. The Board granted the petition subject to the following revised conditions:

1. Effective April 12, 2017 – the date of the meeting – the Board declined to reinstate your pharmacist license. The Board did, however, grant you an intern pharmacist license for a period of not less than one (1) year;
2. While you are working as an intern pharmacist:
 - a. You must work under the supervision of a preceptor as required by NAC 639.262, *et al.* Your preceptor and the pharmacy where you propose to work are subject to prior approval by Board Staff;
 - b. Your preceptor/intern supervisor must submit quarterly written status reports to the Board's Executive Secretary explaining his or her perception and opinion of your work status, the activities in which you are engaged as part of your personal and professional development, and any other matters that the preceptor/supervisor deems pertinent;
 - c. You may be employed and work on a full time basis, but you may not work more than forty (40) hours per week;

d. You may not work as a pharmacist in charge or managing pharmacist in any Nevada-pharmacy; and

e. You may not work alone. You must work at all times under the direct supervision of a Nevada-licensed pharmacist.

3. Before you are eligible to have your pharmacist license reinstated, you must find and complete a college-level ethics course. That course is subject to prior Board Staff approval.

4. Once reinstated, your license will be put in a probationary status for a period of not less than two (2) years from the reinstatement date, and may be subject to any condition the Board deems appropriate at that time.

5. You must inform all current and future employers of this disciplinary action (*BOP v. Curnutt*, Case No. 15-051-RPH-S), including the facts and circumstances of the case, *i.e.*, that the Board revoked your pharmacist license as a result of your conviction in this matter.

6. You will not violate, attempt to violate, assist or abet anyone in the violation of or conspire to violate any of the provisions of Nevada Revised Statutes (NRS) Chapter 453, 454, 585 or 639, or any other state or federal law or regulation relating to drugs, the possession, manufacture or distribution of drugs or the practice of pharmacy.

7. After not less than one (1) year, you may petition the Board for full reinstatement of your pharmacist license. The Board may, at its sole discretion, comply with such a request, but it is under no obligation to do so.

8. Any violation of the terms of the Board's Order, as explained above, may result in the immediate suspension of your intern pharmacist license.

These conditions are not negotiable. A hearing before the Board would be required to amend them. You may contact me, Dr. Pinson, the Board's Executive Secretary, or Mr. Wuest, the Board's Deputy Executive Secretary, if you have questions. A copy of the recording from the hearing in this matter is available upon request.

Best regards,



S. Paul Edwards
General Counsel
Nevada State Board of Pharmacy

Cc: Larry Pinson, Pharm.D. Executive Secretary, Nevada State Board of Pharmacy; David Wuest, R.Ph., Deputy Executive Director, Nevada State Board of Pharmacy

FILED

FEB 04 2016

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NOS. 15-051-RPH-S
	)	15-051-PT-A-S
Petitioner,	)	15-051-PT-B-S
v.)	
)	
JUSTIN CURNUTT, RPH	)	FINDINGS OF FACT,
Certificate of Registration No. 18338	)	CONCLUSIONS OF LAW
	)	AND ORDER
ISABEL ROMERO, PT)	
Certificate of Registration No. PT13592)	
)	
LORI BRANDON, PT)	
Certificate of Registration No. PT09558)	
)	
Respondents.	/	

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting held on Wednesday, January 13, 2016, in Las Vegas, Nevada. S. Paul Edwards, Esq., appeared before the Board in his capacity as its General Counsel. Respondent Justin Curnutt, RPh., Certificate of Registration No. 18338, appeared with his counsel, David E. Krawczyk, Esq., of Dempsey, Roberts & Smith, Ltd.; Respondent Lori Brandon, PT, Certificate of Registration No. PT13592, appeared with her counsel, Patricia A. Marr, Esq., of Patricia A. Marr, Ltd.; and Respondent Isabel Romero, PT, Certificate of Registration No. PT09558, appeared without counsel at the hearing.

Based on the evidence presented during the hearing, the Board issues the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

1. The Board has jurisdiction over these matters.
2. The Board served a Notice of Intended Action and Accusation (Accusation) on each of the Respondents, by certified mail, on or about December 9, 2015, which each Respondent received.

3. The respondents each filed an Answer and Notice of Defense in response to the Accusation.

4. Based on the evidence introduced during the hearing, including admissions and testimony given during the hearing, the Board fines as follows:

Unlawful Activity by Ms. Romero, PT

5. In June 2015, Smith's Pharmacy (Smith's) terminated Ms. Romero from her employment as a pharmaceutical technician at Smith's Pharmacy #341.

6. Smith's terminated Ms. Romero for attempting to falsify a prescription for a dangerous drug (oral contraceptives) for herself.

7. Ms. Romero attempted to falsify that prescription by completing a "Confidential Prescription Authorization Request" form authorizing an initial fill of Gildess Fe 1-20 tablets, with eleven (11) refills.

8. Ms. Romero patterned that request after a previous legitimate prescription from her physician.

9. Ms. Romero wrote the initials "H.D." on the request form to falsely indicate that another pharmaceutical technician received a call from Ms. Romero's physician and completed the authorization form.

10. There is no evidence that H.D. was actually involved in Ms. Romero's actions.

11. When pharmaceutical technician Ms. Brandon stepped away from her computer terminal, Ms. Romero scanned the falsified request form at Ms. Brandon's terminal under Ms. Brandon's credentials.

12. Ms. Brandon observed Ms. Romero performing a function at her terminal and discovered that Ms. Romero had scanned in the falsified prescription for herself.

13. Ms. Brandon reported the incident to Mr. Curnutt, the pharmacist on duty at the time.

14. When Mr. Curnutt confronted Ms. Romero, she admitted to her wrongdoing and cancelled the prescription at Mr. Curnutt's direction.

15. Smith's did not dispense any medication pursuant to that authorization.

16. After telling Ms. Romero to cancel her falsified prescription, Mr. Curnutt further told her that if she had asked, he would have written a prescription for her oral Contraceptive.

17. Since it was 9:00 p.m. at the time, Mr. Curnutt said that he would write a prescription for Ms. Romero the following morning using the name of "any doctor". That did not ultimately occur.

Unlawful Activities By Mr. Curnutt, R.Ph., and Ms. Brandon, PT

18. Upon receiving a report regarding Ms. Romero's termination, Board Staff initiated an investigation of all Smith's Pharmacy #341 employee prescription records.

19. Those records revealed questionable phoned-in and/or faxed prescriptions for Mr. Curnutt and Ms. Brandon that were processed during the approximate time period of February 4, 2014, to August 31, 2015.

20. As part of his analysis, the Board Investigator consulted with the prescribers named on the questionable prescriptions.

21. The investigation turned up evidence that Mr. Curnutt and Ms. Brandon assisted each other in falsifying and filling multiple prescriptions for themselves and each other.

22. Ms. Brandon falsified "Confidential Prescription Authorization Request" forms for some of Mr. Curnutt's prescriptions, generally purporting to authorize an initial fill with multiple refills.

23. Ms. Brandon falsely documented either Dr. Freeman or Dr. Stoughton as the prescriber on those requests.

24. Similarly, Mr. Curnutt created "phoned in" prescriptions for Ms. Brandon and himself. He placed his initials on the written authorization requests under the "prescriber's" name, indicating that he accepted the prescription order(s) by phone.

25. On the requests for Ms. Brandon, Mr. Curnutt falsely documented Dr. Reddy as the prescribing physician.

26. Table I below lists the fraudulent prescriptions filled for Mr. Curnutt. There are forty (40) prescriptions listed.

Table I: Fraudulent Prescriptions Filled For Justin Curnutt, R.Ph.

Prescriber	Rx No.	Medication	Quantity	No. of Fills
Brian Freeman, DDS	6128204	Amoxicillin 500mg	24 capsules	4
	6128205	Acyclovir 400mg	30 tablets	4
	6149267	Amoxicillin 500mg	80 capsules	6
Ned Stoughton, MD	6114710	Cephalexin 500mg	30 capsules	2
	6114711	Methylprednisolone 4mg Dosepk	21 tablets	2
	6128207	Fluocinonide 0.05% Ointment	60 gm	5
	6128208	Methylprednisolone 4mg Dosepk	21 tablets	4
	6160595	Prednisone 20mg	21 tablets	1
	6171348	Prednisone 20mg	40 tablets	5
Michael Reiner, MD	6128225	Albuterol 0.083% INH SOL	25 vials	4
Tammy Reynolds, MD	6135314	Lidocaine HCL 1%	200 ml	1
	6135314	Lidocaine HCL 1%	400 ml	2

27. Table II lists the fraudulent prescriptions processed for Ms. Brandon's benefit. There are five (5) unlawful prescriptions listed.

Table II: Fraudulent Prescriptions Filled For Lori Brandon, P.T.

Prescriber	Rx No.	Medication	Quantity	No. of Fills
Santosh Reddy, MD	6118208	Cephalexin 500mg	80 capsules	3
	6140691	Cephalexin 500mg	80 capsules	2

28. Mr. Curnutt and Ms. Brandon submitted at least some, if not all, of the foregoing fraudulent prescriptions for payment to their respective insurance providers.

29. Mr. Curnutt and Ms. Brandon's respective insurance providers paid for, at least in part, some of the fraudulent prescriptions submitted to them.

30. Drs. Freeman, Stoughton, Reiner, and Reynolds have each signed a declaration affirming that they did not authorize the prescriptions listed on Table I for Mr. Curnutt.

31. Dr. Reddy signed a declaration that he did not authorize the prescriptions for Ms. Brandon listed on Table II.

32. Mr. Curnutt admitted to falsifying several prescriptions for himself and for Ms. Brandon.

33. Mr. Curnutt wrote prescriptions for Ms. Brandon because she was experiencing pain from an abscessed tooth.

34. On September 28, 2015, Mr. Curnutt, at the suggestion of the Board Investigator, delivered the medications he purported to have in his possession to the Board Office in Las Vegas.

35. With Mr. Curnutt present, the Board Investigator inventoried the medications and impounded them.

36. There were discrepancies in the quantities of medications Mr. Curnutt returned. For instance, as to seven of the medications, Mr. Curnutt returned *less* product than Smith's records show were dispensed to him.

37. Mr. Curnutt has not accounted for that missing medication.

38. As to one medication, Mr. Curnutt returned *more* product than Smith's records show were dispensed to him.

39. Mr. Curnutt has not explained how the additional product came into his possession.

40. Additionally, Mr. Curnutt returned two medications¹ that *were not documented* in his prescription profile.

41. Mr. Curnutt has not explained how those medications came into his possession.

42. During Ms. Brandon's interview with the Board Investigator, and in a subsequent written statement, Ms. Brandon confessed to falsifying several prescriptions for Mr. Curnutt.

43. Ms. Brandon admits that Mr. Curnutt wrote and filled fraudulent prescriptions for her.

44. On September 19, 2015, Ms. Brandon delivered to the Board Office the remaining medications that she had in her possession.

45. In Ms. Brandon's presence, the Board Investigator inventoried the medications and impounded them.

¹ Rx No. 6128205: Acyclovir 400 mg. #30 filled 12/14/2014;

CONCLUSIONS OF LAW

Based upon the forgoing findings of fact, the Board concludes as a matter of law:

46. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged in the Accusation, Respondent Justin Curnutt was a pharmacist licensed with the Board, Respondent Lori Brandon was a pharmaceutical technician registered with the Board, and Respondent Isabel Romero, was a registered pharmaceutical technician with the Board.

FIRST CAUSE OF ACTION

(Prescription Fraud - Isabel Romero, PT)

47. By creating and attempting to process a fraudulent prescription for a dangerous drug, Gildess Fe 1-20 tablets, without a lawful prescription or authorization from a practitioner, Isabel Romero, PT, violated Nevada Administrative Code (NAC) 639.945(1) (h) and (k).

SECOND CAUSE OF ACTION

(Prescription Fraud - Justin Curnutt, R.Ph.)

48. In creating fraudulent prescriptions for various dangerous drugs for himself and for Ms. Brandon, as detailed herein, including Tables I and II, Justin Curnutt, R.Ph., violated NAC 639.945(1)(h) and (k).

THIRD CAUSE OF ACTION

(Prescription Fraud - Justin Curnutt, R.Ph.)

49. In filling and dispensing multiple fraudulent prescriptions for various dangerous drugs for himself and Ms. Brandon without a lawful prescription or authorization from a practitioner, as detailed herein, including Tables I and II, Justin Curnutt, R.Ph., violated NAC 639.945(1) (h) and (k).

FOURTH CAUSE OF ACTION

(Insurance Fraud - Justin Curnutt, R.Ph.)

50. By processing multiple fraudulent prescriptions for various dangerous drugs without a lawful prescription or authorization from a practitioner, and by billing those prescriptions to an insurance provider, Justin Curnutt, R.Ph., violated Nevada Administrative Code (NAC) 639.945(1)(h) and (k).

FIFTH CAUSE OF ACTION

(Prescription Fraud - Lori Brandon, PT)

51. By creating multiple fraudulent prescriptions for various dangerous drugs without a lawful prescription or authorization from a practitioner as detailed herein, including Tables I and II, Lori Brandon, P.T., violated Nevada Administrative Code (NAC) 639.945(1) (h) and (k).

SIXTH CAUSE OF ACTION

(Insurance Fraud - Lori Brandon, PT)

52. By processing multiple fraudulent prescriptions for various dangerous drugs without a lawful prescription or authorization from a practitioner, and by billing those prescriptions to an insurance provider, Lori Brandon, P.T., violated Nevada Administrative Code (NAC) 639.945(1) (h) and (k).

THEREFORE, THE BOARD HEREBY ORDERS:

53. For the violations found under the First Cause of Action, the registration of Respondent Isabel Romero, PT, Certificate of Registration No. PT09558, is revoked effective as of the day of the hearing.

54. For the violations found under the Second Cause of Action, the license of Respondent Justin Curnutt, RPh., Certificate of Registration No. 18338, is revoked effective as of the day of the hearing.

55. For the violations found under the Third Cause of Action, the license of Respondent Justin Curnutt, RPh., Certificate of Registration No. 18338, is revoked effective as of the day of the hearing.

56. For the violations found under the Fourth Cause of Action, the license of Respondent Justin Curnutt, RPh., Certificate of Registration No. 18338, is revoked effective as of the day of the hearing.

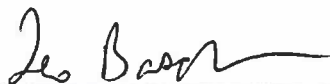
57. For the violations found under the Fifth Cause of Action, the registration of Respondent Lori Brandon, PT, Certificate of Registration No. PT13592, is revoked effective as of the day of the hearing.

58. Related to the Fifth Cause of Action, the registration of Respondent Lori Brandon, PT, Certificate of Registration No. PT13592, is revoked effective as of the day of the hearing.

59. The Respondents, and each of them, are prohibited from working in any facility licensed by the Board, including a pharmacy, in any capacity, unless and until he or she has applied to the Board for reinstatement of his or her license/registration and the Board reinstates the same.

60. In the event any of the Respondents applies for reinstatement, or for any other registration or certificate with the Board, he or she shall appear before the Board to answer questions and give testimony regarding the application and the facts and circumstances underlying this matter.

Signed this 4 day of February, 2016.



Leo Basch, President
Nevada State Board of Pharmacy

11A

* 381831 *

* 1007 *

* 18188 *

* 0701 r *

DO NOT FOLD OR STAPLE ABOVE THIS LINE.

Nevada State Board of Pharmacy – Renewal Application - PHARMACIST

431 W Plumb Lane • Reno, NV 89509 • nvbop.com

For the period of November 1, 2017 to October 31, 2019

Money Order ONLY (NO BUSINESS or PERSONAL CHECKS, NO CASH)

\$180.00 (postmarked on or before 10/31/2017) OR \$320.00 (postmarked after 10/31/2017)

LICENSE: 18188

GREGORY GERARD GAISER RPH

MINOLA DR,
Miami, FL 33166

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

RENEW BY MAIL

1. Complete ALL sections on this form
2. Sign and date this form
3. Send MO with this form (do NOT staple)
4. Mail original form/payment to address above
5. NO COPIES
6. NO SIGNATURE STAMPS ACCEPTED

Section 1: Since your last renewal or recent licensure have you: (Please fill in completely)

Yes No

Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or

Physical condition that would impair your ability to perform the essential functions of your license?..... ☐ ☒1. Been charged, arrested or convicted of a felony or misdemeanor in any state? ☐ ☒2. Been the subject of a board citation or an administrative action whether completed or pending in any state?..... ☒ ☐3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?..... ☒ ☐

If you marked YES to any of the numbered questions (1-3) above, include the following information & letter of explanation:

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

Section 2:

Are you the subject of a court order for the support of a child?..... Yes ☐ No ☒If you marked YES to the question above, are you in compliance with the court order?..... Yes ☐ No ☒

Section 3: (Fees apply to either status) (see colored insert for details)

By signing below, you certify that you have completed ALL required CE Hours due for the 17/19 Renewal period.(Dated from Nov. 1, 15 – Oct. 31, 17; 1.25hrs per mo.). The exemption period is 2yrs after graduation only.

OR you may check the box for Inactive if you did NOT complete CE You cannot renew online if you change to Inactive

Inactive - ☐ By checking this box you certify that you are NOT practicing in NV and do not wish to comply with the CE requirements of NV and would like your license changed to inactive status. Before re-activating your license it will be necessary to submit an application and to become compliant with current CE requirements (NAC 639.219). See reverse of insert for more information.

Section 4: NON-DISCIPLINARY STATE-MANDATED QUESTIONS

1. Though it is NOT required to have, SB21 requires the Board to ask if you have a Nevada State Business license and if you do, please provide the #: _____ Leave blank if non-applicable2. Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☒ Branch: _____

Military Occupation/Specialty: _____ Dates of Service: _____

Section 5: It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct. I attest to knowledge and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature: _____

Date: 6 / 25 / 2018



Department of Health

GREGORY G GAISER

License Number: PS39659

Data As Of 9/11/2018

Profession

Pharmacist

License

PS39659

License Status

OBLIGATIONS/ACTIVE

License Expiration Date

9/30/2019

License Original Issue Date

01/19/2005

Address of Record

1 NW 158TH

STREET

MIAMI LAKES, FL 33014

UNITED STATES

Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)

No

Discipline on File

Yes

Public Complaint

Yes

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

Final Order No. DOH-15-0307- **S** - MQAFILED DATE **FEB 26 2015**

Department of Health

By: *Michael S. Sanders*
Deputy Agency Clerk**STATE OF FLORIDA
BOARD OF PHARMACY**

DEPARTMENT OF HEALTH, PETITIONER,	CASE NO.: 2014-11951
GREGORY G. GAISER, RPH, RESPONDENT.	LICENSE NO.: PS 39659

FINAL ORDER
APPROVING SETTLEMENT AGREEMENT

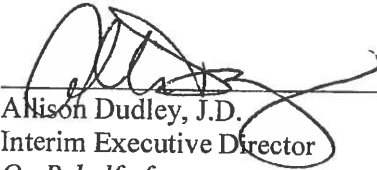
THIS CAUSE came before the Board of Pharmacy (hereinafter the "Board") pursuant to Section 120.57(4), *Florida Statutes*, on February 11, 2015, in Gainesville, Florida, for consideration of a Settlement Agreement (attached hereto as Exhibit A) entered into between the parties in the above-styled cause. Upon consideration of the Settlement Agreement, the documents submitted in support thereof, and being otherwise advised in the premises, it is hereby **Ordered** and **Adjudged**:

1. The Settlement Agreement as submitted is hereby approved, adopted, and incorporated herein by reference. Accordingly, the parties shall adhere to and abide by all the terms of the Settlement Agreement.
2. Costs of investigation and prosecution are \$ 877.45.

This Final Order shall take effect upon being filed with the Clerk of the Department of Health.

DONE AND ORDERED this 20th day of February, 2015.

BOARD OF PHARMACY


Anison Dudley, J.D.
Interim Executive Director
On Behalf of
Michele Weizer, PharmD, Chair

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by U.S. Mail to **Gregory G. Gaiser, RPH**, 516 Minola Drive, Miami Springs, Florida 33166; and **Robert S. Stroud, Esquire**, Blalock Walters, P.A., 2 North Tamiami Trail, Suite 408, Sarasota, Florida 34236-5591; and via electronic mail to **Matthew Witters**, Assistant General Counsel, Prosecution Services Unit, matthew.witters@flhealth.gov, and to **David D. Flynn**, Assistant Attorney General, Department of Legal Affairs, david.flynn@myfloridalegal.com this 26th day of February, 2015.


DEPUTY AGENCY CLERK

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2014-11951

GREGORY G. GAISER, R.Ph.,

RESPONDENT.

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the parties offer this Settlement Agreement to the Board of Pharmacy (Board) as disposition of the Administrative Complaint, attached as Exhibit A, in lieu of further administrative proceedings.

STIPULATED FACTS

1. At all times material to this matter, Gregory G. Gaiser, R.Ph., was a licensed pharmacist in the state of Florida, having been issued license numbers PS 39659. Respondent's mailing address of record is 516 Minola Drive, Miami Springs, Florida 33166.

2. Respondent was charged by an Administrative Complaint, filed by the Department of Health (Department) and properly served upon Respondent, with violations of Chapters 456 and 465, Florida Statutes.

STIPULATED LAW

1. Respondent admits that he is subject to the provisions of Chapters 456 and 465, Florida Statutes, and the jurisdiction of the Department.

2. Respondent admits that the allegations in the Administrative Complaint, if proven true, constitute violations of law and cause the Respondent to be subject to discipline by the Board of Pharmacy.

PROPOSED DISPOSITION

1. **Appearance-** Respondent shall be present when this Settlement Agreement is presented to the Board and under oath shall answer all questions asked by the Board concerning this case and its disposition.

2. **Fine-** The Board of Pharmacy shall impose an administrative fine of **ONE THOUSAND DOLLARS (\$1,000.00)**. The fine shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee,**

Florida 32314-6320, within **30 days** from the date the Final Order approving and incorporating this Settlement Agreement (Final Order) is filed with the Department Clerk.

3. **Costs-** The Board of Pharmacy shall impose the total, administrative costs associated with the investigation and prosecution of this matter in an amount not to exceed **ONE THOUSAND EIGHT HUNDRED THREE DOLLARS AND SEVENTY-ONE CENTS (\$1,803.71)**. Total costs shall be assessed when the Settlement Agreement is presented to the Board. The costs shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320**, within 90 days from the date the Final Order is filed with the Department Clerk.

4. **CE Course-** Respondent shall successfully complete a Continuing Education Course on the subject of **LAWS AND RULES OF PHARMACY** consisting of **TWELVE (12) HOURS** of credit, which has been approved by the Florida Board of Pharmacy, within **one (1) year** of the filing of a Final Order accepting and incorporating this Settlement Agreement. These continuing education hours shall be in addition to the

hours required for license renewal. Within ten (10) days of completion of the course and/or receipt of the certificate of completion, Respondent shall mail a copy of the continuing education certificate of completion to the Pharmacy Compliance Officer at the address listed in paragraph two (2) above.

5. **Future Conduct-** Respondent shall not violate Chapter 456, 465, 499 or 893, Florida Statutes; the rules promulgated pursuant thereto; or any other state or federal law, rule, or regulation relating to the practice or to the ability to practice pharmacy.

6. **Violation of Terms-** It is expressly understood that a violation of the provisions of this Settlement Agreement as approved and incorporated into the Final Order of the Board of Pharmacy shall constitute a violation of an order of the Board for which disciplinary action may be initiated against Respondent pursuant to Chapter 465, Florida Statutes.

7. **No Force or Effect until Final Order-** It is expressly understood that this Settlement Agreement is subject to approval by the Board and has no force or effect until the Board incorporates the terms of this Settlement Agreement into its Final Order.

8. **Purpose of Agreement-** This Settlement Agreement is executed by Respondent for the purpose of avoiding further administrative action with respect to this particular case. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to, or in conjunction with, consideration of the Settlement Agreement. Petitioner and Respondent agree to support this Settlement Agreement at the time it is presented to the Board and shall offer no evidence, testimony, or argument that disputes or contravenes any stipulated fact or conclusion of law. Furthermore, should this Settlement Agreement not be accepted by the Board, it is agreed that the presentation and consideration of this Settlement Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration, or resolution of these proceedings.

9. **Not Preclude Additional Proceedings-** Respondent and the Department fully understand that this Settlement Agreement as approved and incorporated into the Final Order will not preclude additional proceedings by the Board or Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint.

10. **Waiver of Attorney's Fees and Costs-** Respondent waives the right to seek any attorney's fees and costs from the Department in connection with this disciplinary proceeding.

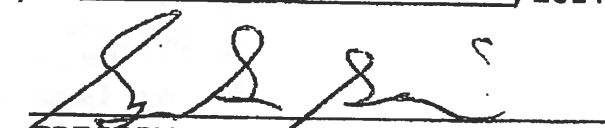
11. **Waiver of Procedural Rights-** Respondent waives all rights to further administrative procedure and to appeal and further review of this Settlement Agreement and the Final Order.

12. **Current Addresses-** Respondent shall keep current his/her mailing address and his/her practice address with the Board of Pharmacy and the Compliance Officer and shall notify the Board of Pharmacy and the Compliance Officer of any change of mailing address or practice address within 10 days of the change.

13. **Time of the Essence:** Time is of the essence in all respects concerning this agreement.

WHEREFORE, the parties request that the Board enter a Final Order approving and incorporating this Settlement Agreement in resolution of this matter.

SIGNED this 1st day of December, 2014.


GREGORY G. GAISER, R.Ph.
CASE NO. 2014-11951

STATE OF Florida

COUNTY OF Miami-Dade

Before me personally appeared Mr. Gaiser, whose identity is known to me or by FL drivers license (type of identification), and who, under oath, acknowledges that his/her signature appears above.

Sworn to and subscribed before me this 1st day of Dec., 2014.



[Signature]
Notary Public

My Commission Expires: Sept. 26, 2017

APPROVED this 11th day of December, 2014.

John H. Armstrong, MD, FACS
State Surgeon General and
Secretary of Health

[Signature]
Marc D. Taupier
Assistant General Counsel

Counsel for Petitioner
Marc D. Taupier
Assistant General Counsel

Department of Health v. Gregory G. Gaiser, R.Ph.
DOH Case No. 2014-11951

Florida Bar No. 106732
Department of Health
Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, Florida 32399
Tel.: (850) 245-4444
Fax: (850) 245-4683

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2014-11951

GREGORY G. GAISER, R.Ph.,

RESPONDENT.

ADMINISTRATIVE COMPLAINT

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Pharmacy against Respondent, Gregory G. Gaiser, R.Ph., and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of pharmacy pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 465, Florida Statutes.
2. At all times material to this Complaint, Respondent was a licensed pharmacist within the state of Florida, having been issued license number PS 39659.

3. Respondent's address of record is 516 Mlnola Drive, Miami Springs, Florida 33166.

4. Respondent is licensed pursuant to Chapter 465, Florida Statutes, and is a health care practitioner as defined in Section 456.001(4), Florida Statutes (2014).

5. At all times material to this complaint, Respondent was the prescription department manager ("PDM") of record for Complete Pharmacy & Medical Solutions ("Permittee"), a permitted community pharmacy in the state of Florida.

6. On or about July 14, 2014, Department Investigator conducted a routine inspection of Permittee and noted that Permittee was engaging in sterile compounding without having been issued a special sterile compounding permit.

7. Section 456.072(1)(k), Florida Statutes (2013, 2014), provides that failing to perform any statutory or legal obligation placed upon a licensee is grounds for disciplinary action.

8. Section 465.022(11)(a), Florida Statutes (2013, 2014), provides that the prescription department manager must ensure the permittee's compliance with all rules adopted under those chapters as they relate to

the practice of the profession of pharmacy and the sale of prescription drugs.

9. Rule 64B16-28.100(8), Florida Administrative Code, provides in pertinent part that any pharmacy engaged in sterile compounding must obtain a special sterile compounding permit.

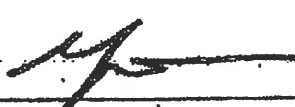
10. As set forth above, Permittee was engaging in sterile compounding without first having been issued a special sterile compounding permit.

11. Based on the foregoing, Respondent has violated Section 456.072(1)(k), Florida Statutes (2013, 2014) by violating Section 465.022(11)(a), Florida Statutes (2013, 2014), by violating Rule 64B16-28.100(8), Florida Administrative Code, which provides that any pharmacy engaging in sterile compounding must first obtain a special sterile compounding permit.

WHEREFORE, Petitioner respectfully requests that the Board of Pharmacy enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 30th day of October, 2014.

JOHN H. ARMSTRONG, MD, FACS
State Surgeon General and
Secretary of Health



Marc D. Taupier
Assistant General Counsel
Fla. Bar No. 106732
Florida Department of Health
Office of the General Counsel
4052 Bald Cypress Way, Bin #C65
Tallahassee, FL 32399-3265
Telephone: (850) 245-4444
Facsimile: (850) 245-4683
Email: marc.taupier@fihealth.gov

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK Angel Sanders
DATE OCT 30 2014

PCP: October 30, 2014
PCP Members: W. L. Z. + Philip

Department of Health v. Gregory G. Gaiser, R.Ph.
DOH Case No. 2014-11951

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.

Final Order No. DOH-18-1360-S -MQA

**STATE OF FLORIDA
BOARD OF PHARMACY**

FILED DATE AUG 13 2018
Department of Health
By: *Amber Greene*
Deputy Agency Clerk

DEPARTMENT OF HEALTH, PETITIONER,	CASE NO.: 2017-22550
v.	LICENSE NO.: PS 39659
GREGORY G. GAISER, RPH, RESPONDENT.	

**FINAL ORDER
APPROVING SETTLEMENT AGREEMENT**

THIS CAUSE came before the Board of Pharmacy (hereinafter the "Board") pursuant to Section 120.57(4), *Florida Statutes*, on August 8, 2018, in Orlando, Florida, for consideration of a Settlement Agreement (attached hereto as Exhibit A) entered into between the parties in the above-styled cause. Upon consideration of the Settlement Agreement, the documents submitted in support thereof, and being otherwise advised in the premises, it is hereby **Ordered and Adjudged**:

1. The Settlement Agreement as submitted is hereby approved, adopted, and incorporated herein by reference. Accordingly, the parties shall adhere to and abide by all the terms of the Settlement Agreement.
2. Costs of investigation and prosecution are \$596.51.

This Final Order shall take effect upon being filed with the Clerk of the Department of Health.

DONE AND ORDERED this 16th day of August, 2018.

BOARD OF PHARMACY

[Signature]
C. Erica White, J.D., Executive Director
On Behalf of
Jeenu Philip, BPharm, Chair

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by U.S. Mail to **Gregory G. Gaiser, RPH**, 516 Minola Drive, Miami Springs, Florida 33166 and 5829 NW 158th Street, Miami Lakes, Florida 33014; and via electronic mail to **Christopher Jurich**, Assistant General Counsel, Prosecution Services Unit, christopher.jurich@flhealth.gov; and to **David D. Flynn**, Assistant Attorney General, Department of Legal Affairs, david.flynn@myfloridalegal.com this 16th day of August, 2018.


DEPUTY AGENCY CLERK

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

PRACTITIONER REGULATION
LEGAL

2018 JUL 23 PM 3: 05

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2017-22550

GREGORY G. GAISER, R.PH.,

RESPONDENT.

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the parties offer this Settlement Agreement to the Board of Pharmacy ("Board") as disposition of the Administrative Complaint, attached as Exhibit A, in lieu of further administrative proceedings.

STIPULATED FACTS

1. At all times material to this matter, Gregory G. Gaiser, R.Ph., was a licensed pharmacist in the state of Florida, having been issued license number PS39659.

Respondent's mailing address of record is Minola Drive, Miami Springs, Florida 33166.

2. Respondent was charged by an Administrative Complaint, filed by the Department of Health ("Department") and properly served upon Respondent, with violations of Chapters 456 and 465, Florida Statutes.

STIPULATED LAW

1. Respondent admits that he/she is subject to the provisions of Chapters 456 and 465, Florida Statutes, and the jurisdiction of the Department.

2. Respondent admits that the allegations in the Administrative Complaint, if proven true, constitute violations of law and cause the Respondent to be subject to discipline by the Board of Pharmacy.

PROPOSED DISPOSITION

1. **Appearance-** Respondent shall be present when this Settlement Agreement is presented to the Board and under oath shall answer all questions asked by the Board concerning this case and its disposition.

2. **Fine-** The Board of Pharmacy shall impose an administrative fine of **ONE THOUSAND DOLLARS (\$1,000.00)**. The fine shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee,**

Florida 32314-6320, within **ninety (90) days** from the date the Final Order approving and incorporating this Settlement Agreement ("Final Order") is filed with the Department Clerk.

3. **Costs**- The Board of Pharmacy shall impose the total, administrative costs associated with the investigation and prosecution of this matter in an amount not to exceed **ONE THOUSAND FIVE HUNDRED THIRTY-ONE DOLLARS AND TEN CENTS (\$1,531.10)**. Total costs shall be assessed when the Settlement Agreement is presented to the Board. The costs shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320**, within **ninety (90) days** from the date the Final Order is filed with the Department Clerk.

4. **Future Conduct**- Respondent shall not violate Chapter 456, 465, 499, or 893, Florida Statutes; the rules promulgated pursuant thereto; or any other state or federal law, rule, or regulation relating to the practice or to the ability to practice pharmacy.

5. **Violation of Terms**- It is expressly understood that a violation of the provisions of this Settlement Agreement as approved and incorporated into the Final Order of the Board of Pharmacy shall constitute

a violation of an order of the Board for which disciplinary action may be initiated against Respondent pursuant to Chapter 465, Florida Statutes.

6. **No Force or Effect until Final Order-** It is expressly understood that this Settlement Agreement is subject to approval by the Board and has no force or effect until the Board incorporates the terms of this Settlement Agreement into its Final Order.

7. **Purpose of Agreement-** This Settlement Agreement is executed by Respondent for the purpose of avoiding further administrative action with respect to this particular case. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to, or in conjunction with, consideration of the Settlement Agreement. Petitioner and Respondent agree to support this Settlement Agreement at the time it is presented to the Board and shall offer no evidence, testimony, or argument that disputes or contravenes any stipulated fact or conclusion of law. Furthermore, should this Settlement Agreement not be accepted by the Board, It is agreed that the presentation and consideration of this Settlement Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice

the Board or any of its members from further participation, consideration, or resolution of these proceedings.

8. **Not Preclude Additional Proceedings-** Respondent and the Department fully understand that this Settlement Agreement as approved and incorporated into the Final Order will not preclude additional proceedings by the Board or Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint.

9. **Waiver of Attorney's Fees and Costs-** Respondent waives the right to seek any attorney's fees and costs from the Department in connection with this disciplinary proceeding.

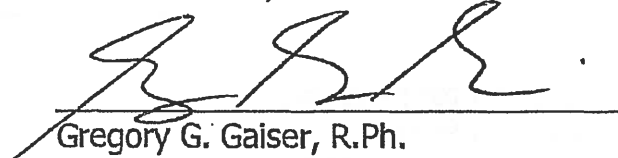
10. **Waiver of Procedural Rights-** Respondent waives all rights to further administrative procedure and to appeal and further review of this Settlement Agreement and the Final Order.

11. **Current Addresses-** Respondent shall keep current his/her mailing address and his/her practice address with the Board of Pharmacy and the Compliance Officer and shall notify the Board of Pharmacy and the Compliance Officer of any change of mailing address or practice address within ten (10) days of the change.

12. **Time of the Essence**- Time is of the essence in all respects concerning this agreement.

WHEREFORE, the parties request that the Board enter a Final Order approving and incorporating this Settlement Agreement in resolution of this matter.

SIGNED this 20 day of July, 2018.

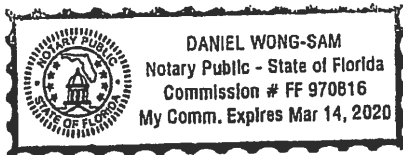

 Gregory G. Gaiser, R.Ph.
 Case No. 2017-22550

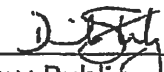
STATE OF Florida

COUNTY OF Miami Dade

Before me personally appeared Gregory G. Gaiser, whose identity is known to me or by FL DL ID (type of identification), and who, under oath, acknowledges that his/her signature appears above.

Sworn to and subscribed before me this 20 day of July, 2018.




 Notary Public
 My Commission Expires: March 14, 2020

APPROVED this 26th day of July, 2018.

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

Hannah Phillips

Hannah Phillips
Assistant General Counsel

Counsel for Petitioner

Hannah Phillips
Florida Bar No. 1003347
Assistant General Counsel
Department of Health
Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, Florida 32399
Tel.: (850) 558-9824
Fax: (850) 245-4662

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2017-22550

GREGORY G. GAISER, R.PH.,

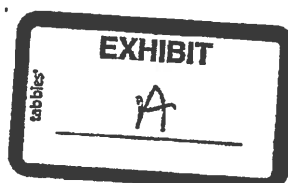
RESPONDENT.

ADMINISTRATIVE COMPLAINT

COMES NOW, Petitioner, Department of Health ("Department"), by and through its undersigned counsel, and files this Administrative Complaint before the Board of Pharmacy ("Board") against Respondent, Gregory G. Gaiser, R.Ph., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of pharmacy pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 465, Florida Statutes.

2. At all times material to this Administrative Complaint, Respondent was a licensed pharmacist within the state of Florida, having been issued license number PS39659.



3. Respondent's address of record is 516 Minola Drive, Miami Springs, Florida 33166.

4. Respondent may have an additional address of 5829 NW 158th Street, Miami Lakes, Florida 33014.

5. At all times material to this Administrative Complaint, Respondent was a licensed pharmacist within the State of Alabama.

6. At all times material to this Administrative Complaint, Complete Pharmacy and Medical Solutions was a permitted non-resident pharmacy in the State of Alabama.

7. At all times material to this Administrative Complaint, Respondent was the supervising pharmacist for Complete Pharmacy and Medical Solutions.

8. On or about December 31, 2014, the non-resident pharmacy permit for Complete Pharmacy and Medical Solutions expired, and was not timely renewed by Respondent.

9. On or about October 10, 2017, the Alabama State Board of Pharmacy issued a Final Order, whereby disciplining Respondent's Alabama pharmacist license for one or more of the following violations:

- a. Respondent allowed the pharmacy to dispense prescription medications into the State of Alabama while it did not possess a current non-resident pharmacy permit; and/or
- b. Respondent allowed the pharmacy to ship prescription medications into the State of Alabama without a current non-resident pharmacy permit.

10. The violations underlying the discipline by the Alabama State Board of Pharmacy would constitute violations under Florida law.

11. Section 456.072(1)(f), Florida Statutes (2017), provides that having a license or the authority to practice any regulated profession revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of any jurisdiction, including its agencies or subdivisions, for a violation that would constitute a violation under Florida law, constitutes grounds for disciplinary action. The licensing authority's acceptance of a relinquishment of licensure, stipulation, consent order, or

other settlement, offered in response to or in anticipation of the filing of charges against the license, shall be construed as action against the license.

12. On or about October 10, 2017, the Alabama State Board of Pharmacy issued a Final Order, whereby disciplining Respondent's pharmacist license for one or more of the conduct specified in paragraph seven, which would constitute a violation of Florida law.

13. Based on the foregoing, Respondent has violated Section 456.072(1)(f), Florida Statutes (2017).

[REMAINDER LEFT BLANK]

WHEREFORE, the Petitioner respectfully requests that the Board of Pharmacy enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 19th day of April, 2018.

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

Hannah Phillips, Fla. Bar No. 1003347
Raj Misra

Assistant General Counsel

Fla. Bar No. 108907

Florida Department of Health

Office of the General Counsel

4052 Bald Cypress Way, Bin C-65

Tallahassee, FL 32399-3265

Telephone: (850) 558-9875

Facsimile: (850) 245-4662

Email: raj.misra@flhealth.gov

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK

CLERK: Angel Sanders
DATE: APR 19 2018

PCP Meeting: April 19, 2018

PCP Members: Debra Glass; Mark Mikhael

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.

Please note that mediation under Section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2014-11951

GREGORY G. GAISER, R.Ph.,

RESPONDENT.

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9. Rule 64B16-28.100(8), Florida Administrative Code, provides in pertinent part that any pharmacy engaged in sterile compounding must obtain a special sterile compounding permit.

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11. Based on the foregoing, Respondent has violated Section 456.072(1)(k), Florida Statutes (2013, 2014) by violating Section 465.022(11)(a), Florida Statutes (2013, 2014), by violating Rule 64B16-28.100(8), Florida Administrative Code, which provides that any pharmacy engaging in sterile compounding must first obtain a special sterile compounding permit.

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JOHN H. ARMSTRONG, MD, FACS
State Surgeon General and
Secretary of Health



Marc D. Taupier
Assistant General Counsel
Fla. Bar No. 106732
Florida Department of Health
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Telephone: (850) 245-4444
Facsimile: (850) 245-4683
Email: marc.taupier@flhealth.gov

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK **Angel Sanders**
DATE **OCT 30 2014**

PCP: October 30, 2014
PCP Members: Whizer + Philip

Department of Health v. Gregory G. Gaiser, R.Ph.
DOH Case No. 2014-11951

NOTICE OF RIGHTS

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**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2017-22550

GREGORY G. GAISER, R.PH.,

RESPONDENT.

_____ /

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11. Section 456.072(1)(f), Florida Statutes (2017), provides that having a license or the authority to practice any regulated profession revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of any jurisdiction, including its agencies or subdivisions, for a violation that would constitute a violation under Florida law, constitutes grounds for disciplinary action. The licensing authority's acceptance of a relinquishment of licensure, stipulation, consent order, or

other settlement, offered in response to or in anticipation of the filing of charges against the license, shall be construed as action against the license.

12. On or about October 10, 2017, the Alabama State Board of Pharmacy issued a Final Order, whereby disciplining Respondent's pharmacist license for one or more of the conduct specified in paragraph seven, which would constitute a violation of Florida law.

13. Based on the foregoing, Respondent has violated Section 456.072(1)(f), Florida Statutes (2017).

[REMAINDER LEFT BLANK]

WHEREFORE, the Petitioner respectfully requests that the Board of Pharmacy enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 19th **day of** April, **2018.**

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

Hannah Phillips, Fla. Bar No. 1003347
Raj Misra

Assistant General Counsel
Fla. Bar No. 108907
Florida Department of Health
Office of the General Counsel
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FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK

CLERK: Angel Sanders
DATE: APR 19 2018

PCP Meeting: April 19, 2018
PCP Members: Debra Glass; Mark Mikhael

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.

Please note that mediation under Section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.

FILED DATE FEB 26 2015

Department of Health

By:

Angel Sander
Deputy Agency Clerk**STATE OF FLORIDA
BOARD OF PHARMACY**

DEPARTMENT OF HEALTH, PETITIONER,	CASE NO.: 2014-11950
COMPLETE PHARMACY & MEDICAL SOLUTIONS, RESPONDENT.	LICENSE NO.: PH 22993

**FINAL ORDER
APPROVING SETTLEMENT AGREEMENT**

THIS CAUSE came before the Board of Pharmacy (hereinafter the "Board") pursuant to Section 120.57(4), *Florida Statutes*, on February 11, 2015, in Gainesville, Florida, for consideration of a Settlement Agreement (attached hereto as Exhibit A) entered into between the parties in the above-styled cause. Upon consideration of the Settlement Agreement, the documents submitted in support thereof, and being otherwise advised in the premises, it is hereby **Ordered** and **Adjudged**:

1. The Settlement Agreement as submitted is hereby approved, adopted, and incorporated herein by reference. Accordingly, the parties shall adhere to and abide by all the terms of the Settlement Agreement.
2. Costs of investigation and prosecution are \$ 1,161.26. ✓

This Final Order shall take effect upon being filed with the Clerk of the Department of Health.

DONE AND ORDERED this 25th day of February, 2015.

BOARD OF PHARMACY



Allison Dudley, J.D.
Interim Executive Director
On Behalf of
Michele Weizer, PharmD, Chair

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by U.S. Mail to **Complete Pharmacy & Medical Solutions**, 5829 North West 158th Street, Miami Lakes, Florida 33014 ; and **Robert S. Stroud, Esquire**, Blalock Walters, P.A., 2 North Tamiami Trail, Suite 408, Sarasota, Florida 34236-5591; and via electronic mail to **Matthew Witters**, Assistant General Counsel, Prosecution Services Unit, matthew.witters@flhealth.gov, and to **David D. Flynn**, Assistant Attorney General, Department of Legal Affairs, david.flynn@myfloridalegal.com this 26th day of February, 2015.



DEPUTY AGENCY CLERK

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2014-11950

COMPLETE PHARMACY & MEDICAL SOLUTIONS,

RESPONDENT.

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the parties offer this Settlement Agreement to the Board of Pharmacy (Board) as disposition of the Administrative Complaint, attached as Exhibit A, in lieu of further administrative proceedings.

STIPULATED FACTS

1. At all times material to this matter, **COMPLETE PHARMACY & MEDICAL SOLUTIONS** was a permitted community pharmacy in the state of Florida, having been issued license number PH 22993. Respondent's mailing address of record is 5829 NW 158th Street, Miami Lakes, Florida 33014.

2. Respondent was charged by an Administrative Complaint, filed by the Department of Health (Department) and properly served upon Respondent, with violations of Chapters 456 and 465, Florida Statutes.

STIPULATED LAW

1. Respondent admits that Respondent is subject to the provisions of Chapters 456 and 465, Florida Statutes, and the jurisdiction of the Department.

2. Respondent admits that the allegations in the Administrative Complaint, if proven true, constitute violations of law and cause the Respondent to be subject to discipline by the Board of Pharmacy.

PROPOSED DISPOSITION

1. **Appearance-** Respondent shall be present when this Settlement Agreement is presented to the Board and under oath shall answer all questions asked by the Board concerning this case and its disposition.

2. **Fine-** The Board of Pharmacy shall impose an administrative fine of **TWO THOUSAND DOLLARS (\$2,000.00)**. The fine shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee,**

Florida 32314-6320, within **30 days** from the date the Final Order approving and incorporating this Settlement Agreement (Final Order) is filed with the Department Clerk.

3. **Costs**- The Board of Pharmacy shall impose the total, administrative costs associated with the investigation and prosecution of this matter in an amount not to exceed **TWO THOUSAND ONE HUNDRED NINETEEN DOLLARS AND TWELVE CENTS (\$2,119.12)**. Total costs shall be assessed when the Settlement Agreement is presented to the Board. The costs shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320**, within **90 days** from the date the Final Order is filed with the Department Clerk.

4. **Correction of Alleged Deficiencies**- At its sole expense, but without admitting any specific deficiency or violation, Respondent shall immediately, or at least forthwith, correct and address all deficiencies and violations listed or alleged in the Administrative Complaint, to the extent necessary to comply with Florida law.

5. **Future Conduct**- Respondent shall not violate Chapters 456, 465, 499, or 893, Florida Statutes; the rules promulgated pursuant thereto;

or any other state or federal law, rule, or regulation relating to the practice or to the ability to practice pharmacy.

6. **Violation of Terms-** It is expressly understood that a violation of the provisions of this Settlement Agreement as approved and incorporated into the Final Order of the Board of Pharmacy shall constitute a violation of an order of the Board for which disciplinary action may be initiated against Respondent pursuant to Chapter 465, Florida Statutes.

7. **No Force or Effect until Final Order-** It is expressly understood that this Settlement Agreement is subject to approval by the Board and has no force or effect until the Board incorporates the terms of this Settlement Agreement into its Final Order.

8. **Purpose of Agreement-** This Settlement Agreement is executed by Respondent for the purpose of avoiding further administrative action with respect to this particular case. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to, or in conjunction with, consideration of the Settlement Agreement. Petitioner and Respondent agree to support this Settlement Agreement at the time it is presented to the Board and shall offer no evidence, testimony, or argument that disputes or

contravenes any stipulated fact or conclusion of law. Furthermore, should this Settlement Agreement not be accepted by the Board, it is agreed that the presentation and consideration of this Settlement Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration, or resolution of these proceedings.

9. **Not Preclude Additional Proceedings-** Respondent and the Department fully understand that this Settlement Agreement as approved and incorporated into the Final Order will not preclude additional proceedings by the Board or Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint.

10. **Waiver of Attorney's Fees and Costs-** Respondent waives the right to seek any attorney's fees and costs from the Department in connection with this disciplinary proceeding.

11. **Waiver of Procedural Rights-** Respondent waives all rights to further administrative procedure and to appeal and further review of this Settlement Agreement and the Final Order.

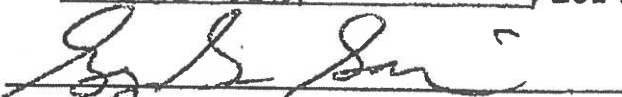
12. **Current Addresses-** Respondent shall keep current his mailing address and his practice address with the Board of Pharmacy and

the Compliance Officer and shall notify the Board of Pharmacy and the Compliance Officer of any change of mailing address or practice address within ten (10) days of the change.

13. **Time of the Essence**- Time is of the essence in all respects concerning this agreement.

WHEREFORE, the parties request that the Board enter a Final Order approving and incorporating this Settlement Agreement in resolution of this matter.

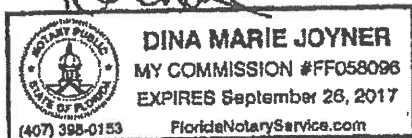
SIGNED this 1st day of December, 2014.

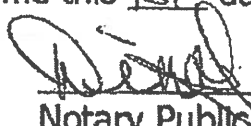

Institutional Representative for
Complete Pharmacy & Medical Solutions
Case No. 2014-11950

STATE OF Florida
COUNTY OF Miami-Dade

Before me personally appeared Gregory Gaiser whose identity is known to me or by Florida Drivers License (type of Identification), and who, under oath, acknowledges that his/her signature appears above.


Sworn to and subscribed before me this 1st day of December, 2014.




Dina Marie Joyner
Notary Public
My Commission Expires: Sept. 26, 2017

APPROVED this 11th day of December, 2014.

John H. Armstrong, MD, FACS
State Surgeon General and
Secretary of Health



Marc D. Taupier
Assistant General Counsel

Counsel for Petitioner

Marc D. Taupier
Assistant General Counsel
Florida Bar No. 106732
Department of Health
Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, Florida 32399
Tel.: (850) 245-4444 ext. 8228
Fax: (850) 245-4683

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2014-11950

COMPLETE PHARMACY & MEDICAL SOLUTIONS,

RESPONDENT.

ADMINISTRATIVE COMPLAINT

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Pharmacy against Respondent, Complete Pharmacy and Medical Solutions, and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of pharmacy pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 465, Florida Statutes.
2. At all times material to this Complaint, Respondent was a permitted community pharmacy within the state of Florida, having been issued permit number PH 22993.

3. Respondent's address of record is 5829 NW 158th Street, Miami Lakes, Florida 33014.

4. Respondent is licensed pursuant to Chapter 465, Florida Statutes, and is a health care practitioner as defined in Section 456.001(4), Florida Statutes (2014).

5. On or about July 14, 2014, Department Investigator conducted a routine inspection of Permittee and noted that Permittee was engaging in sterile compounding without having been issued a special sterile compounding permit.

COUNT I

6. Petitioner realleges and incorporates paragraphs one (1) through five (5) as if fully set forth herein.

7. Section 456.072(1)(o), Florida Statutes (2013, 2014), provides that practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities the licensee knows, or has reason to know, the licensee is not competent to perform is grounds for disciplinary action.

8. As set forth above, Respondent engaged in sterile compounding without first obtaining a special sterile compounding permit.

9. Based on the foregoing, Respondent violated Section 456.072(1)(o), Florida Statutes (2013, 2014), by practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities the licensee knows, or has reason to know, the licensee is not competent to perform.

COUNT II

10. Petitioner realleges and Incorporates paragraphs one (1) through five (5) as if fully set forth herein.

11. Section 456.072(1)(k), Florida Statutes (2013, 2014), provides that failing to perform any statutory or legal obligation placed upon a licensee is grounds for disciplinary action.

12. Section 465.023(1)(c), Florida Statutes (2013, 2014), provides that the department or the board may revoke or suspend the permit of any pharmacy permittee, and may fine, place on probation, or otherwise discipline any pharmacy permittee if the permittee has violated any of the requirements of this chapter or any of the rules of the Board of Pharmacy.

13. Rule 64B16-28.100(8), Florida Administrative Code, provides in pertinent part that any pharmacy engaged in sterile compounding must obtain a special sterile compounding permit.

14. As set forth above, Respondent was engaging in sterile compounding without first having been issued a special sterile compounding permit.

15. Based on the foregoing, Respondent has violated Section 456.072(1)(k), Florida Statutes (2013, 2014), by violating Section 465.023(1)(c), Florida Statutes (2013, 2014), through a violation of Rule 64B16-28.100(8), Florida Administrative Code, which provides that any pharmacy engaging in sterile compounding must first obtain a special sterile compounding permit.

WHEREFORE, Petitioner respectfully requests that the Board of Pharmacy enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 30th day of October, 2014.

JOHN H. ARMSTRONG, MD, FACS
State Surgeon General and
Secretary of Health



Marc D. Taupier
Assistant General Counsel
Fla. Bar No. 106732
Florida Department of Health
Office of the General Counsel
4052 Bald Cypress Way, Bin #C65
Tallahassee, FL 32399-3265
Telephone: (850) 245-4444
Facsimile: (850) 245-4683
Email: marc.taupier@flhealth.gov

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK Angel Sanders
DATE OCT 30 2014

PCP: October 30, 2014
PCP Members: Weizer, Philip

Department of Health v. Complete Pharmacy & Medical Solutions
DOH Case No. 2014-11950

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.

AC# 7585729

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/17/2017	PH 28339	99946

QUALIFICATION(S):
SPECIAL STERILE COMPOUNDING

The **PHARMACY**
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **FEBRUARY 28, 2019**
COMPLETE PHARMACY AND MEDICAL SOLUTIONS
COMPLETE PHARMACEUTICS
5829 NW 158 STREET
MIAMI LAKES, FL 33014

STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE	AC# 7585729	LICENSE NO. PH 28339	CONTROL NO. 99946
		DATE 02/17/2017	

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

Expiration Date: **FEBRUARY 28, 2019**
COMPLETE PHARMACY AND MEDICAL SOLUTIONS


Rick Scott
GOVERNOR


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

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):
Special Sterile Compounding

EXPIRATION DATE: **FEBRUARY 28, 2019**

Your license number is PH 28339. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

Medical Quality Assurance has a new and improved Online Services Portal. In the new system, you have the ability to renew your license, update your mailing and practice location addresses, request a name change, request a duplicate license and update your profile information all from the convenience of your online account.

- Go to www.FLHealthSource.gov.
- Click on "Provider Services" and select "Manage Your License."
- Select your profession and license type and click "Submit."
- The question "Have you Registered in Our New Online Service System?" will display.
 - Click on "No" if you have not registered for an account in the new system and follow the instructions provided for new user registration.
 - Click on "Yes" if you are a returning user. Enter the user ID and password you selected during the registration process, then select "Sign In" to access your MQA Online Services Portal account.

IMPORTANT ANNOUNCEMENTS

Are You Renewal Ready?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit
www.FLHealthSource.gov/AYRR

Grounds for Discipline

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed.

Florida Statutes can be accessed at
www.leg.state.fl.us/Statutes

C# 7586725

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/17/2017	PH 22993	99945

QUALIFICATION(S):
SCHEDULE II & III
COMMUNITY PHARMACY
3:1 PHARMACY TECHNICIAN RATIO APPROVED


PHARMACY
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **FEBRUARY 28, 2019**
COMPLETE PHARMACY & MEDICAL SOLUTIONS
Complete Pharmaceuticals
329 NW 158TH STREET
MIAMI LAKES, FL 33014

STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE	AC# 7586725
DATE 02/17/2017	LICENSE NO. PH 22993
	CONTROL NO. 99945

The PHARMACY
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **FEBRUARY 28, 2019**

COMPLETE PHARMACY & MEDICAL SOLUTIONS


Rick Scott
GOVERNOR


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

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):
Schedule II & III
Community Pharmacy
3:1 Pharmacy Technician Ratio Approved

EXPIRATION DATE: **FEBRUARY 28, 2019**

Your license number is PH 22993. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

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DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC0713520	08-31-2019	\$731

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	RETAIL PHARMACY	08-25-2016

COMPLETE PHARMACY AND MEDICAL SOLUTIONS, LLC
5829 NW 158TH STREET
MIAMI LAKES, FL 33014

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (05/04)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC0713520	08-31-2019	\$731

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	RETAIL PHARMACY	08-25-2016

COMPLETE PHARMACY AND MEDICAL SOLUTIONS, LLC
5829 NW 158TH STREET
MIAMI LAKES, FL 33014

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
)	
COMPLETE PHARMACY AND	)	BOARD OF PHARMACY
MEDICAL SOLUTIONS)	
)	
Non-Resident Pharmacy	)	Case Number 17-L-0001
Permit Number 113324)	
)	
and)	
)	
GREGORY GAISER)	
)	
Pharmacist License Number 19151)	

FINAL ORDER

On October 10, 2017, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Complete Pharmacy and Medical Solutions (hereinafter also referred to as the "Respondent" or "Respondent Pharmacy") and Mr. Gregory Gaiser (hereinafter referred to as "Respondent" or "Respondent Pharmacist"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent Pharmacy is a non-resident pharmacy located at 5859 NW 158 Street, Miami Lakes, Florida 33014 to which the Board issued permit number 113324 and Respondent Pharmacist is a licensed pharmacist license who holds license number 19151, issued by the Board. The Respondent Pharmacist is the supervising pharmacist for the Respondent Pharmacy. (Board's Exhibit One)

2. The Respondents were notified of the charges; the Respondent Pharmacist attended the administrative hearing and the Respondents were represented at the administrative hearing by counsel, Mr. John Hutto, Esq. (Board's Exhibits One and Two)

3. The Respondents made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. As of December 31, 2014 the Respondent Pharmacy's permit as a non-resident pharmacy for the State of Alabama expired and the Respondent failed to timely renew its non-resident pharmacy permit for the years 2015-2016, submitting a renewal application for that period received by the Board on December 14, 2016. The Respondents continued to dispense prescription into the State of Alabama while it did not possess a valid, current non-pharmacy permit. (Board's Exhibits Two and Three)

5. The Respondent Pharmacy failed to renew its 2017-2018 non-resident pharmacy in a timely manner and shipped prescriptions into the State of Alabama without a valid permit in 2015, 2016 and 2017. (Board's Exhibits Two and Three)

6. Based on the Administrative Complaint dated October 30, 2014 by the State of Florida Department of Public Health against the Respondent Pharmacist for the failure to obtain a special sterile compounding permit, the State of Florida Board of Pharmacy on February 25, 2015 issued a Final Order Approving Settlement Agreement wherein the Responding Pharmacist, among other things, was fined and required to complete twelve hours of continuing education on laws and rules of pharmacy. (Board's Exhibits One "A" and Four)

7. On August 4, 2014 through August 12, 2014 the Respondent Pharmacy was inspected by the Department of Health and Human Services, Food and Drug Administration during which twelve violations concerning sterile product processing were observed as shown on the Form FDA 483. (Board's Exhibits One "B" and Five; Respondents' Exhibit One)

8. On January 23, 2017 the Respondent Pharmacy was again inspected by the Department of Health and Human Services Food and Drug Administration during which two

violations concerning labeling and beyond use dates were observed as shown on the Form FDA 483. (Board's Exhibits One "C" and Seven)

9. The Public Health Service, Food and Drug Administration on March 10, 2016 issued a Warning Letter to the Respondents regarding the failure of the Respondents' practices in producing sterile drug products thus failing to meet the conditions required under Section 503B of the Food, Drug and Cosmetic Act. (Board's Exhibits One "B", One "C", One "D" and Six)

10. The Respondents' submitted responses to the August 4, 2014 through August 12, 2014 and January 23, 2017 inspections by the Department of Health and Human Services Food and Drug Administration and the Warning Letter of March 10, 2016 including standard operating procedures and other actions to correct violations observed during the inspections. (Respondents' Exhibits Two through Six, Nine through Fourteen)

11. The Oregon State Board of Pharmacy disciplined the Respondent Pharmacy in an order dated November 7, 2016 for the failure of the Respondent Pharmacy to obtain a permit to dispense prescriptions and compounding patient specific drug products in the State of Oregon from January 1, 2015 through March 29, 2016. (Board's Exhibit Eight)

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction in this cause pursuant to Code of Alabama (1975), § 34-23-34, § 34-23-92 (12), and § 41-22-12.

2. The Respondents were properly notified of the charges; the Respondent Pharmacist attended and the Respondents were represented at the administrative hearing by counsel.

3. The Respondents made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges at the administrative hearing.

4. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed in that it is guilty of violating Code of Alabama (1975), § 34-23-33 (7) in that it operated as a pharmacy and dispensed medication to citizens of the State of Alabama during 2015, 2016 and/or 2017 without a valid permit in violation of Code of Alabama (1975), § 34-23-30 and/or § 34-23-31.

The Board finds that each day it operated is a separate and distinct offense.

5. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed in that it is guilty of violating Code of Alabama (1975), § 34-23-33 (2) based upon any or all of the violations of paragraph four above of this Final Order.

6. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed in that it is guilty of violating Code of Alabama (1975), § 34-23-33 (13) in that it violated Board Rule 680-X-2.22 (2) (d) based upon any or all of the violations of paragraph four above of this Final Order.

7. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed in that it is guilty of violating Code of Alabama (1975), § 34-23-33 (6) based upon any or all of the violations of the preceding paragraphs of this Final Order.

8. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (2) based upon engaging in sterile compounding in the State of Florida without having been issued a special sterile compounding permit as set forth and

reflected in the Administrative Complaint dated October 30, 2014, the Settlement Agreement dated December 1, 2014 and the Final Order referenced in the Settlement Agreement.

9. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (13) in that they violated Board Rule 680-X-2.22 (2) (d) based upon any or all of the violations of paragraph eight above of this Final Order.

10. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (6) based upon any or all of the violations of paragraphs eight and/or nine above of this Final Order.

11. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed in that it is guilty of violating Code of Alabama (1975), § 34-23-33 (7) in that they operated and/or conducted business activities in this State during 2014, 2015, 2016 and/or 2017 without possessing the permit required by Code of Alabama (1975), § 34-23-32.

The Board finds that each day it operated and/or conducted the above referenced business activities is a separate and distinct offense.

12. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed

on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (2) in that they violated 503B of the FD&C based upon the observations and/or findings set out in a Form 483 dated August 12, 2014 resulting from an inspection by the FDA.

13. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (2) in that they violated the statutory provisions based upon the deficiencies and/or violations set out and described in a Warning Letter issued by the FDA dated March 10, 2016.

14. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (2) in that they violated 503B of the FD&C based upon the observations and/or findings set out in a Form FDA 483 dated February 13, 2017 resulting from an inspection by the FDA.

15. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (6) based upon any or all of the violations of paragraphs eleven through fourteen above of this Final Order.

16. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the

Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (13) in that they violated Board Rule 680-X-2.22 (2) (a) based upon any or all of the violations of paragraphs eleven through fourteen above of this Final Order.

17. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (13) in that they violated Board Rule 680-X-2.22 (2) (b) based upon any or all of the violations of paragraphs eleven through fourteen above of this Final Order.

18. The Respondent Pharmacy's permit as a non-resident pharmacy in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (13) in that they violated Board Rule 680-X-2.22 (2) (d) based upon any or all of the violations of paragraphs eleven through fourteen above of this Final Order.

19. The Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that he is guilty of violating Code of Alabama (1975), § 34-23-33 (2) based upon discipline entered by the Oregon State Board of Pharmacy on or about November 7, 2016 in connection with him dispensing prescriptions and compounding patient specific prescriptions into Oregon from on or about January 1, 2015 until on or about March 29, 2016 without registering with the Oregon Board of Pharmacy.

20. The Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that he is guilty of violating Code of Alabama (1975), § 34-23-33 (6) based upon any or all of the violations of paragraph nineteen above of this Final Order.

21. The Respondent Pharmacist's license to practice pharmacy in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that he is guilty of violating Code of Alabama (1975), § 34-23-33 (13) in that he violated Board Rule 680-X-2.22 (2) (d) based upon any or all of the violations of paragraph nineteen above of this Final Order.

22. The Respondent Pharmacy's controlled permit in the State of Alabama is due to be SUSPENDED and have other disciplinary sanctions imposed and the Respondent Pharmacist's controlled substance permit in the State of Alabama is due to be placed on PROBATION and have other disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 20-2-54 (a) (4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the violations contained in the preceding paragraphs above of the Final Order.

ORDER

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

1. The Respondents shall not ship or otherwise distribute into the State of Alabama any human growth hormone preparations for off label uses; and
2. The Respondent Pharmacist's license to practice pharmacy and controlled

substance permit in the State of Alabama are placed on PROBATION for a period of three (3) years from the date of this Final Order; and

3. The Respondent Pharmacist is ORDERED to pay to the Board an administrative fine of Fourteen Thousand (\$14,000.00) Dollars; said fine shall be paid in thirty (30) days from the date of this Final Order and future applications for renewal shall not be granted unless said fine has been paid; and

4. The Respondent Pharmacy's controlled substance permit and permit as a non-resident pharmacy in the State of Alabama are SUSPENDED, said SUSPENSION immediately revert to PROBATION for a period of three (3) years from the date of this Final Order; and

5. The Respondent Pharmacy is ORDERED to pay to the Board an administrative fine of Fifteen Thousand (\$15,000.00) Dollars; said fine shall be paid in thirty (30) days from the date of this Final Order and future applications for renewal shall not be granted unless said fine has been paid; and

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

DONE and ORDERED, this _____ day of October 2017.
10/20/2017

Buddy Bunch

Mr. Buddy Bunch, President
Alabama State Board of Pharmacy

Copies to:

Mr. John Hutto, Esq.

Mr. James S. Ward, Esq.

Dr. Susan Alverson, Executive Secretary

Mr. Vance L. Alexander, Esq.

11B

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

Nevada State Board of Pharmacy – Renewal Application - PHARMACIST

431 W Plumb Lane • Reno, NV 89509 • bop.nv.gov

For the period of November 1, 2013 to October 31, 2019
 MONEY ORDER ONLY (NO BUSINESS or PERSONAL CHECKS, NO CASH)
 \$860.00 (MUST be postmarked by 10/31/2018)

860-

LICENSE: 09833
LAN THI TRAN-NGUYEN
 N PALM ST
 LA HABRA, CA 90631

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

RENEW BY MAIL

1. Complete ALL sections on this form
2. Sign and date this form
3. Send MO with this form (do NOT staple)
4. Mail original form/payment to address above
5. **NO COPIES**
6. **NO SIGNATURE STAMPS ACCEPTED**

**MUST BE POSTMARKED BY 10/31/2018
 OR WILL BE PERMANENTLY EXPIRED**

Section 1: Since your <u>last renewal</u> or recent licensure have you: (Please fill in completely)						Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?..... <input type="checkbox"/> <input checked="" type="checkbox"/>							
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?						<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?						<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?						<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, include the following information & letter of explanation							
Board Administrative Action:		State	Date:	Case #:			
License cancellation		CA	6/3/2012	SACER 09-00115-CJC			
Criminal Action:	State	Date:	Case #:	County	Court		
Sentence	CA	06/03/2011	09-00115-CJC	ORANGE	US Central District		
Section 2:							
Are you the subject of a court order for the support of a child?.....						Yes	No
						<input type="checkbox"/>	<input checked="" type="checkbox"/>
IF you marked YES to the question above, are you in compliance with the court order?..... <input type="checkbox"/> <input checked="" type="checkbox"/>							
Section 3: (Fees apply to either status)							
By signing below, you certify that you have completed <u>ALL</u> required CE Hours due for the 13/19 Renewal period. (Dated from Nov. 1, 11 – Oct. 31, 17; 1.25hrs per mo.). The exemption period is 2yrs after graduation only.							
OR you may check the box for Inactive if you did NOT complete CE.							
Inactive - <input type="checkbox"/> By checking this box you certify that you are NOT practicing in NV and do not wish to comply with the CE requirements of NV and would like your license changed to <u>inactive</u> status. Before re-activating your license it will be necessary to submit an application and to become compliant with current CE requirements (NAC 639.219). See reverse of insert for more information.							
Section 4: NON-DISCIPLINARY STATE-MANDATED QUESTIONS							
1. Though it is NOT required to have, SB21 requires the Board to ask if you have a Nevada State Business license and if you do, please provide the #:							
# 09833 Leave blank if non-applicable							
2. Have you ever served in the military, either active, reserve or retired? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Branch: _____							
Military Occupation/Specialty: _____				Dates of Service: _____			

Section 5: It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct. I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.	
Original Signature: <u>Languyen</u>	Date: <u>07/02/2018</u>

From: Tran Nguyen, Lan Thi
N. Palm Street
La Habra, CA 90631

1

July 2, 2018

To: Ms. Lisa J. Hedaria, Director of Finance/ Technology
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 98509
(775) 850-1440

Dear Madame,

As per your instruction on my specific license renewal status, I would like to provide the explanation for my criminal conviction was selling over the daily limit of the cold medicine namely Claritin-D, leading to the felony conviction for distribution of a listed chemical (Pseudo-ephedrine) knowing and having a reasonable cause to believe it will be used to manufacture methamphetamine in violation of 21 U.S.C § 841 (c) (2) as charged with 1 count indictment.

I have attached the filled renewal form and the money order of \$860.00 in this envelope for you to review and process my order.

Your consideration to expedite my renewal is gratefully appreciated.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Lan Nguyen", written over a horizontal line.

Tran-Nguyen, Lan Thi



BE AWARE AND TAKE CARE:
Talk to your pharmacist!
CALIFORNIA STATE BOARD OF PHARMACY

Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

BOARD OF PHARMACY

Licensee Name: TRAN-NGUYEN LAN THI
License Type: REGISTERED PHARMACIST
License Number: 43129
License Status: CANCELLED Definition
Voluntary Surrender Definition
Expiration Date: August 21, 2013
Issue Date: March 06, 1990
Address: 1400 W WHITTIER AVE
City: BREA
State: CA
Zip: 92821
County: ORANGE
Actions: Yes

Related Licenses/Registrations/Permits

Number	Name	Type	Status
49001	DU PHARMACY	RETAIL PHARMACY	REVOKED

Public Disclosure

Administrative Disciplinary Actions

Current web site information on Board of Pharmacy disciplinary actions only goes as far back as *January 1998* following the effective date of the disciplinary penalty.

Disciplinary actions rendered by the Board and penalties imposed become operative on the effective date of the action except in situations where the licensee obtains a court-ordered stay through the appeal process. This may occur after the publication of the information on this website.

To obtain information prior to January 1998 or for information on specific discipline listed submit a written request to the *State Board of Pharmacy, 1625 N. Market Blvd, Suite N219, Sacramento, CA 95834, Attention Public Records Desk.*

Case Number: AC200900372700
Description of Action: BY STIPULATION: THE LICENSE IS VOLUNTARILY SURRENDERED.
Effective Date of Action: August 21, 2013

Public documents relating to this action are available here:
<http://www.pharmacy.ca.gov/enforcement/fy0910/ac093727>

This information is updated Monday through Friday - Last updated: JUL-11-2018

Disclaimer

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**BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

LAN THI TRAN NGUYEN
Main Street
Susanville, CA 96130

Pharmacist License No. RPH 43129

And

DU PHARMACY
10042 Lampson Ave
Garden Grove, CA 92840

Pharmacy License No. PHY 49001

Respondent.

Case No. 3727

OAH No. 2010110837

Also Pertaining To

Citation No. CI 2010 48444

OAH No. 2011090607

Citation No. CI 2009 43894

OAH No. 2011090383, and

Citation No. CI 2010 47822

OAH No. 2011090603

DECISION AND ORDER

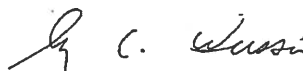
The attached Stipulated Surrender and Revocation of Licenses and Order is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This decision shall become effective on August 21, 2013.

It is so ORDERED on July 22, 2013.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By



STANLEY C. WEISSER
Board President

1 KAMALA D. HARRIS
 Attorney General of California
 2 JAMES M. LEDAKIS
 Supervising Deputy Attorney General
 3 DESIREE I. KELLOGG
 Deputy Attorney General
 4 State Bar No. 126461
 110 West "A" Street, Suite 1100
 5 San Diego, CA 92101
 P.O. Box 85266
 6 San Diego, CA 92186-5266
 Telephone: (619) 645-2996
 7 Facsimile: (619) 645-2061
Attorneys for Complainant

8
 9 **BEFORE THE**
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

12 **J. AN THI TRAN NGUYEN**
 13 North Palm Street
 14 La Habra, CA 90631

15 **Pharmacist License No. RPH 43129**

16 **DU PHARMACY**
 10042 Lampson Ave
 17 Garden Grove, CA 92840

18 **Pharmacy License No. PHY 49001**

19
 20 Respondents.

Case No. 3727

OAH No. 2010110837

**STIPULATED SURRENDER AND
 REVOCATION OF LICENSES AND
 ORDER**

Also Pertaining To

Citation No. CI 2010 48444

OAH No. 2011090607

Citation No. CI 2009 43894

OAH No. 2011090383, and

Citation No. CI 2010 47822

OAH No. 2011090603

23 In the interest of a prompt and speedy settlement of this matter, consistent with the public
 24 interest and the responsibility of the Board of Pharmacy, Department of Consumer Affairs, the
 25 parties hereby agree to the following Stipulated Surrender and Revocation of Licenses and Order
 26 to submit to the Board for approval and adoption as the final disposition of the Accusation in this
 27 case, and of Citation No. CI 2010 48444, Citation No. CI 2009 43894 and Citation No. CI 2010
 28 47822, also issued to Respondents.

PARTIES

1. Virginia Herold (Complainant), Executive Officer of the Board of Pharmacy, brought this action solely in her official capacity and is represented in this matter by Kamala D. Harris, Attorney General of the State of California, by Desiree I. Kellogg, Deputy Attorney General.

2. Both Respondents, Lan Thi Tran Nguyen (Respondent Tran Nguyen) and Lan Thi Tran Nguyen dba Du Pharmacy (Respondent Du Pharmacy), are represented in this proceeding by attorney Miranda McCroskey, of Law Office of Miranda McCroskey, 1432 Edinger Avenue, Suite 240, Tustin, California 92780 (telephone (714) 389-2257).

3. On or about March 6, 1990, the Board of Pharmacy issued Pharmacist License No. RPH 43129 to Respondent Tran Nguyen. The Pharmacist License was in full force and effect at all times relevant to the charges brought in Accusation No. 3727. The Pharmacist License was suspended by the Board of Pharmacy on December 30, 2011.

4. On or about March 24, 2008, the Board of Pharmacy issued Pharmacy License No. PHY 49001 to Respondent Du Pharmacy. The Pharmacy License was in full force and effect at all times relevant to the charges brought in Accusation No. 3727. The Pharmacy License was cancelled by the Board of Pharmacy on July 15, 2011.¹

ACCUSATION AND CITATIONS

5. Accusation No. 3727 was filed before the Board of Pharmacy (Board), Department of Consumer Affairs, and is currently pending against Respondents. The Accusation and all other statutorily required documents were properly served on Respondents on November 2, 2010. Respondents timely filed their Notice(s) of Defense contesting the Accusation. A copy of Accusation No. 3727 is attached as Exhibit A and incorporated by reference.

6. On April 8, 2011, Citation No. CI 2010 47822, with a fine of \$1,475,000.00, was issued to Respondent Tran Nguyen. Respondent timely appealed the Citation. A copy of Citation No. CI 2010 47822 is attached as Exhibit B and incorporated herein by reference.

¹ Pursuant to Business and Professions Code section 4300.1, the cancellation of the license does not deprive the Board of jurisdiction to proceed with disciplinary action against the pharmacy license.

1 7. On April 8, 2011, Citation No. CI 2009 43894, with a fine of \$1,475,000.00, was
2 issued to Respondent Du Pharmacy. Respondent timely appealed the Citation. A copy of
3 Citation No. CI 2009 43894 is attached as Exhibit C and incorporated herein by reference.

4 8. On June 9, 2011, Citation No. CI 2010 48444, with a fine of \$500.00, was issued to
5 Respondent Tran-Nguyen. Respondent timely appealed the Citation. A copy of Citation No. CI
6 2010 48444 is attached as Exhibit D and incorporated herein by reference.

7 ADVISEMENT AND WAIVERS

8 9. Respondents have carefully read, fully discussed with counsel, and understand the
9 allegations in Accusation No. 3727, and in each of the above listed Citations (No. CI 2010 47822,
10 CI 2009 43894 and CI 2010 48444). Respondents have also carefully read, fully discussed with
11 counsel, and understand the effects of this Stipulated Surrender and Revocation of Licenses and
12 Order.

13 10. Respondents are fully aware of their legal rights in this matter, including the right to a
14 hearing on the charges and allegations in the Accusation and any pending citation(s); the right to
15 confront and cross-examine the witnesses against them; the right to present evidence and to
16 testify on their own behalf; the right to the issuance of subpoenas to compel the attendance of
17 witnesses and the production of documents; the right to reconsideration and court review of an
18 adverse decision; and all other rights accorded by the California Administrative Procedure Act
19 and other applicable laws.

20 11. Respondents voluntarily, knowingly, and intelligently waive and give up each and
21 every right set forth above. Respondents withdraw their notice(s) of appeal or other requests for
22 hearing on the above citations, and agree that those citations are final as modified below.

23 CULPABILITY

24 12. Respondents admit the truth of each and every charge and allegation in Accusation
25 No. 3727, and agree that cause exists for discipline. Respondent Tran Nguyen hereby surrenders
26 her Pharmacist License No. RPH 43129 for the Board's formal acceptance. Respondent Du
27 Pharmacy hereby agrees to the revocation of its Pharmacy License No. PHY 49001 by the Board.

28

14. This stipulation shall be subject to approval by the Board of Pharmacy. Respondents understand and agree that counsel for Complainant and the staff of the Board of Pharmacy may communicate directly with the Board regarding this stipulation and surrender, without notice to or participation by Respondents or their counsel. By signing the stipulation, Respondents understand and agree that they may not withdraw their agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Surrender and Revocation and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

15. The parties understand and agree that facsimile copies of this Stipulated Surrender and Revocation of Licenses and Order, including facsimile signatures thereto, shall have the same force and effect as the originals.

16. This Stipulated Surrender and Revocation of Licenses and Order is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Surrender and Revocation of Licenses and Order may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

17. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Order Modifying Citations and (two) Disciplinary Orders as to each of the two Respondents:

ORDER MODIFYING CITATIONS

IT IS HEREBY ORDERED that:

18. As to Citation No. CI 2010 47822, issued to Respondent Tran Nguyen, the \$1,475,000.00 fine assessed by the citation is reduced to \$5,000.00 and is due and payable within thirty days of the execution of this Stipulation. The Citation in all other respects remains unchanged, and is now final.

19. As to Citation No. CI 2009 43894, issued to Respondent Du Pharmacy, the \$1,475,000.00 fine assessed by the citation is reduced to \$5,000.00 and is due and payable within thirty days of the execution of this Stipulation. The Citation in all other respects remains unchanged, and is now final.

20. As to Citation No. CI 2010 48444, issued to Respondent Tran Nguyen, the \$500.00 fine assessed by the citation is reduced to zero or eliminated. The Citation in all other respects remains unchanged, and is now final.

21. With regard to each of the Citations, this shall constitute a satisfactory resolution of this matter, and shall be represented as such in any public disclosure(s). This stipulation shall become part of the record with regard to each of the respective Citations.

DISCIPLINARY ORDER AS TO RESPONDENT TRAN NGUYEN

IT IS HEREBY ORDERED that Pharmacist License No. RPH 43129, issued to Respondent Tran Nguyen, is surrendered and accepted by the Board of Pharmacy.

1. The surrender of Respondent Tran Nguyen's Pharmacist License and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent Tran Nguyen. This stipulation constitutes a record of the discipline and shall become a part of Respondent Tran Nguyen's license history with the Board of Pharmacy.

2. Respondent Tran Nguyen shall lose all rights and privileges as a Pharmacist in California as of the effective date of the Board's Decision and Order.

3. Respondent Tran Nguyen shall cause to be delivered to the Board her pocket license(s) and, if one was issued, her wall certificate(s) on or before the effective date of the Decision and Order.

1 4. Respondent Tran Nguyen may not apply, reapply, or petition for any licensure or
2 registration of the Board for three (3) years from the effective date of the Board's Decision and
3 Order.

4 5. If Respondent Tran Nguyen ever files an application for licensure or a petition for
5 reinstatement in the State of California, the Board shall treat it as a new application for licensure.
6 Respondent Tran Nguyen must comply with all the laws, regulations and procedures for licensure
7 in effect at the time the application or petition is filed, and all of the charges and allegations
8 contained in Accusation No. 3727 shall be deemed to be true, correct and admitted by Respondent
9 Tran Nguyen when the Board determines whether to grant or deny the application.

10 6. If Respondent Tran Nguyen ever applies for licensure or petitions for reinstatement in
11 the State of California, Tran Nguyen shall pay the agency its costs of investigation and
12 enforcement in the amount of \$27,443.00 (\$15,560.00 in prosecutorial costs and \$11,883.00 in
13 investigative costs) and \$40,000.00 payable to the Board as a civil penalty, prior to issuance of a
14 new or reinstated license. Respondent Tran Nguyen understands and agrees that the
15 aforementioned civil penalty is an administrative fine pursuant to 11 U.S.C. §523(a)(7), and is
16 non-dischargeable in bankruptcy. Respondent further understands and agrees that the filing of
17 bankruptcy by Respondent shall not relieve Respondent of the obligation to pay the balance of
18 this amount to the Board.

19 7. If Respondent Tran Nguyen should ever apply or reapply for a new license or
20 certification, or petition for reinstatement of a license, by any other health care licensing agency
21 in the State of California, all of the charges and allegations contained in Accusation No. 3727
22 shall be deemed to be true, correct, and admitted by Respondent Tran Nguyen for the purpose of
23 any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

24 **DISCIPLINARY ORDER AS TO RESPONDENT DU PHARMACY**

25 IT IS HEREBY ORDERED that Pharmacy License No. PHY 49001, issued to
26 Respondent Du Pharmacy, is revoked by the Board of Pharmacy.

27 1. The revocation of Respondent Du Pharmacy's license by the Board shall constitute
28 the imposition of discipline against Respondent Du Pharmacy. This stipulation constitutes a

1 record of the discipline and shall become a part of Respondent Du Pharmacy's license history
2 with the Board of Pharmacy.

3 2. Respondent Du Pharmacy shall lose any and all remaining rights and privileges as a
4 Pharmacy in California as of the effective date of the Board's Decision and Order.

5 3. Respondent Du Pharmacy shall cause to be delivered to the Board its pocket
6 license(s) and, if one or more was issued, its wall certificate(s), on or before the effective date of
7 the Decision and Order.

8 4. Respondent Du Pharmacy may not apply, reapply, or petition for any licensure or
9 registration of the Board for three (3) years from the effective date of the Decision and Order.

10 5. If Respondent Du Pharmacy ever applies for licensure or petitions for reinstatement
11 in the State of California, the Board shall treat it as a petition for reinstatement. Respondent Du
12 Pharmacy must comply with all laws, regulations and procedures for licensure in effect at the
13 time the application or petition is filed, and all of the charges in Accusation No. 3727 shall be
14 deemed to be true, correct and admitted by Respondent Du Pharmacy when the Board determines
15 whether to grant or deny the petition.

16 6. If Respondent ever applies for licensure or petitions for reinstatement in the State of
17 California, Respondent shall pay the Board, on the basis of joint and several liability, any part of
18 the \$27,433.00 in costs of investigation and enforcement of this case and the civil penalty in the
19 amount of \$40,000.00, made payable by Respondent Tran Nguyen by the Disciplinary Order
20 above, that has/have not yet been paid to the Board or otherwise discharged by Respondent Tran
21 Nguyen pursuant to the Disciplinary Order above, prior to issuance to Respondent Du Pharmacy
22 of a reinstated license.

23 7. If Respondent Du Pharmacy ever applies for a license or certification, or petitions for
24 reinstatement of a license, by any other health care licensing agency in the State of California, all
25 of the charges in Accusation No. 3727 shall be deemed to be true, correct, and admitted by
26 Respondent Du Pharmacy for the purpose of any Statement of Issues or any other proceeding
27 seeking to deny or restrict licensure.
28

ACCEPTANCE

I have carefully read the above Stipulated Surrender and Revocation of Licenses and Order and have fully discussed it with my attorney, Miranda McCroskey. I understand the stipulation and the effect it will have on my Pharmacist License. I enter into this Stipulated Surrender and Revocation of Licenses and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

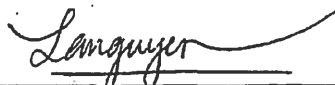
DATED: APRIL 25th, 2013



LAN THI TRAN NGUYEN
Respondent Tran Nguyen

I have carefully read the above Stipulated Surrender and Revocation of Licenses and Order and have fully discussed it with my attorney, Miranda McCroskey. I understand the stipulation and the effect it will have on my Pharmacy License. I enter into this Stipulated Surrender and Revocation of Licenses and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: APRIL 25th, 2013



LAN THI TRAN NGUYEN DBA DU
PHARMACY
Respondent Du Pharmacy

I have read and fully discussed with Respondent Du Pharmacy and Respondent Tran Nguyen the terms and conditions and other matters contained in this Stipulated Surrender and Revocation of Licenses and Order. I approve its form and content.

DATED: 4/20/13


MIRANDA MCCROSKEY
Attorney for Respondents

ENDORSEMENT

The foregoing Stipulated Surrender and Revocation of Licenses and Order is hereby respectfully submitted for consideration by the Board of Pharmacy of the Department of Consumer Affairs.

Dated: 5/1/13

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
JAMES M. LEDAKIS
Supervising Deputy Attorney General

DESHREE I. KELLOGG
Deputy Attorney General
Attorneys for Complainant

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Exhibit A**Accusation No. 3727**

1 EDMUND G. BROWN JR.
 Attorney General of California
 2 LINDA K. SCHNEIDER
 Supervising Deputy Attorney General
 3 DESIREE I. KELLOGG
 Deputy Attorney General
 4 State Bar No. 126461
 110 West "A" Street, Suite 1100
 5 San Diego, CA 92101
 P.O. Box 85266
 6 San Diego, CA 92186-5266
 Telephone: (619) 645-2996
 7 Facsimile: (619) 645-2061
Attorneys for Complainant

8
 9 **BEFORE THE**
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

11
 12 In the Matter of the Accusation Against:

Case No. 3727

13 **LAN THI TRAN NGUYEN**
 North Palm Street
 14 La Habra, CA 90631

ACCUSATION

15 **Pharmacist License No. RPH 43129**

16 **DU PHARMACY**
 10042 Lampson Ave
 17 Garden Grove, CA 92840

18 **Permit No. PHY 49001**

19 Respondents.

20
 21 Complainant alleges:

22 **PARTIES**

23 1. Virginia Herold (Complainant) brings this Accusation solely in her official capacity
 24 as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

25 2. On or about March 6, 1990, the Board of Pharmacy issued Pharmacist License
 26 Number RPH 43129 to Lan Thi Tran Nguyen (Respondent). The Pharmacist License was in full
 27 force and effect at all times relevant to the charges brought herein and will expire on July 31,
 28 2011, unless renewed.

4. This Accusation is brought before the Board of Pharmacy (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

6. Section 118, subdivision (b), of the Code provides that the suspension, expiration, surrender or cancellation of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary action during the period within which the license may be renewed, restored, reissued or reinstated.

7. Section 482 of the Code states:

(a) Considering the denial of a license by the board under Section 480; or

(b) Considering the suspension or revocation of a license under Section 490.

Each board shall take into account all competent evidence of rehabilitation furnished by the applicant or licensee.

8. Section 490 of the Code provides, in pertinent part, that a board may suspend or revoke a license on the ground that the licensee has been convicted of a crime substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued.

9. Section 493 of the Code states:

Notwithstanding any other provision of law, in a proceeding conducted by a board within the department pursuant to law to deny an application for a license or to suspend or revoke a license or otherwise take disciplinary action against a person who holds a license, upon the ground that the applicant or the licensee has been convicted of a crime substantially related to the qualifications, functions, and duties of the licensee in question, the record of conviction of the crime shall be conclusive evidence of the fact that the conviction occurred, but only of that fact, and the board may inquire into the circumstances surrounding the commission of the crime in order to fix the degree of discipline or to determine if the conviction is substantially related to the qualifications, functions, and duties of the licensee in question.

As used in this section, 'license' includes 'certificate,' 'permit,' 'authority,' and 'registration.'

10. Section 4032 of the Code states:

'License' means and includes any license, permit, registration, certificate, or exemption issued by the board and includes the process of applying for and renewing the same.

11. Section 4113(c) states:

The pharmacist-in-charge shall be responsible for a pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.

12. Section 4301 of the Code states:

The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been procured by fraud or misrepresentation or issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

....

(j) The violation of any of the statutes of this state, or any other state, or of the United States regulating controlled substances and dangerous drugs.

....

(l) The conviction of a crime substantially related to the qualifications, functions, and duties of a licensee under this chapter. The record of conviction of a violation of Chapter 13 (commencing with Section 801) of Title 21 of the United States Code regulating controlled substances or of a violation of the statutes of this state regulating controlled substances or dangerous drugs shall be conclusive evidence of unprofessional conduct. In all other cases, the record of conviction shall be conclusive evidence only of the fact that the conviction occurred. The board may inquire into the circumstances surrounding the commission of the crime, in order to fix the degree of discipline or, in the case of a conviction not involving controlled substances or dangerous drugs, to determine if the conviction is of an offense substantially related to the qualifications, functions, and duties of a licensee under this chapter. A plea of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this provision. The board may take action when the time for appeal has elapsed or the judgment of conviction has been

1 affirmed on appeal or when an order granting probation is made suspending the
 2 imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the
 3 Penal Code allowing the person to withdraw his or her plea of guilty and to enter a
 4 plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation,
 5 information or indictment.

6

7 (o) Violating or attempting to violate, directly or indirectly, or assisting
 8 in or abetting the violation of or conspiring to violate any provision or term of this
 9 chapter or of the applicable federal and state laws and regulations governing
 10 pharmacy, including regulations established by the board or by any other state or
 11 federal regulatory agency.

12 ...

13 13. Section 4307 of the Code states:

14 (a) any person who has been denied a license or whose license has been revoked
 15 or is under suspension or who has filed to renew his or her license while it was under
 16 suspension, or who has been a manger, administrator, owner, member, officer,
 17 director, associate, or partner of any partnership, corporation, firm, or association
 18 whose application for a license has been denied or revoked, is under suspension or
 19 has been placed on probation, and while acting as the manger, administrator, owner,
 20 member, officer, director, associate, or partner had knowledge of or knowingly
 21 participated in any conduct for which the license was denied, revoked, suspended or
 22 placed on probation, shall be prohibited from serving as a manger, administrator,
 23 owner, member, officer, director, associate, or partner of a licensee as follows:

24 (1) Where a probationary license is issued or where an existing license is
 25 placed on probation, this prohibition shall remain in effect for a period not to exceed
 26 five years.

27 (2) Where the license is denied or revoked, the prohibition shall continue
 28 until the license is issued or reinstated.

(b) 'Manager, administrator, owner, member, officer, director, associate or
 partner,' as used in this section and Section 4308, may refer to a pharmacist or to any
 other person who serves in that capacity in or for a licensee.

(c) The provisions of subdivision (a) may be alleged in any pleading filed
 pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of
 the Government Code. However, no order may be issued in that case except as to a
 person who is named in the caption, as to whom the pleading alleges the applicability
 of this section, and where the person has been given notice of the proceeding as
 required by Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of
 the Government Code. The authority to proceed as provided by this subdivision shall
 be in addition to the board's authority to proceed under Section 4339 or any other
 provision of law.

14. Title 16, California Code of Regulations, section 1769 states:

....

(b) When considering the suspension or revocation of a facility or a personal license on the ground that the licensee or the registrant has been convicted of a crime, the board, in evaluating the rehabilitation of such person and his present eligibility for a license will consider the following criteria:

- (1) Nature and severity of the act(s) or offenses(s).
- (2) Total criminal record.
- (3) The time that has elapsed since commission of the act(s) or offense(s).
- (4) Whether the licensee has complied with all terms of parole, probation, restitution or any other sanctions lawfully imposed against the licensee.
- (5) Evidence, if any, of rehabilitation submitted by the licensee.

15. Title 16, California Code of Regulations, section 1770 states:

For the purpose of denial, suspension, or revocation of a personal or facility license pursuant to Division 1.5 (commencing with Section 475) of the Business and Professions Code, a crime or act shall be considered substantially related to the qualifications, functions or duties of a licensee or registrant if to a substantial degree it evidences present or potential unfitness of a licensee or registrant to perform the functions authorized by his license or registration in a manner consistent with the public health, safety, or welfare.

COST RECOVERY

16. Section 125.3 of the Code states, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

DRUGS

17. Pseudoephedrine is a listed I chemical as defined by title 21, United States Code, Section 802(34) ("the term 'listed I chemical' means a chemical specified by regulation of the Attorney General as a chemical that is used in manufacturing a controlled substance in violation of this subchapter and is important to the manufacture of the controlled substances, and such term includes...(K) Pseudoephedrine, its salts, optical isomers, and salts of optical isomers").

18. Methamphetamine is a schedule II controlled substance as designated by Health and Safety Code section 11055(d)(2), and is a dangerous drug pursuant to Business and Professions Code section 4022.

FIRST CAUSE FOR DISCIPLINE

(February 5, 2010 Conviction for Sale of Chemical to be Used to Manufacture Controlled Substance on May 13, 2009)

19. Respondents are subject to disciplinary action under sections 490 and 4301(l) of the Code in that Respondent Lan Thi Tran Nguyen was convicted of a crime that is substantially related to the qualifications, duties and functions of a pharmacist. The circumstances are as follows:

a. On or about February 5, 2010, in a criminal proceeding entitled *United States v. Lan Thi Tran Nguyen*, in United States District Court for the Central District of California, case number 09-115-CJC, a jury rendered a verdict against Respondent and found her guilty of distribution of pseudoephedrine, knowing or having reasonable cause to believe that the pseudoephedrine would be used to manufacture a controlled substance, namely methamphetamine in violation of Title 21, United States Code, section 841(c)(2). Her sentencing hearing date is scheduled for January 31, 2011.

b. The facts that led to the conviction were that Respondent worked as the pharmacist in charge and owned Respondent Du Pharmacy in Garden Grove, California in April and May 2009. On or about April 28, 2009, the Drug Enforcement Administration and local police executed a probation search of the hotel room of a confidential informant. In his hotel room, law enforcement officials found 144 "blister packs" of pseudoephedrine and a business card for "Du Pharmacy." The informant agreed to cooperate with law enforcement agents and stated that he obtained the pseudoephedrine from Respondent Du Pharmacy.

c. On May 13, 2009, the informant conducted an undercover buy of pseudoephedrine. Respondent sold the informant 9 cardboard cases, each containing 24 individually wrapped blister packs of products containing pseudoephedrine. Each blister pack contained 10 pills, each pill consisted of a 240 milligram dosage. In sum, Respondent sold the informant 2,160 pills of pseudoephedrine, totaling 518.4 grams. Respondent knew that pseudoephedrine could be used to make methamphetamine and that there are limits to the amount of pseudoephedrine that can be sold in a single transaction. For example, when law enforcement

1 officials searched Respondent's pharmacy, they found an Internet printout with passages
2 highlighted describing how pseudoephedrine could be used to make methamphetamine.
3 Additionally, Respondent received a training entitled "Pseudoephedrine Learner's Guide" while
4 working at CVS Pharmacy in 2006. This training discussed how pseudoephedrine could be used
5 to make methamphetamine and that customers were limited to purchasing certain amounts of
6 pseudoephedrine per day and per month. Respondent also admitted to law enforcement officials
7 that she ordered cases of OHM brand cold medication containing pseudoephedrine from a
8 wholesaler on a daily basis.

9 **SECOND CAUSE FOR DISCIPLINE**

10 **(Unprofessional Conduct-Violating Laws Regulating Controlled Substances)**

11 20. Respondents are subject to disciplinary action under section 4301(j) of the Code for
12 violations of the California Uniform Controlled Substances Act, including Health and Safety
13 Code section 11100(g)(3), which limits the amount of pseudoephedrine that can be sold in a
14 single transaction, as is more fully described in paragraph 19 above.

15 **THIRD CAUSE FOR DISCIPLINE**

16 **(Unprofessional Conduct-Violations of the Chapter)**

17 21. Respondents are subject to disciplinary action under Code section 4301(o) for
18 violations of the Pharmacy Act in that Respondent Lan Thi Tran Nguyen sold more than three
19 packages of a product she knew to contain pseudoephedrine and more than 9 grams of
20 pseudoephedrine in a single transaction in violation of Health and Safety Code section
21 11100(g)(3), as is more fully described in paragraph 19 above.

22 **PRAYER**

23 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
24 and that following the hearing, the Board of Pharmacy issue a decision:

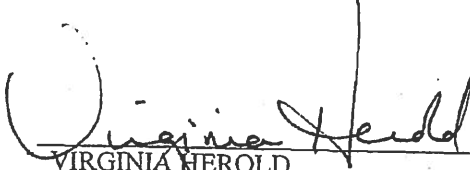
- 25 1. Revoking or suspending Pharmacist License Number RPH 43129, issued to Lan Thi
26 Tran Nguyen;
- 27 2. Revoking or suspending Permit No. PHY 49001 issued to Du Pharmacy;

28

1 2. Ordering Lan Thi Tran Nguyen and Du Pharmacy to pay the Board of Pharmacy the
2 reasonable costs of the investigation and enforcement of this case, pursuant to Business and
3 Professions Code section 125.3;

4 3. Taking such other and further action as deemed necessary and proper.
5

6
7 DATED: 10/29/10


VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

11 SD2010701042
12 70304813.doc
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Exhibit B**Citation No. 2010 47822**

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

Citation Number CI 2010 47822	Name, License No. LAN THI TRAN-NGUYEN , RPH 43129.
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JURISDICTION: Bus. & Prof. Code § 4005; CCR, title 16, § 1775; Bus. & Prof. Code § 4113 subd. (c)

VIOLATION CODE SECTION	OFFENSE	AMOUNT OF FINE
Bus. & Prof. Code § 4067 subd. (a)	Internet; Dispensing Dangerous Drugs or Devices without Prescription; No person shall dispense or furnish, or cause to be furnished dangerous drugs...on the internet...without a prescription issued pursuant to a good faith examination	\$1,475,000.00

CONDUCT:

Dispensing Internet Prescriptions - Lan Tran-Nguyen was not in compliance with Business and Professions Code section 4067, subdivision (a), which prohibits furnishing or dispensing controlled substances via the Internet without a good faith prior exam. Specifically, from 08/21/09 to 10/02/09, Lan Tran-Nguyen furnished a total of 59 prescriptions issued via the Internet, which were without a good faith prior exam while she was working at Du Pharmacy located at 10042 Lampson Ave., Garden Grove, CA. Violation of pharmacy law. The prescriptions included:

Patient Name	City	Medication	Dr's Name	City	State	Rx Date/Time
jm	Elk Grove	Soma	Kareem Tannous	Freeport	NY	
rv	Harbor City	Soma	Samson Orusa	Clarksville	TN	
am	Sacramento	Soma	Kareem Tannous	Freeport	NY	
gr	Huntington	Soma	Samson Orusa	Clarksville	TN	
jw	Lancaster	Ultram	Kareem Tannous	Freeport	NY	
gl	Vallejo	Soma	Jack Olin	Boca Raton	FL	
ay	Coalinga	Fioricet	James Frede	Wailuku	HI	0:26:25
dm	Azusa	Soma	Joseph Kamaka III	Wailuku	HI	2:36:00
mr	Concord	Soma	Samson Orusa	Clarksville	TN	
sb	Monterey	Soma	Joseph Kamaka III	Wailuku	HI	
fa	Gardena	Soma	James Frede	Wailuku	HI	1:56:48
cj	Castaic	Soma	Samson Orusa	Clarksville	TN	23:09:43
ko	Portola Hills	Fioricet	Laura Garabedian	Glen Oaks	NY	23:43:24
dh	Lakeport	Soma	Kareem Tannous	Freeport	NY	0:38:26
mp	Tulare	Soma	Joseph Kamaka III	Wailuku	HI	0:05:32
mg	Nevada City	Soma	Samson Orusa	Clarksville	TN	2:31:58
jk	Canyon Country	Soma	Samson Orusa	Clarksville	TN	
gg	El Segundo	Soma	Kareem Tannous	Freeport	NY	3:29:03
jr	Westlake	Ultram	Kareem	Freeport	NY	1:55:07

	Village		Tannous			
bp	Van Nuys	Soma	Howard Strassberg	Brooksville	NY	5:08:25
jl	West Covina	Soma	Samson Orusa	Clarksville	TN	1:00:38
ro	Carmel Valley	Soma	Gloria Fong	Delaware	DE	
gm	Santa Barbara	Soma	Leland Hilburg	Tarzana	CA	0:21:49
ac	Paradise	Ultram	Kareem Tannous	Freeport	NY	
gb	San Bernardino	Soma	Samson Orusa	Clarksville	TN	3:52:14
dg	Hemet	Fioricet	Samson Orusa	Clarksville	TN	0:35:14
mk	Portola Hills	Soma	Terrill Brown	Visalia	CA	5:12:27
mh	Hacienda Height	Soma	Samuel Neil Grief	Chicago	IL	
ar	Orville	Soma	Jack Olin	Boca Raton	FL	3:43:49
jm	Murrieta	Soma	Samuel Neil Grief	Chicago	IL	
vg	Santa Fe Springs	Soma	Howard Strassberg	Old Brooksville	NY	5:00:39
jp	Thermal	Ultram	Samson Orusa	Clarksville	TN	01:01:25
ts	Sacramento	Soma	Howard Strassberg	Old Brooksville	NY	
kr	Quincy	Soma	Samson Orusa	Clarksville	TN	1:29:02
jb	Willows	Soma	Kareem Tannous	Freeport	NY	5:19:41
mm	Oceano	Soma	Kareem Tannous	Freeport	NY	
ch	Oroville	Soma	Kareem Tannous	Freeport	NY	12:11:04
gb	Torrance	Soma	Charles Myers	Mishawaka	IN	
jk	Concord	Ultram	Irving Harper III	Kihei	HI	0:31:46
gh	Fresno	Soma	Samson Orusa	Clarksville	TN	22:50:47
pp	Roseville	Soma	Elaina George	Atlanta	GA	3:29:12
ar	Mountainview	Soma	Samson Orusa	Clarksville	TN	
te	Truckee	Soma	Bob Thompson	West Frankfurt	IL	5:23:22
jw	Stockton	Soma	Gloria Fong	Delaware	DE	3:55:23
dw	Concord	Soma	James Frede	Wailuku	HI	
ml	San Jose	Ultram	Howard Strassberg	Old Brooksville	NY	22:27:37
hc	Van Nuys	Soma	Kareem Tannous	Freeport	NY	
dk	Stockton	Soma	Samson Orusa	Clarksville	TN	
jz	Mill Valley	Fioricet	Samson Orusa	Clarksville	TN	
jd	Glendora	Soma	Gloria Fong	Newark	DE	0:28:02
gr	Lomita	Soma	Samuel Neil Grief	Chicago	IL	
ml	Mercede	Soma	Samuel Neil Grief	Chicago	IL	
pp	Fresno	Soma	Samson Orusa	Clarksville	TN	
kg	Pacheco	Soma	Laura Garabedian	Glen Oaks	NY	
wb	Tracy	Soma	James Frede	Wailuku	HI	
es	Corning	Soma	Samuel Neil Grief	Chicago	IL	
as	Temecula	Soma	Charles Myers	Mishawaka	IN	
ja	Napa	Soma	Samuel Neil Grief	Chicago	IL	

CITATION ISSUED ON: April 8, 2011

TOTAL AMOUNT OF FINE(S): \$1,475,000.00

PAYMENT OF FINE(S) DUE BY: May 8, 2011

Exhibit C**Citation No. 2009 43894**

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

Citation Number CI 2009 43894	Name, License No. DU PHARMACY, PHY 49001
---	--

JURISDICTION: Bus. & Prof. Code § 4005; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)		
VIOLATION CODE SECTION	OFFENSE	AMOUNT OF FINE
Bus. & Prof. Code § 4067 subd. (a)	Internet; Dispensing Dangerous Drugs or Devices without Prescription; No person shall dispense or furnish, or cause to be furnished dangerous drugs...on the internet...without a prescription issued pursuant to a good faith examination	\$1,475,000.00

CONDUCT:

Dispensing Internet Prescriptions Du Pharmacy was not in compliance with Business and Professions Code section 4067, subdivision (a), which prohibits furnishing or dispensing dangerous drugs via the Internet without a good faith prior exam. Specifically, from 08/21/09 to 10/02/09, Du Pharmacy, located at 10042 Lampson Ave., Garden Grove, CA, furnished total of 59 prescriptions issued via the Internet, which were without a good faith prior exam, and written by in and out-of-state prescribers. Violation of pharmacy law. The prescriptions included:

Patient Name	City	Medication	Dr's Name	City	State	Rx Date/Time
jm	Elk Grove	Soma	Kareem Tannous	Freeport	NY	
rv	Harbor City	Soma	Samson Orusa	Clarksville	TN	
am	Sacramento	Soma	Kareem Tannous	Freeport	NY	
gr	Huntington	Soma	Samson Orusa	Clarksville	TN	
jw	Lancaster	Ultram	Kareem Tannous	Freeport	NY	
gl	Vallejo	Soma	Jack Olin	Boca Raton	FL	
ay	Coalinga	Fioricet	James Frede	Wailuku	HI	0:26:25
dm	Azusa	Soma	Joseph Kamaka III	Wailuku	HI	2:36:00
mr	Concord	Soma	Samson Orusa	Clarksville	TN	
sb	Monterey	Soma	Joseph Kamaka III	Wailuku	HI	
fa	Gardena	Soma	James Frede	Wailuku	HI	1:56:48
cj	Castaic	Soma	Samson Orusa	Clarksville	TN	23:09:43
ko	Portola Hills	Fioricet	Laura Garabedian	Glen Oaks	NY	23:43:24
dh	Lakeport	Soma	Kareem Tannous	Freeport	NY	0:38:26
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gg	El Segundo	Soma	Kareem	Freeport	NY	3:29:03

			Tannous			
jr	Westlake Village	Ultram	Kareem Tannous	Freeport	NY	1:55:07
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gb	San Bernardino	Soma	Samson Orusa	Clarksville	TN	3:52:14
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mk	Portola Hills	Soma	Terrill Brown	Visalia	CA	5:12:27
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vg	Santa Fe Springs	Soma	Howard Strassberg	Old Brooksville	NY	5:00:39
jp	Thermal	Ultram	Samson Orusa	Clarksville	TN	01:01:25
ts	Sacramento	Soma	Howard Strassberg	Old Brooksville	NY	
kr	Quincy	Soma	Samson Orusa	Clarksville	TN	1:29:02
jb	Willows	Soma	Kareem Tannous	Freeport	NY	5:19:41
mm	Oceano	Soma	Kareem Tannous	Freeport	NY	
ch	Oroville	Soma	Kareem Tannous	Freeport	NY	12:11:04
gb	Torrance	Soma	Charles Myers	Mishawaka	IN	
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pp	Roseville	Soma	Elaina George	Atlanta	GA	3:29:12
ar	Mountainview	Soma	Samson Orusa	Clarksville	TN	
te	Truckee	Soma	Bob Thompson	West Frankfurt	IL	5:23:22
jw	Stockton	Soma	Gloria Fong	Delaware	DE	3:55:23
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pp	Fresno	Soma	Samson Orusa	Clarksville	TN	
kg	Pacheco	Soma	Laura Garabedian	Glen Oaks	NY	
wb	Tracy	Soma	James Frede	Wailuku	HI	
es	Corning	Soma	Samuel Neil Grief	Chicago	IL	
as	Temecula	Soma	Charles Myers	Mishawaka	IN	
ja	Napa	Soma	Samuel Neil Grief	Chicago	IL	

CITATION ISSUED ON: April 8, 2011

TOTAL AMOUNT OF FINE(S): \$1,475,000.00

PAYMENT OF FINE(S) DUE BY: May 8, 2011

Exhibit D**Citation No. 2010 48444**

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

Citation Number	Name, License No
CI 2010 48444	LAN THI TRAN-NGUYEN , RPH 43129

JURISDICTION: Bus. & Prof. Code § 4005; CCR, title 16, § 1775;

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4306.5/CCR, Title 16, § 1764/Civil Code § 56.10 subd. (a) et seq.	Misuse of education, etc. by pharmacist outside course of practice of pharmacy as Unprofessional Conduct /Unauthorized disclosure of prescription and medical information	\$500.00

CONDUCT:

Unauthorized Disclosure and Maintenance of Patient Specific Records- Pharmacist Lan Thi Tran-Nguyen was not in compliance with the Business and Professions Code Section 4306.5 which states unprofessional conduct for a pharmacist includes any of the following: acts or omissions that involve, in whole or in part the inappropriate exercise of his or her education, training, or experience as a pharmacist, whether or the act or omission arises in the course of the practice of pharmacy or the ownership, management, administrations, or operation of a pharmacy or other entity licensed by the board and as it relates to the California Code of Regulations 1764 that states no pharmacist shall exhibit or reveal the contents of any prescription with any person other than the patient or his or her authorized representative and Civil Code 56.10(a) that states no provider of health care shall disclose medical information regarding a patient without first obtaining authorization. Specifically between May 2010 to October 2010 while working at Pharmerica located at 11205 Knott Avenue, Suite C in Cypress, pharmacist Lan Thi Tran-Nguyen acted unprofessionally when she accessed, obtained, and removed unauthorized copies of highly confidential patient specific records including prescriptions, from Pharmerica in Cypress even after RPH Nguyen signed the Statement of Confidentiality "HIPAA Privacy & Security" form on 5/20/10 that stated, "If my employment with PharMerica ends, whether voluntarily or involuntarily, I hereby agree not to use or disclose any Health Information to anyone for any reason". This is a violation of pharmacy law.

CITATION ISSUED ON: June 09, 2011	TOTAL AMOUNT OF FINE(S): \$500.00
PAYMENT OF FINE(S) DUE BY: July 09, 2011	

12

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane • Reno, NV 89509

APPLICATION BY RECIPROCATATION AS A PHARMACIST

If you are requesting licensure by reciprocatation (i.e. you have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: \$330.00 (non-refundable, money order or cashier's check only, no cash)

Money Order or Cashier's Check made payable to: Nevada State Board of Pharmacy

Complete Name (no abbreviations):

First: Samuel Middle: — Last: Eskenzi

Mailing Address: W. 84th Drive

City: Arvada State: CO Zip Code: 80007

Telephone: _____ E-mail Address: _____

Date of Birth: _____ Place of Birth: N.Y.C., N.Y.

Social Security Number: _____ Sex: ☒ M or ☐ F
(Full Number Required)

Original State of Licensure you are reciprocating from must be active and issued by exam;

State: R.I. Date of Issuance: 07-20-1978

College of Pharmacy Information

Graduation Date: 05-15-1978

Degree Received: ☐ PharmD ☒ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: University of Rhode Island

Location of School: Kingston, R.I.

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: \$330.00 Entity #: 102167
Email _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State Lic # Is the license active? State Lic # Is the license active?

_____ Yes ☐ No ☐ _____ Yes ☐ No ☐

_____ Yes ☐ No ☐ _____ Yes ☐ No ☐

**Attach separate sheet if needed

"see attached"

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☒

Branch: _____

Military Occupation/Specialty: _____

Dates of Service: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

		Yes	No		
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?.....		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2. Been the subject of a board citation or an administrative action or board citation whether completed or pending in <u>any</u> state?.....		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:					
Board Administrative Action:	State	Date:	Case #:		
Pharmacy	GA	9/2/1986	85-399		
Criminal Action:	State	Date:	Case #:	County	Court
	GA	7/1985	see attached	Fulton	U.S. District Court (Northern GA)
FEDERALLY MANDATED REQUIREMENTS					
In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.					
4. Are you the subject of a court order for the support of a child?.....Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
<u>4a. If you marked Yes to the question 4,</u> are you in compliance with the court order?.....Yes <input type="checkbox"/> No <input type="checkbox"/>					

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 my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.


Original Signature, no copies or stamps accepted

08-14-2018
Date

Pharmacist Licenses

State	License #	Exp Date	Active
Rhode Island	RPH02496	6/30/2019	Y
Georgia	RPH013013	12/31/2018	Y
Colorado	PHA.0022090	10/31/2019	Y
Virginia	#0202216552	12/31/2018	Y
Idaho	P7955	6/30/2019	Y
Kentucky	#019785	2/28/2019	Y
Mississippi	T-15603	12/28/2019	Y

EXPLANATION OF HISTORY

Samuel Eskenazi, part-owner and President/Secretary of Georgia Corporation Shazam, Inc. d/b/a Cheshire Drugs: Guilty in 1985 for Violating Title 18, United States Code § 1843, the wire fraud statute. This arose out of a transaction with a sales representative for a pharmaceutical company. The specifics of the incident were explained in great detail before the Honorable Horace T. Ward, United States District Judge for the Northern District of Georgia, Atlanta Division, and the state of Georgia Pharmacy Board in a full-day hearing. Mr. Eskenazi's individual appearance and case was part of large, first-time prosecution of a case gaining national attention known as "Pharmoney". The results of Mr. Eskenazi's plea and appearance before the Board of Pharmacy was a 100-percent probated sentence because his conduct did not, unlike others prosecuted in "Pharmoney", involve the adulteration or misbranding of drugs and posed no threat to the ultimate consumer of pharmaceutical goods.

Specifically, Mr. Eskenazi was contacted by an authorized sales representative from a national pharmaceutical company. He was offered samples which were comfortably within their expiration date, and each bore lot numbers. He received these from the authorized sales representative and made no attempt to conceal from the ultimate consumer the fact that these products were samples. Using a novel application of the wire fraud statute, the United States Attorney's Office in Northern Georgia charged that the pharmaceutical company had been defrauded by this arrangement between the authorized sales representative and Mr. Eskenazi. The prosecution maintained that the pharmaceutical company had manufactured samples which were to be "free", irrespective of the fact that the pharmaceutical industry had an expansive history of selling "free samples". The theory of the Government was that the pharmaceutical company had been damaged by being forced through this arrangement between Mr. Eskenazi and their sales representative to compete price-wise with its own free samples.

We felt then and we feel now that this was an unconstitutionally broad application of the wire fraud statute. However, through plea negotiations, a result was achieved which minimized the exposure financially, emotionally and professionally to Mr. Eskenazi. Accordingly, a plea agreement was executed and a guilty plea to Title 18, § 1843 United States Code, was entered.

Mr. Eskenazi has completed his probation with the Georgia Pharmacy Board and the United States District Court. All terms, fines, and conditions have been successfully completed and he has been totally discharged in the matter from any further obligations; the matter fully concluded.

If you have any questions, concerns or considerations, please do not hesitate to contact Mr. Eskenazi's defense counsel, Mark V. Spix, Esq., Atlanta, Georgia; The Georgia Board of Pharmacy; and/or the United States District Court for the Northern District of Georgia, Atlanta Division.

Waiver of Indictment

Cr. Form No. 18

United States District Court

FOR THE

Northern District of Georgia

UNITED STATES OF AMERICA

v.

Samuel Eskenazi

No.

Samuel Esbenazi, the above named defendant, who is accused of

Wire fraud in violation of 18 U.S.C. 1343

being advised of the nature of the charge and of his rights, hereby waives in open court prosecution by indictment and consents that the proceeding may be by information instead of by indictment.

Samuel Eskenazi
.....
Defendant.

.....
Witness.

Date

.....
Counsel for Defendant.

OFFICE OF THE JOINT SECRETARY STATE EXAMINING BOARDS	
DOCKET NO.	85-399
DATE	September 2, 1986
ENTERED BY	B. Weaver

BEFORE THE GEORGIA STATE BOARD OF PHARMACY

IN THE MATTER OF:

SAMUEL ESKENAZI, R.Ph.,
License No. 13013,

Respondent.

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DOCKET NO. 85-399

AG NO. 64JB-CA-91927-85

FINAL DECISION

An Initial Decision was docketed in the above-styled matter on June 11, 1986, and the Respondent's attorney received notice of this decision on July 18, 1986. In the absence of an application to the agency for review of said Initial Decision, or an order by the Board to review said Initial Decision on its own motion, said Initial Decision becomes the Final Decision of the Board by operation of law, pursuant to O.C.G.A. § 50-13-17(a).

FINDINGS OF FACT

The Findings of Fact entered by the Hearing Officer in the Initial Decision are hereby adopted and incorporated by reference herein.

CONCLUSIONS OF LAW

The Conclusions of Law entered by the Hearing Officer in the Initial Decision are hereby adopted and incorporated by reference herein.

ORDER

The recommendation of the Hearing Officer that Respondent's license be placed on a period of probation for four (4) years

For Your Records

with certain terms and conditions, including the payment of a \$500.00 fine, having become final on July 18, 1986, is hereby made the final decision of the Board, effective July 18, 1986.

GEORGIA STATE BOARD OF PHARMACY

GEORGE D. MCFARLAND, R.Ph.
President

(BOARD SEAL)

ATTEST:

William G. Miller, Jr.
WILLIAM G. MILLER, JR.
Joint Secretary
State Examining Boards

For Your Records

BEFORE THE GEORGIA
STATE BOARD OF PHARMACY

OFFICE OF THE JOINT SECRETARY STATE EXAMINING BOARDS	
DOCKET NO.	85-399
DATE	January 11, 1986
ENTERED BY	W. S. R. [Signature]

IN THE MATTER OF:

SAMUEL ESKENAZI, R.Ph.
License No. 13013

Respondent.

DOCKET NO. 85-399

AG HEARING NO. 64JB-CA-91927-85

INITIAL DECISION

The within and foregoing matter came on regularly for hearing before the undersigned Hearing Officer held in Atlanta, Georgia commencing at approximately 10 o'clock a.m. on Wednesday, January 15, 1986.

The Respondent, Samuel Eskenazi, R.Ph., was present at the hearing and was represented by Mr. Mark V. Spix, Esq. The Board was represented by Mr. Mark H. Cohen, Esq., Assistant Attorney General.

The record of the proceedings was ordered by the undersigned to be left open until January 30, 1986, for the Respondent's attorney to brief for record any constitutional issues raised in Respondent's answer and defense to Notice of Hearing. A transcript of the proceedings of hearing was received by the Hearing Officer on February 4, 1986.

The legal authority for the hearing was under the authority and jurisdiction conferred upon the Georgia State Board of Pharmacy by O.C.G.A. Ch. 26-4, the Georgia Administrative Procedure Act, O.C.G.A. Ch. 50-13, and all Rules and Regulations promulgated and adopted by said Board and the Joint Secretary, State Examining Boards.

Under the provisions of O.C.G.A. Ch. 50-13, the undersigned Hearing Officer was appointed by the Board as Hearing Officer for these matters.

Based upon the evidence presented at the Hearing and a review of the record, the Hearing Officer makes the following Findings of Fact, Conclusions of Law and Recommended Sanctions with respect to the matters asserted in the Notice of

Hearing:

For Your Records

asserted in the Notice of Hearing. The Respondent was originally licensed as a pharmacist in 1978 in the State of Rhode Island.

2.

The Respondent was co-owner and pharmacist-in-charge of Cheshire Bridge Discount Drugs, Atlanta, Georgia at all times relative to the matters stated herein. The Respondent purchased Cheshire Bridge Discount Drugs in 1981 from Mr. William Huddleston, former owner and pharmacist at such establishment. (See Tr., pp. 175-176)

3.

The State produced evidence through testimony and written documents that on or about August 6, 1985, the Respondent was charged in the United States District Court for the Northern District of Georgia, Atlanta Division, with one (1) count of willfully and knowingly devising and intending to devise a scheme and artifice to defraud drug manufacturers and the drug consuming public; wire fraud. (See Tr., State's Exhibit Marked S-1) The Respondent admitted such allegation and charge in his response and defense to the Notice of Hearing. (See Hearing Officer's Exhibit H. O. - 2)

4.

The State asserted in its Notice of Hearing the following:

"According to the information [Criminal Information of U.S. Attorney #CR85-308A], as a part of Respondent's scheme to defraud the drug manufacturer and the consuming public during the period from 1983 through May 1, 1985, Respondent purchased sample drugs, removed the drugs from their original packaging, placed the adulterated drugs in plastic baggies without accurate lot numbers, expiration dates, or other required data, and resold these adulterated and misbranded drugs through his retail pharmacy, Cheshire Bridge Discount Drugs, for ultimate dispensing to consumers." (Emphasis Added)

(2)

For Your Records

Testimony offered by Agent C. Richard Allen, Senior Agent, Georgia Drugs & Narcotics Agency on redirect revealed:

"Q. Do you have any personal knowledge of whether or not any of the sample drugs that were sold to customers pursuant to prescriptions -- whether or not any of these drugs were sold by either of these respondents with any knowledge that the expiration dates had passed?

A. They assured me that they had not sold any that had been expired. And in our investigation undercover none had been expired.

Q. All right. There was also a comment made in Mr. Spix's opening statement to the effect that there will be some people that testify today that lot numbers would have been evident on samples that they would have purchased. Did your investigation reveal that there could have been samples sold without any of these lot numbers by these two respondents?

A. There very well could have been. We do not have the actual proof that there was.

MR. SPIX: I'm going to object and ask that that be stricken. That's speculation that something could have been there. He said on the one hand that he found absolutely no evidence to indicate that that had happened, but it could have. We're not dealing with what could have happened. That would just merely be speculation.

MR. COHEN: Let me rephrase the question.

Q. (BY MR. COHEN) Do you have any direct evidence or personal knowledge that these two individuals have ever sold samples to consumers without appropriate lot numbers on the drugs?

A. No. (See Tr., pp. 38-39)

Therefore, there seems to be conflicting testimony by the State's witness as opposed to the criminal information of the U. S. Attorney's Office. Such action by the U. S. Attorney's Office to reduce the violation to one (1) count of wire fraud would not support the truth of the matters asserted. (See Tr., State's Exhibit

Marked S-3)

For Your Records

5.

The State produced evidence through written documents that on or about August 22, 1985, the Respondent pled guilty to one (1) count of wire fraud, and was sentenced on or about October 2, 1985, that the imposition of sanctions (5 years imprisonment) be suspended and the Respondent was placed on probation for a period of four (4) years with the following special conditions:

(1) The Respondent shall pay a fine of \$1,000.00 within ten (10) days, and

(2) The Respondent perform sixteen (16) hours per week for eighteen (18) months community service as arranged by the U. S. Probation Office.

In addition to the above the Respondent was ordered to pay a special assessment of \$50.00. (See Tr., State's Exhibit Marked S-5)

The Respondent acknowledged and admitted such sentencing in his defense and response to the Notice of Hearing. (See Tr., Hearing Officer's Exhibit H. O. - 2)

6.

The State produced evidence through testimony of Agency C. Richard Allen, Senior Agent, Georgia Drugs and Narcotics Agency, that the degree of involvement of the Respondent in the "samples" scheme was very low. Such testimony reveals:

"Q. In his opening statement Mr. Spix had made the comment, I believe, that his clients, when compared to some of the other people involved in this case, occupied the lowest tier of -- I think culpability was his term. You've already said that they were less than others. Were there other individuals that were investigated that have pled guilty that were lower -- had a lower involvement than even these two respondents?

A. There were a few individuals that were less involved than these two gentlemen. But for their sake, there were a great many others that were more involved in it than they were." (See Tr., pp. 37-38)

The Government Sentencing Memorandum offered as evidence by the State shows:

(4)

"Eskenazi and Platz were registered pharmacists and owners of Cheshire Bridge Discount Drugs in Atlanta. Both defendants dealt in adulterated and misbranded drugs for several years. Since Platz's involvement was of a lesser degree he was allowed to plead guilty to a lesser charge." (See Tr., State's Exhibit Marked S-9)

7.

The testimony provided by Agent Allen, hereinbefore named, revealed that since the initial contact with the Respondent concerning the "sample" business in pharmacy practice the Respondent has thus stopped all sample business. Agent Allen states, "I can say with good faith that that has stopped". (See Tr., p. 38) Further testimony by Agent Allen from cross-examination reveals the following concerning the Respondent's cooperation to assist the authorities, both State and Federal, in the "Pharmony" sting operation:

"Q. Now, you also indicated that you and Mr. Christiansen went to Mr. Eskenazi's home together; is that not correct?

A. Correct.

Q. Would the date May 14/May 15, 1985 sound pretty close?

A. That would be in the area, yes, sir. Probably definitely.

Q. Okay. A spring morning?

A. It was a morning in the spring. I know that.

Q. And you and Agent Christiansen both approached Mr. Eskenazi, I believe, in his front yard or in his driveway?

A. His driveway, yes.

Q. And both showed him your credentials?

A. Yes.

Q. And he was a little hesitant?

A. Very hesitant.

Q. Again, in your experience as a law enforcement officer, you found that to be normal?

A. Very true.

For Your Records

Q. But when you explained to Mr. Eskenazi the scope of your investigation and the potential harm to the public, didn't he immediately start telling you everything he knew?

A. Yes.

Q. Wasn't his first reaction to help protect the safety and health of his customers?

A. I can't say exactly what his purpose was, but he immediately started trying to cooperate to help.

Q. Okay. Right then and there on his own front lawn?

A. Yes.

Q. He didn't call a lawyer. He didn't call me. You didn't hear my name until well after you knew the whole story from Mr. Eskenazi?

A. Correct." (See Tr. pp. 46-48)

8.

The Respondent produced testimony through eighteen (18) live witnesses of the community involvement of the Respondent and Cheshire Bridge Discount Drugs. (See Tr., pp. 57-168) Such testimony offered by all generally attested to the assertions of the Respondent and Cheshire Bridge Discount Drugs to offer services at a low and competitive price, and to provide additional services, such as a Post Office, which would tend to assist the elderly and handicapped of the community. (See Tr., Respondent's Exhibits Marked R-6 through R-8)

9.

The Hearing Officer makes no findings and expresses no opinions as to any other issues and facts raised in the hearing, but based on the above facts and reasonable inferences drawn therefrom, the Hearing Officer makes the following:

CONCLUSIONS OF LAW

The Respondent stands convicted of a felony conviction in a court of the United States in violation of O.C.G.A. §26-4-78 (a) (2) and 18 U.S.C. §1343.

Such actions of the Respondent in these matters constitute violations of O.C.G.A.

(6)

§26-4-78 (a) (5) (6) (7) & (12) and Rule 480-11-.01 (a) and (m), Rules and Regulations of the Georgia State Board of Pharmacy.

The Georgia State Board of Pharmacy has jurisdiction in these matters to impose sanctions pursuant to O.C.G.A. §§26-4-78 and 26-4-86.

THEREFORE, THE HEARING OFFICER INITIALLY DECIDES AND PROVIDES THE FOLLOWING:

RECOMMENDED SANCTIONS

The license of the Respondent, Samuel Eskenazi, R.Ph., License No. 13013, to practice pharmacy in the State of Georgia be and the same is hereby suspended for a period of one (1) year but the enforcement of such suspension shall be stayed and the Respondent's license shall be placed on probation for a period of four (4) years with the following terms and conditions:

The Respondent shall abide by all laws, both State and Federal, in particular to those dealing with the practice of pharmacy in the State of Georgia, as well as all Rules and Regulations promulgated and adopted by the Georgia State Board of Pharmacy.

The Respondent shall pay a fine of \$500.00 to the Georgia State Board of Pharmacy.

In addition to and in conjunction with any other sanctions contained herein, this Initial Decision shall serve as a public reprimand to the Respondent for his conduct relating to the matters herein stated.

In the absence of an application by the Respondent for review by the Georgia State Board of Pharmacy, within thirty (30) days from the date of the notice of this Initial Decision, or an Order by said Board within such time for review of the decision on its own motion, this Initial Decision, without further proceedings, shall become the decision of the Board.

This 6th day of June, 1986.

For Your Records

Robert K. Hooks
Chief Administrative
Hearing Officer

(7)

BEFORE THE GEORGIA
STATE BOARD OF PHARMACY

OFFICE OF THE JOINT SECRETARY	
STATE EXAMINING BOARDS	
DOCKET NO.	85-399
DATE	December 11, 1985
ENTERED BY	B. Kelsa

IN THE MATTER OF:

SAMUEL ESKENAZI, R.Ph.
License No. 13013

Respondent.

DOCKET NO. 85-399

AG NO. 64JB-CA-91927-85

RESPONSE AND DEFENSES TO NOTICE OF HEARING

Responding to the notification of hearing in the above-referenced matter, SAMUEL ESKENAZI, by and through counsel, Mark V. Spix, represents as follows:

FIRST DEFENSE

1.

The matters asserted by the State Board of Pharmacy in its Notice of Hearing fail to state a claim upon which relief can be granted.

SECOND DEFENSE

2.

This proceeding constitutes a violation of the Double Jeopardy Clause of the United States Constitution, Fifth and Fourteenth Amendments.

THIRD DEFENSE

3.

This proceeding constitutes a violation of the Due

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Process Clause and Equal Protection Clause of the United States Constitution.

FOURTH DEFENSE

RESPONSE

4.

Responding to paragraph 1 of the matters asserted, Respondent admits the allegations contained therein.

5.

Responding to paragraph 2 of the matters asserted, Respondent admits the allegations contained therein.

6.

Responding to paragraph 3 of the matters asserted, Respondent admits that he entered a guilty plea to devising and intending to devise a scheme and artifice to defraud drug manufacturers and the drug consuming public; wire fraud, in violation of Title 18, United States Code §§ 1343 and 2, and denies any and all other allegations contained in paragraph 3 of the matters asserted not specifically admitted herein.

7.

Responding to paragraph 4 of the matters asserted, Respondent admits that he pled guilty to the charges in an Information in Criminal Action CR-85-292A and was sentenced on October 2, 1985 and that the imposition of sentence was "suspended until further order of Court and that the Defendant be placed on probation for a period of FOUR (4) YEARS with the

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following special conditions: (1) That he pay a fine of \$1,000.00 within ten days and (2) that he perform sixteen (16) hours per week of community service as arranged by the U.S. Probation Office for eighteen months." Any and all other matters not specifically admitted herein are specifically denied.

8.

Any and all other matters alleged or asserted not specifically admitted herein are hereby denied.

This 11th day of December, 1985.

2964 Peachtree Road, N.W.
Suite 322
Atlanta, GA 30305
(404) 266-0000

SPIX & KRUPP, P.C.
Attorneys for Respondent

By: /S/ MARK V. SPIX
Mark V. Spix

3.

For Your Records

CERTIFICATE OF SERVICE

This is to certify that I have this day served a copy of Response and Defenses to Notice of Hearing upon the State Examining Boards and the office of the Attorney General of Georgia by placing a copy of same in the United States Mail, postage prepaid, addressed to:

William G. Miller, Jr.
Joint Secretary
State Examining Boards
166 Pryor Street, S.W.
Atlanta, GA 30303

Mark H. Cohen,
Assistant Attorney General
132 Judicial Building
Atlanta, GA 30334

This 11th day of December, 1985.

/s/ MARK V. SPIX

Mark V. Spix

For Your Records

BEFORE THE GEORGIA
STATE BOARD OF PHARMACY

OFFICE OF THE JOINT SECRETARY STATE EXAMINING BOARDS	
DOCKET NO.	85-399
DATE	November 22, 1985
ENTERED BY	B. K. R. [Signature]

IN THE MATTER OF:

SAMUEL ESKENAZI, R.Ph.
License No. 13013

Respondent.

*
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*
*
*

DOCKET NO.

85-399

AG NO. 64JB-CA-91927-85

NOTICE OF HEARING

TO: Samuel Eskenazi, R.Ph.
Woodacres Drive, N.E.
Atlanta, Georgia 30345

You are hereby notified that the Georgia State Board of Pharmacy, through its appointed representative, will hold a hearing at the offices of the Board, 166 Pryor Street, S.W., Atlanta, Georgia 30303 at 10:00 o'clock, a.m. on the 15th day of January, 1986 for the purpose of hearing charges that, if proven, may result in the sanction of your license to practice pharmacy in the State of Georgia.

LEGAL AUTHORITY FOR HEARING

This hearing will be held under the authority and jurisdiction conferred upon the Georgia State Board of Pharmacy by Art. 2 of O.C.G.A. Ch. 26-4, and in accordance with the Georgia Administrative Procedure Act, O.C.G.A. Ch. 50-13, and the Rules and Regulations of the Board and the Joint Secretary, State Examining Boards.

HEARING OFFICER

Pursuant to the provisions of O.C.G.A. Ch. 50-13, the Georgia State Board of Pharmacy hereby

For Your Records

appoints Robert Y. Hooker as Hearing Officer for the above-styled matter. All motions and responses directed to the Board with regard to this hearing should be addressed to the Hearing Officer, with copies served upon the counsel for the Board.

RIGHTS OF RESPONDENT

You have the following rights in connection with this hearing:

1.

To respond to the allegations contained herein and to present evidence on any relevant issues;

2.

To be represented by counsel at your expense;

3.

To subpoena witnesses and documentary evidence through the Board and the Joint Secretary;

4.

Such other rights as are conferred by the Administrative Procedure Act, O.C.G.A. Ch. 26-4, the Rules and Regulations of the Georgia State Board of Pharmacy, and the Rules and Regulations of the Joint Secretary, State Examining Boards.

REQUIREMENT OF ANSWER

An Answer to this Notice of Hearing must be filed within fourteen (14) days after service of this Notice. A copy of the Answer must be served upon counsel for the Board.

STATUTES AND RULES INVOLVED

Sanction of Respondent's license is sought pursuant to O.C.G.A. § 26-4-78, which provides in pertinent part as follows:

"(a) The board shall have the power to suspend or revoke any license issued under this part or to reprimand or to fine, not to exceed \$500.00, the holder thereof when such holder shall have:

(2) Been convicted in any courts of this state or of any other state or of the United States of a felony or any other crime involving moral turpitude.

For purposes of this subsection, a "conviction" shall include a finding or verdict of guilty, a plea of guilty, or a plea of nolo contendere in a criminal proceeding, regardless of whether the adjudication of guilt or sentence is withheld or not entered thereon;

* * *

(5) Failed to comply with the rules of professional conduct;

(6) Violated any of the provisions of this chapter;

(7) Violated any rules and regulations promulgated by the board.

* * *

(12) Violated or attempted to violate a statute, law, any lawfully promulgated rule or regulation of this state, any other state, the board, the United

States, or any other lawful authority without regard to whether the violation is criminally punishable, which statute, law, rule, or regulation relates to or in part regulates the practice of pharmacy, when the licensee or applicant knows or should know that such action is violative of such statute, law or rule.

The Board may also limit or restrict a license pursuant to O.C.G.A. § 26-4-86, which provides as follows:

"If the board deems it necessary, in order to protect the public, it may limit or restrict any license issued under this part by the imposition of such reasonable conditions as it may deem appropriate."

18 U.S.C. § 1343 states that as follows:

"Whoever, having devised or intending to devise any scheme or artifice to defraud, or for obtaining money or property by means of false or fraudulent pretenses, representations, or promises, transmits or causes to be transmitted by means of wire, radio, or television communication in interstate or foreign commerce, any writings, signs, signals, pictures, or sounds for the

For Your Records

purpose of executing such scheme or artifice, shall be fined not more than \$1,000.00 or imprisoned not more than five years or both."

The Rules of the Georgia State Board of Pharmacy, § 480-11-.01(a), provide in pertinent part as follows:

"(a) Ethics. No Pharmacist, Intern, or licensed Pharmacy Proprietor shall engage in any conduct in the practice of Pharmacy or in the operation of a Pharmacy which tends to reduce the public confidence in the ability and integrity of the profession of pharmacy, or endangers the public health, safety and welfare, or have been guilty of any fraud, misrepresentation, culpable negligence, concealment, dishonest dealings, fix, scheme or device, or breach of trust in the practice of Pharmacy or in the conduction of business related to prescriptions or drugs or devices.

(m) Evasion of Code of Professional Conduct. No Pharmacist or retail drug establishment, or employee or agent thereof, shall act in any way to evade the rules and regulations of the Board of Pharmacy and the laws applying to retail drug establishments and pharmacists, but shall apply methods of their own to enhance the enforcement

For Your Records

thereof and compliance with said laws, rules and regulations. Said persons shall be responsible for being acquainted with said laws, rules and regulations, and ignorance of said laws, regulations shall not excuse contravention of same."

MATTERS ASSERTED

1.

Respondent is licensed to practice pharmacy in the State of Georgia, and was so licensed at all times relevant to the matters stated herein.

2.

At all times pertinent to the matters asserted herein, Respondent was co-owner and pharmacist-in-charge of Cheshire Bridge Discount Drugs, Atlanta, Georgia.

3.

On or about August 6, 1985, Respondent was charged by criminal information in the United States District Court for the Northern District of Georgia for wire-transferring \$5,000.00 from his bank in Atlanta, Georgia to New York City, New York in March, 1985 for the purchase of Procardia and Feldene, which drugs had been removed from their original packaging and labeling under less than good manufacturing practices, said purchase being made from a sales representative of a drug manufacturer. According to the information, as a part of Respondent's scheme to defraud the drug manufacturer and the consuming public during the period from 1983 through May 1, 1985, Respondent purchased sample drugs, removed the drugs from their original packaging, placed the adulterated

drugs in plastic baggies without accurate lot numbers, expiration dates, or other required data, and resold these adulterated and misbranded drugs through his retail pharmacy, Cheshire Bridge Discount Drugs, for ultimate dispensing to consumers.

4.

On or about August 22, 1985, Respondent pled guilty to the charges in the above-referenced information, and was sentenced on or about October 2, 1985 to four (4) years probation, to pay a fine of \$1,000.00, and to perform sixteen hours per week of community service for eighteen months.

The foregoing, if true, constitutes sufficient grounds for the imposition of sanctions upon Respondent's license to practice pharmacy in the State of Georgia. This Notice of Hearing is issued by the Joint Secretary of the State Examining Boards, on behalf of the Georgia State Board of Pharmacy.

This 22nd day of November, 1985.

GEORGIA STATE BOARD OF PHARMACY

GEORGE D. MCFARLAND, R.Ph.
President

(BOARD SEAL)

William G. Miller
WILLIAM G. MILLER, JR.
Joint Secretary
State Examining Boards

COUNSEL:

MARK H. COHEN
Assistant Attorney General
132 State Judicial Building
Atlanta, Georgia 30334
(404) 656-3337

13

Renewal Application Pharmaceutical Technician Trainee

Application Fee : \$40.00
Convenience Fee : \$2.00
License Number : PT21126
License Type : Pharmaceutical Technician Trainee
New Expiration Date : 10/31/2020

Personal Information

First Name :
Middle (initial only) :
Last Name :
License # :

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA :
Military Address : ☐
Street :

Country :
City :
State :
Zip :
Practice Phone :
Practice Fax :

☐ Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Home Address :

Military Address : ☐
Street :

Country :
City :
State :
Zip :
Home Phone :
Cell Phone :
Email Address :
Fax :

☒ Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Nevada Business License Information - Check appropriate answer

- ☐ I DO NOT have a Nevada Business license number.
☐ I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending.
☒ I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066.

Name on Business License :
Business License # :

Child Support Information - Check appropriate answer

- ☒ I am NOT SUBJECT to a court order for the support of a child.
☐ I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
☐ I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Military Service Information

Have you ever served in the military : ☐ Yes ☒ No

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license? ☐ Yes ☒ No
2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? ☐ Yes ☒ No
3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? ☒ Yes ☐ No

I unintentionally failed to disclose my record on my previous application and am now on a Leave of Absence from Pima Medical Institute until appearing before the board.

Document Name	Document Type	Date	Link	Action
No Record Found				

Document Name :

Document Type : -Select DocumentType- ▼

Document :

Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

[Click here to complete upload](#)

Cancel

Board Administrative Action

State :

Date :

Case # :

Criminal Action

State :

Date :

Case # :

County :

Court :

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? ☐ Yes ☒ No

Acknowledgement and Declaration

Technicians in Training must be registered at each PLACE of employment. By signing below, you certify that you have completed at least 1 hour of continuing education in an approved Nevada Law, program as required.

By signing and submitting this renewal application, I certify that: 1. My DEA certificate is CURRENT and reflects my current NV practicing address, and 2. I hold an active and current Nevada license with my professional licensing board

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

Signature :

Date Of Application :

Please type only the First and Last Name that are listed at the top of the page.

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2018 to 10/31/2020	License Renewal Fee	\$40.00
	Convenience Fee	\$2.00
	Total :	\$42.00

Fee and Payment

520

Payment Method :

Application Fees :

Convenience Fee :

Reference Number :

InvoiceDate : 11/03/2018

Paid

Pay & Submit



Background Profile

Report Date: 08/13/2018
 Report No.: 4249645
 Applicant: Odegard, Brittany Renae

Client Account Manager: Student
 Prepared For: Plma Medical Institute General
 3333 E. Flamingo Road
 Las Vegas, NV 89121
 Department Code:
 Client ID: 3794
 Attention:
 Comments: A SSN Death Index search was performed against the SSA Death Master File with the provided SSN, and NO date of death information was located.

VITAL INFORMATION

Applicant: Odegard, Brittany Renae
 Address: 4 Bucksln st
 Henderson NV 89074
 Alias Name(s): Odegard, Brittany R
 Odegard, Brittany
 Social Security No: xxx-xx-0396
 Date of Birth: 1
 Sex:
 Driver's License State: SD
 Driver's License No:
 Applied For:

SUMMARY

Public Records  Record Found
 Sanction Check COMPLETE/SEE ATTACHED
 Positive Identification VERIFIED

Background Profile



Investigate further.

Report Date:	08/13/2018
Report No.:	4249645
Applicant:	Odegard, Brittany Renae

PUBLIC RECORDS

Jurisdictions/Registries Searched	Results	Degree
STATEWIDE, SD	RECORD	Other
STATEWIDE, SD	RECORD	Other
STATEWIDE, SD	RECORD	Misdemeanor
STATEWIDE, SD	RECORD	Misdemeanor
STATEWIDE, SD	RECORD	Other
STATEWIDE, SD	RECORD	Other
STATEWIDE, SD	RECORD	Other
STATEWIDE, SD	RECORD	Misdemeanor
SEX OFFENDER, US	CLEAR	
CLARK, NV	CLEAR	
STATEWIDE, SD	RECORD	Misdemeanor
STATEWIDE, SD	RECORD	Other
STATEWIDE, SD	RECORD	Misdemeanor
STATEWIDE, SD	RECORD	Other
STATEWIDE, SD	RECORD	Other
STATEWIDE, SD	RECORD	Misdemeanor

County Searched:	**STATEWIDE**, SD	SSN on Record:	xxx-xx-N/A
Name on Record:	Odegard, Brittany Renae	DOB on Record:	1 1
Degree:	Other	File Date:	07/09/2012
Case No:	49399M1218729	Disposition Date:	07/23/2012
Charge:	See Below		
Disposition:	CT1) Guilty CT52&3) Dismissed		
Sentence:	Unspecified		
Fine and Court Costs:	\$66 Costs		
Comments:	Minnehaha County		

Offense:
 CT1) Fail to Maintain Financial Responsibility - 2nd Degree Misdemeanor
 CT2) No Drivers License - 2nd Degree Misdemeanor
 CT3) No Seatbelt Violation - Petty Offense

Slight variation of spelling of name on record.

Address on record, also appears on Positive ID:
 W 46th St #118
 Sioux Falls, SD 57105

County Searched:	**STATEWIDE**, SD	SSN on Record:	xxx-xx-N/A
Name on Record:	Odegard, Brittany Renae	DOB on Record:	1
Degree:	Other	File Date:	09/12/2013
Case No:	49MAG13-006375	Disposition Date:	09/26/2012
Charge:	Warning Ticket Violation		

Background Profile



Investigate further.

Report Date:	08/13/2018
Report No.:	4249645
Applicant:	Odegard, Brittany Renee

CRIMINAL REPORT HISTORY CONT'D

Disposition: Guilty
Sentence: Pay Fine/CC
Fine and Court Costs: \$75 Combined
Comments: Minnehaha County

Degree: Municipal Ordinance

Slight variation in spelling of middle name on record.

Address on record, also appears on Positive ID:

1 W 46th St #118

Sioux Falls, SD 57105

County Searched: **STATEWIDE**, SD
Name on Record: Odegard, Brittany Renee
Degree: Misdemeanor
Case No: 41MAG13-000343

SSN on Record: xxx-xx-xxxx

DOB on Record: 1/1/1990

File Date: 08/26/2013

Disposition Date: 09/24/2013

Charge: See Below
Disposition: CT 1) Dismissed CT's 2,3,4) Guilty
Sentence: 30 Days License Suspended
Fine and Court Costs: \$166 Combined
Comments: Lincoln County

Degree: Class 2 Misdemeanor

Offense:

CT 1) Under 21 Driver
CT 2) Open Alcoholic Beverage Container Accessible in Vehicle
CT 3) Speeding On Interstate Highway
CT 4) Possession Of Alcohol By Minor

Slight variation in spelling of middle name on record.

Address on record, also appears on Positive ID:

1 W 46th St #118

Sioux Falls, SD 57105

County Searched: **STATEWIDE**, SD
Name on Record: Odegard, Brittany Renee
Degree: Misdemeanor
Case No: 49MAG13-004424

SSN on Record: xxx-xx-xxxx

DOB on Record: 1/1/1990

File Date: 06/18/2013

Disposition Date: 06/26/2014

Charge: Possession of Alcohol by Minor
Disposition: Guilty
Sentence: Pay Fine/Costs
Fine and Court Costs: 120 Fine/Costs

Background Profile



Investigate further.

CRIMINAL REPORT
HISTORY CONT'D

Report Date:	08/13/2018
Report No.:	4249645
Applicant:	Odegard, Brittany Renae

Comments: Minnehaha County

Degree: 2nd Degree

Slight variation of spelling of name on record.

Address on record, also appears on Positive ID:

1 W 46th St #118

Sioux Falls, SD 57103

County Searched: **STATEWIDE**, SD
 Name on Record: Odegard, Brittany Renae
 Degree: Other
 Case No: 49POA12-004563
 Charge: Municipal Speeding
 Disposition: Dismissed
 Sentence: N/A
 Fine and Court Costs: N/A
 Comments: Minnehaha County

SSN on Record: N/A
 DOB on Record: 1 / 12
 File Date: 12/14/2012
 Disposition Date: 03/13/2013

Degree: Municipal Ordinance

Slight variation of spelling of name on record.

Address on record, also appears on Positive ID:

1 W 46th St #118

Sioux Falls, SD 57103

County Searched: **STATEWIDE**, SD
 Name on Record: Odegard, Brittany Renae
 Degree: Other
 Case No: 49MAG12-027951
 Charge: See Below
 Disposition: CT1) Dismissed CT2) Guilty
 Sentence: 30 Days Jail/28 Days Suspended
 Fine and Court Costs: \$266 Fine/Costs
 Comments: Minnehaha County

SSN on Record: N/A
 DOB on Record: 2
 File Date: 12/14/2012
 Disposition Date: 03/13/2013

Offense:
 CT1) Driving with Suspended (Not Revoked) License - 2nd Degree Misdemeanor
 CT2) Fail to Maintain Financial Responsibility - 2nd Degree Misdemeanor

Slight variation of spelling of name on record.

Address on record, also appears on Positive ID:

W 46th St #118

Sioux Falls, SD 57103

County Searched: **STATEWIDE**, SD
 Name on Record: Odegard, Brittany
 Degree: Other
 Case No: 49399A1225662

SSN on Record: xxx-xx-N/A
 DOB on Record: 1
 File Date: 09/21/2012
 Disposition Date: 10/17/2012

Background Profile



Investigate further.

Report Date:	08/13/2018
Report No.:	4249645
Applicant:	Odegard, Brittany Renee

CRIMINAL REPORT HISTORY CONT'D

Charge: Warning Ticket Violation
Disposition: Guilty
Sentence: Unspecified
Fine and Court Costs: \$75 Fine/Costs
Comments: Minnehaha County

Degree: Municipal Ordinance

Address on record, also appears on Positive ID:
W 46th St #118
Sioux Falls, SD 57105

County Searched: **STATEWIDE**, SD
Name on Record: Odegard, Brittany Renee
Degree: Misdemeanor
Case No: 4399M1223248

SSN on Record: www.www.N/A
DOB on Record:
File Date: 08/27/2012
Disposition Date: 09/13/2012

Charge: See Below
Disposition: CT1) Dismissed CT2) Guilty
Sentence: 2 Years Probation
Fine and Court Costs: \$120 Fine/Costs
Comments: Minnehaha County

Offenses:
CT1) Driving with Suspended (Not Revoked) License - 2nd Degree Misdemeanor
CT2) Fail to Maintain Financial Responsibility - 2nd Degree Misdemeanor

Slight variation of spelling of name on record.

Address on record, also appears on Positive ID:
W 46th St #118
Sioux Falls, SD 57105

County Searched: **STATEWIDE**, SD
Name on Record: Odegard, Brittany Renee
Degree: Other
Case No: 49399M1220186

SSN on Record: www.www.N/A
DOB on Record:
File Date: 07/19/2012
Disposition Date: 01/30/2013

Charge: Careless Driving
Disposition: Guilty
Sentence: Pay Fine/Costs
Fine and Court Costs: \$130 Fine/Costs
Comments: Minnehaha County

Degree: Municipal Ordinance

Slight variation of spelling of name on record.

Address on record, also appears on Positive ID:
W 46th St #118
Sioux Falls, SD 57105

County Searched: **STATEWIDE**, SD

SSN on Record: xxx-xx-N/A



Investigate further.

Background Profile

Report Date:	08/13/2018
Report No.:	4249645
Applicant:	Odegard, Brittany Renee

CRIMINAL REPORT HISTORY CONT'D

Name on Record: Odegard, Brittany Renee
 Degree: Misdemeanor
 Case No: 49399M1220187
 Charge: No Drivers License
 Disposition: Guilty
 Sentence: Pay Fine/Costs
 Fine and Court Costs: \$130 Fine/Costs
 Comments: Minnehaha County

DOB on Record:
 File Date: 07/19/2012
 Disposition Date: 01/30/2013

Degree: 2nd Degree

Slight variation of spelling of name on record.

Address on record, also appears on Positive ID:
 W 46th St #118
 Sioux Falls, SD 57105

County Searched: **STATEWIDE**, SD
 Name on Record: Odegard, Brittany Renee
 Degree: Misdemeanor
 Case No: 63POA13-002340
 Charge: Speeding On State Highway 91/65
 Disposition: Guilty
 Sentence: Pay Fine/CC
 Fine and Court Costs: \$220 Combined
 Comments: Union County

SSN on Record: xxx-xx-N/A
 DOB on Record: 2
 File Date: 09/30/2013
 Disposition Date: 09/30/2013

Degree: Class 2 Misdemeanor

Address on record, also appears on Positive ID:
 W 46th St #118
 Sioux Falls, SD 57105

Slight variation in spelling of middle name on record.

County Searched: **STATEWIDE**, SD
 Name on Record: Odegard, Brittany
 Degree: Other
 Case No: 49399M121990
 Charge: Warning Ticket Violation
 Disposition: Dismissed
 Sentence: N/A
 Fine and Court Costs: N/A
 Comments: Minnehaha County

SSN on Record: www-xx-N/A
 DOB on Record: 12
 File Date: 07/16/2012
 Disposition Date: 07/27/2012

Degree: Municipal Ordinance

Address on record, also appears on Positive ID:
 1 W 46th St #118
 Sioux Falls, SD 57105

Background Profile



Investigate further.

Report Date:	08/13/2018
Report No.:	4249643
Applicant:	Odegard, Brittany Renee

CRIMINAL REPORT HISTORY CONT'D

County Searched:	**STATEWIDE**, SD	SSN on Record:	xxx-xx-N/A
Name on Record:	Odegard, Brittany Renee	DOB on Record:	
Degree:	Other	File Date:	05/21/2012
Case No:	49399M1212933	Disposition Date:	07/27/2012
Charge:	Pet Violations - Animal at Large Dog/Cat		
Disposition:	Guilty		
Sentence:	Pay Fine/Costs		
Fine and Court Costs:	\$105 Fine/Costs		
Comments:	Minnehaha County		

Degree: Municipal Ordinance

Slight variation of spelling of name on record.

Address on record, also appears on Positive ID:
1 W 46th St #118
Sioux Falls, SD 57105

County Searched:	**STATEWIDE**, SD	SSN on Record:	xxx-xx-N/A
Name on Record:	Odegard, Brittany Renee	DOB on Record:	
Degree:	Misdemeanor	File Date:	10/26/2010
Case No:	49399M1030167	Disposition Date:	11/08/2010
Charge:	No Drivers License		
Disposition:	Guilty		
Sentence:	Pay Fine/Costs		
Fine and Court Costs:	\$120 Fine/Costs		
Comments:	Minnehaha County		

Degree: 2nd Degree

Slight variation of spelling of name on record.

Address on record, also appears on Positive ID:
W 46th St #118
Sioux Falls, SD 57105

SANCTIONCHECK

Status: COMPLETE/SEE ATTACHED

Background Profile



Investigate further.

Report Date:	08/13/2018
Report No.:	4249645
Applicant:	Odegard, Brittany Renae

SANCTIONCHECK HISTORY

CONT'D

NO SANCTIONS OR MATCHES FOUND

The applicant's name(s) was screened against the lists of federal and state agencies with sanction authority and did not produce a match with a sanctioned/excluded individual. The name and any potential matches are all carefully reviewed, and best efforts are made to confirm matches using all available personal identifiers.

Please note that a lack of identifiers on either the sanction record or provided by your applicant may result in PreCheck reporting "No Sanctions or Matches Found."

For details of the sanction lists searched, go to our website at: www.PreCheck.com/SanctionCheck



Background Profile

Report Date:	08/13/2018
Report No.:	4249645
Applicant:	Odogard, Brittany Renae

DISCLAIMERS

This report is provided for your exclusive use in strict confidence. Information contained herein should not be the sole determining factor in evaluating the individual. Human error in compiling this information is possible.

If you hire this individual, we recommend as a quality control measure that you positively identify the applicant by comparing the background report with the following identifiers:

- Social Security Number (SSN)
- State Identification or Driver's License
- Date of Birth (DOB)

If a discrepancy exists regarding the First, Middle, or Last Name, SSN, or DOB, please contact your Client Account Manager immediately to initiate further investigation.

Adverse Action

Adverse action is required under the Fair Credit Reporting Act (FCRA) when a decision, based in whole or part from information contained in a Consumer Report, is used to deny employment or promotion, terminate, reassign, or make any other employment decision that adversely affects the individual.

Before you take the adverse action, you must give the individual a pre-adverse action disclosure that includes a copy of the individual's consumer report and a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act"--- a document prescribed by the Federal Trade Commission.

When you take the adverse action, you must give the individual notice either orally, in writing, or electronically that the action is being taken. This notice must include:

- the name, address, and phone number of the Consumer Reporting Agency(CRA) that supplied the report;
- a statement that the CRA that supplied the report did not make the decision to take the adverse action and cannot give specific reasons for it; and
- a notice of the individual's right to dispute the accuracy or completeness of any information the agency furnished, and his or her right to an additional free consumer report from the agency upon request within 60 days.

Public Records

Public records searches consist primarily of criminal history record searches but may also include various misconduct registry searches. Registry searches are labeled accordingly. PreCheck conducts criminal history record searches as far back as county and state level indices allow. The majority of indices provide records from the previous 7 years; a limited number of indices allow searches as far back as 10-20 years.

Positive Identification

PreCheck conducts a search of consumer databases to substantiate the individual's usage of SSN, addresses, and potential aliases. The Social Security Administration (SSA) restricts SSN verification to employers. To verify, contact the SSA at 1-800-772-1213 and provide your Company's Employer Identification Number, the individual's name, date of birth, and SSN.

END OF REPORT

PT21126

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane ~ Reno, NV 89509

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

Registration Fee: \$40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Brittany Middle: Renae Last: OdegardHome Address: Buckskin St Apt #: _____City: Henderson State: Nevada Zip Code: 89074Telephone: 702-571-1111 Social Security Number: _____Date of Birth: _____ Place of Birth: Rapid City, SD Sex: ☐ M or ☒ F

E-mail Address: _____

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: N/A

I am requesting registration at the following pharmacy:

Pharmacy: Pima Medical Institute Store #: N/AAddress: 3333 E. Flamingo RdCity: Las Vegas State: NV Zip Code: 89121Signature of Managing Pharmacist: Lorinda Trinidad-Lomer Lic #: PT 10792 Date: 6/2/18

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☒ No ☐
 2. Are you a high school graduate or the equivalent? Yes ☒ No ☐
 (IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
3. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Been charged, arrested or convicted of a felony or misdemeanor in any state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you marked YES to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	

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

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IF you marked YES to the question, above are you in compliance with the court order?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, No copies or stamps accepted, Date: 1.4.18

Board Use Only Date Processed: 7/12/18 Amount: \$40.00

14

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane ~ Reno, NV 89509

PHARMACEUTICAL TECHNICIAN APPLICATION

Registration Fee: **\$40.00** - (non-refundable money order only, no cash)

OCT 23 2018

Complete Name (no abbreviations):

First: Tiffany Middle: Cherie Last: Hall, CPhT

Home Address: _____ Apt #: _____

City: Las Vegas State: NV Zip Code: 89117

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: USA Sex: ☐ M or ☒ F

E-mail Address: _____

To qualify as a pharmaceutical technician you will need to meet one of the following criteria. Please check the appropriate box and include the required documentation.

☒ Copy of registration or on-line verification from state in which you are currently registered as a pharmaceutical technician.

☐ Copy of a certificate from an ASHP approved pharmacy technician school.

☐ Non ASHP approved school and PTCB or ICPT.

A licensee is not personally required to have a Nevada State Business License, however, if you have one, please provide the number: _____

1. Are you 18 years of age or older? Yes ☒ No ☐
 2. Are you a high school graduate or the equivalent? Yes ☒ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you marked **YES** to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:		State	Date:	Case #:	
			/ /		
Criminal Action:	State	Date:	Case #:	County	Court
	NV, UT	12/24/2013, 01/29/2014, 03/01/2014, 03/22/2018	13CR020691C, 185400759	Carson, Wasatch	Carson City Justice and Municipal Court, Wasatch County Justice Court

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications

- Are you the subject of a court order for the support of a child?..... Yes ☐ No ☒
 IF you marked **YES** to the question, above are you in compliance with the court order?..... Yes ☐ No ☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Tiffany C. Hall, CPhT
 Original Signature, no copies or stamps accepted

10/16/2018
 Date

Board Use Only: Date Processed: _____ Amount: _____

10/10/2018

S. Paul Edwards, Esq.
General Counsel
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, Nevada 89509

Dear Mr. Edwards,

On March 22, 2018 at approximately 10:00 A.M., I was cited for a traffic violation in Heber City, Utah by a Utah Highway Patrol Officer. At approximately 11:00 A.M., Officer Call placed me under arrest for suspicion of driving under the influence of alcohol/drugs. I was detained in Wasatch County Jail in Heber City, Utah for the minimum 12 hour hold one is required to remain when one is arrested and charged for DUI in the State of Utah. The results of my forensic drug screen taken from the blood sample that I provided at the jail was used in my defense in court as evidence that I was not driving under the influence of alcohol/drugs. Prosecuting attorney McKay King could not provide evidence that I was driving impaired, and the case was dismissed by Judge Brook Sessions on September 19, 2018. I apologize to the Nevada State Board of Pharmacy for withholding this information when I applied for my Nevada Pharmacy Technician license on May 2, 2018.

Sincerely,

Tiffany C. Hall, CPhT

Tiffany C. Hall, CPhT

Case No: 185400759 Date: Sep 18, 2018

Due: \$200.00

Total Fine: \$200.00

Total Suspended: \$0

Total Surcharge: \$88.89

Total Fine Due: \$200.00

Defendant is to pay a fine of 200.00 which includes the surcharge. Interest may increase the final amount due.

Fine payments are to be made to The Court.

SENTENCE FINE PAYMENT NOTE

Posted bail offset fine. Refund balance to the person that posted bail.

End Of Order - Signature at the Top of the First Page

Shirley Hunting

From: David Wuest
Sent: Tuesday, October 30, 2018 1:47 PM
To: Tiffany C. Hall, CPhT
Cc: YenH Long; Paul Edwards; Shirley Hunting; Pharmacy Board; Kristopher Mangosing
Subject: Re: Full disclosure

Tiffany

Thank you for email.

I appreciate the issues you have experienced regarding abuse. As we discussed, we will provide you with the opportunity to explain your actions to the Board. You will receive written notice of your appearance at our next meeting in December.

Sincerely,

Dave

From: Tiffany C. Hall, CPhT
Sent: Tuesday, October 23, 2018 2:38:21 PM
To: David Wuest
Subject: Full disclosure

Dear Mr. Wuest,

I confess to lying under oath to the Nevada State Board of Pharmacy at my citation hearing on October 10, 2018. In addition to my Utah arrest history, I was subject to criminal action in Carson City, Nevada. I did not disclose this information because I was afraid of having my Nevada license suspended which would force me to have to move back to Utah where my abuser currently resides. I apologize for my dishonesty. I will do whatever is required to earn the Board's trust in me, and the privilege to work for the State of Nevada.

Sincerely,

...

Tiffany C. Hall, CPhT
Certified Pharmacy Technician
Walgreens Pharmacy

JUDGMENT AND ORDER OF THE COURT

CARSON CITY JUSTICE AND MUNICIPAL COURT

DEFENDANT: ~~HALL~~, TIFFANY C

COURT CASE #: 13 CR 02069 1C

ORIGINATING CASE #: 13-7463

LANGUAGE SPOKEN: ENGLISH

STATUS: OPEN

PROSECUTING ATTORNEY: CARSON CITY DISTRICT ATTORNEY

DEFENSE ATTORNEY: WILLIAM MURPHY

CHARGE AND SENTENCE INFORMATION

CHARGES: 8.04.050 CS - RESIST PUBLIC OFFICER

PLEA: 04/16/2014 - GUILTY

DISPOSITION: 04/16/2014 - GUILTY

JAIL: SENTENCED TO 90 DAYS IN JAIL SUSPENDED FOR 1 YEAR

CHARGES: 199.280.3 - RESIST PUBLIC OFFICER

PLEA: NO PLEA

DISPOSITION: 12/26/2013 - NO CHARGES FILED

JAIL:

CHARGES: 10.20.010 CS - BASIC SPEEDING VIOLATION - 11-15 MILES PER HOUR OVER POSTED SPEED LIMIT

PLEA: NO PLEA

DISPOSITION: 12/26/2013 - NO CHARGES FILED

JAIL:

CHARGES: 10.25.060 CS - DRIVE WITH SUSPENDED OR REVOKED DRIVERS LICENSE

AMENDED TO: 10.25.050 CS DRIVE WITHOUT VALID DRIVERS LICENSE

PLEA: 04/16/2014 - GUILTY

DISPOSITION: 04/16/2014 - GUILTY

JAIL:

CHARGES: 10.25.040 CS - OPERATOR - PROOF OF INSURANCE REQUIRED

PLEA: 04/16/2014 - GUILTY

DISPOSITION: 04/16/2014 - GUILTY

JAIL:

CHARGES: 482.545.1 - OPERATE VEHICLE WITH EXPIRED REGISTRATION OR PLATES

PLEA: NO PLEA

DISPOSITION: 12/26/2013 - NO CHARGES FILED

JAIL:

CHARGES: 22.100 - CONTEMPT OF COURT

PLEA: NO PLEA

DISPOSITION: 04/16/2014 - DISMISSED

JAIL:

Exhibit 7

03/01/2014	03/05/2014	RELEASED OWN RECOGNIZANCE		
NEXT COURT HEARING INFORMATION NO FUTURE COURT DATE SCHEDULED AT THIS TIME				
ADDITIONAL CASE INFORMATION NO FURTHER INFORMATION				
JUDGE'S SIGNATURE: _____ JOHN TATRO, 4/16/2014				

DEFENDANT: HALL, TIFFANY C

Data Date: 4/16/2014

Print Date: 4/16/2014

COURT CASE #: 13 CR 02069 IC

FILE DATE: 12/24/2013

Page 3 of 3

3. On May 2, 2018, while her case was pending, Ms. Hall submitted to the Board a Pharmaceutical Technician Application. She did not disclose her arrest record on the application. She instead falsely marked “No” on question 3, which ask whether she had “[b]een charged, arrested or convicted of a felony or misdemeanor in any state?”

4. Ms. Hall signed the application certifying to the Board that the “information furnished on this document [the application] is true and complete.”

5. On or about August 8, 2018, Board Staff served a *Notice of Intended Action and Accusation* on Ms. Hall by certified United States mail, return receipt requested, using the address Ms. Hall most recently provided to the Board and which the Board had on file.

6. In September 2018, the Wasatch County Justice Court resolved the charges against Ms. Hall. She pled guilty to the speeding charge and the court, at the prosecution’s request, dismissed the other two charges.

7. Ms. Hall filed a belated *Answer to the Notice of Intended Action and Accusation* in the form of an email on or about October 2, 2018.

8. Additionally, based on evidence and testimony presented during the hearing, the Board finds that Board Staff satisfied the service requirements of NRS 639.242.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

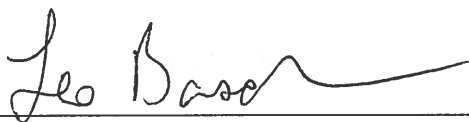
9. The Board has jurisdiction over this matter and Respondent Ms. Hall because at the time of the events alleged herein, Ms. Hall was a pharmaceutical technician registered by the Board.

10. NRS 639.281(a) states that “[a]ny person who secures or attempts to secure registration for himself or herself or any other person by making, or causing to be made, any false representation...is guilty of a misdemeanor.”

2018.10.16. ORDER.Hall

IT IS SO ORDERED.

Signed and effective this 18 day of October 2018.

A handwritten signature in cursive script, reading "Leo Basch", written over a horizontal line.

Leo Basch, President
Nevada State Board of Pharmacy

FACTUAL ALLEGATIONS

IV.

Ms. Hall was arrested in Heber City, Utah on March 22, 2018, for driving under the influence of alcohol/drugs. Wasatch County Justice Court Case No. 185400759.

V.

Ms. Hall did not disclose her arrest record on the Pharmaceutical Technician application. She instead falsely marked “No” on question 3, which ask whether she had “*[b]een charged, arrested or convicted of a felony or misdemeanor in any state?*”

VI.

Ms. Hall then signed the application certifying to the Board that the “information furnished on this document [the application] is true and complete.”

FIRST CAUSE OF ACTION

VII.

“Any person who secures or attempts to secure registration for himself or herself or any other person by making, or causing to be made, any false representation...is guilty of a misdemeanor.” Nevada Revised Statute (NRS) 639.281(1). The statute goes on to state that: “Any certificate issued by the Board on information later found to be false or fraudulent must be automatically cancelled by the Board.” NRS 639.281(2).

By falsely marking “No” on question 3 on her application, which asks whether she had “*[b]een charged, arrested or convicted of a felony or misdemeanor in any state?*”, and by signing the application certifying that the information she provided was “true and correct”, Hall violated NRS 639.281(a) and engaged in unprofessional conduct, as defined in Nevada Administrative Code (NAC) 639.945(1)(h). Her actions are grounds for discipline pursuant to NRS 639.210(1), (4), (9), (10), (12), NRS 639.281(2) and NRS 639.255.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	CASE NO. 18-057-PT-S
)	
Petitioner,)	
v.)	
	)	STATEMENT TO THE RESPONDENT
TIFFANY CHERIE HALL, PT	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. PT20933,	)	AND ACCUSATION
	)	RIGHT TO HEARING
Respondent.)	
	/	

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Board within twenty (20) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has scheduled your hearing on this matter for Wednesday, October 10, 2018, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	CASE NO. 18-057-PT-S
)	
Petitioner,)	
v.)	
)	
TIFFANY CHERIE HALL, PT	)	ANSWER AND NOTICE
Certificate of Registration No. PT20933,	)	OF DEFENSE
)	
Respondent.)	
	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of October, 2018, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Tiffany Cherie Hall

{

Las Vegas, NV 89117



SHIRLEY HUNTING

15



NEVADA STATE BOARD OF PHARMACY
OFFICE OF THE GENERAL COUNSEL

WRITER'S DIRECT DIAL: (775) 850-1440 • E-MAIL: PEDWARDS@PHARMACY.NV.GOV • FAX: (775) 850-1444

August 7, 2018

COPY

BY CERTIFIED U.S. MAIL

9171 9690 0935 0157 4985 97

Roger Estevez, M.D.,
 E. Desert Inn Road
 Las Vegas, Nevada 89121

RE: Citation And Administrative Fine For Dispensing Without a Registration

Dear Dr. Estevez,

The Nevada State Board of Pharmacy (Board) received a complaint that you are engaged in dispensing dangerous drugs without a Nevada dispensing practitioner registration in violation of NAC 639.742. Board Staff, through its inspectors, verified those allegations during a visit to your office on July 5, 2018, where the inspectors confirmed that you are dispensing dangerous drugs to patients as part of a clinical trial.

This letter shall serve as a CITATION pursuant to NRS 639.2895(2), citing you for dispensing dangerous drugs to patients without a dispensing practitioner registration. *See* NAC 639.742 *et al.* For those violations, the Board has assessed an ADMINISTRATIVE FINE against you in the amount of five thousand dollars (\$5,000.00). *See* NAC 639.2895(2), (3).

You shall pay this administrative fine within 30 days of receipt of this citation. Payment must be by *cashier's check, certified check or money order* made payable to the Nevada State Board of Pharmacy. Send all payments to the Board's Reno office, located at 431 W. Plumb Lane, Reno, NV 89509.

The Board is also authorized under NAC 639.2895(1) to issue an order directing you to cease and desist from all dispensing activities. The Board is holding that remedy in reserve anticipating that you will either voluntarily stop dispensing or come into compliance by applying for a dispensing practitioner registration immediately and by pursuing its approval. Your failure to pursue one of those courses may result in additional penalties.

You have the right to appeal this citation. *See* NRS 639.2895(2). To appeal you must submit a written request for a hearing to the Board's Executive Secretary, Dr. Larry Pinson, at the Board's Reno Office, located at 431 W. Plumb Lane, Reno, NV 89509, no later than 30 days after receipt of this letter. If you submit a request for a hearing, you may submit with your

request any evidence you wish the Board to consider. At a hearing, you would bear the burden to show that no violation occurred and that the Board issued this citation in error.

In the event that you apply to obtain a Nevada dispensing practitioner registration to allow you to continue the clinical trial in which you are engaged, please be aware that the Board may request that you attend a hearing to discuss this matter as part of its consideration of your application. An appeal of this citation and an application for a dispensing practitioner registration could be addressed at the same hearing at your request.

Feel free to contact me if you have questions.

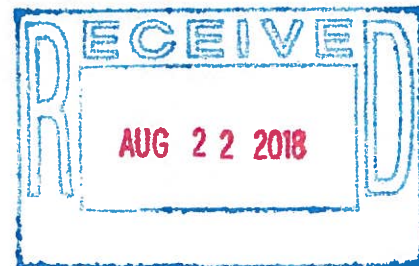
Best regards,



S. Paul Edwards
General Counsel
Nevada State Board of Pharmacy

Cc: Larry Pinson, Pharm.D. Executive Secretary, Nevada State Board of Pharmacy; David Wuest, R.Ph., Deputy Executive Director, Nevada State Board of Pharmacy

August 19, 2018 .



RE : Citation and administrative Fine for dispensing without a Registration .

Nevada State Board of Pharmacy.

Our office recently received the above- referenced citation Following a complain of dispensing dangerous drugs, This letters serves as our formal response, this citation is unreasonable based on the grounds that the patient was prescribed, desiccated thyroid extract (ARMOUR THYROID)with a valid prescription filled and dispensed by a license pharmacy by state of Nevada ,please see exhibit 1. This is a Pharmacy Delivery Service and they never got in touch with patient at the time of delivery, for patient's convenience they delivered to our Clinic , Patient picked bottle at the clinic .As you can see in the written protocol by sponsor, clearly state Item 6.5 .1 under treatment administered "No Medication will be provided as a part of study " . Instead physicians will prescribe a dose and brand of prescription DTE according to clinical Judgment. Please see Exhibit2.

As part of GCP (Good clinical Practice and regulatory requirements) our office Follow up industry Guidelines, please see exhibit 3.

Our office was never advise to request any stated license for dispensing medication as part of protocols in clinical research and this was discussed with the investigators during visit on July 5,2018 We had agree in pursuing dispensing practitioner registration , we are in the application process for this new license .

Base on the above mentioned reasons we appeal this citation and at the same time are requesting a Hearing to the Board's Executive Secretary , DR Larry Pinson, as this time pertinent clinical research trial is finished but we are determined in complying with Pharmacy state regulations as we have always done .

Sincerely

Dr. Roger Estevez

Aug / 19 / 2018 .

First Class Rx Pharmacy
8846 S Eastern Ave # 100
LAS VEGAS, NV 89123
702-534-0325

Exhibit-1

Patient History Report

From: 12/1/2017 To: 8/16/2018

JOHNSON,FRANCINE

RX#	RX Date	Doctor Name	Drug Name	Qty	Plan	PatPay	Price
167611	01/30/2018	ESTEVEZ,ROGER	ARMOUR THYROID 60 MG TABLET	130		90	\$124.35
Totals:						\$90.00	\$124.35



Exhibit-2

DTE in Patients with Hypothyroidism

Protocol No. ST-DTE-401
Version 2.0, Date 17 May 2017

6.4.3.2 Evaluations at the Time of Study Withdrawal

For any patient who is withdrawn from the study early, the physician will ensure that all appropriate eCRF pages are completed, including the date of and explanation for the patient's withdrawal from the study.

6.4.3.3 Replacement of Patients

Patients who enroll in the study but do not switch from L-T4 to DTE will be replaced

6.5 Treatment

6.5.1 Treatments Administered

No medication will be provided as part of this study. Instead, physicians will prescribe a dose and brand of prescription DTE according to their clinical judgment, and patients will obtain their medication as they usually do.

6.5.2 Study Treatment Formulation

Several brands of DTE are commercially available, and each physician will prescribe the most appropriate prescription product for each patient, based on clinical judgment.

6.5.3 Dose Adjustments and Dose Escalation

Physicians will make dose adjustments according to their clinical judgment, and will record dose adjustments and any associated thyroid hormone results in the eCRF.

6.5.4 Previous and Concomitant Therapy

The physician or designee will record the patient's previous and concomitant medications (only those medications prescribed for hypothyroidism, depression, or cholesterol management will be recorded), including the drug name, dosage, and dates of administration, in the eCRF. Patients currently taking any prescription or nonprescription thyroid extracts or thyroid hormone-containing supplements are not eligible to participate in the study.

6.5.5 Treatment Adherence

The physician or designee will determine patient adherence with treatment by their usual methods, if this is part of their standard practice.

6.5.6 Assignment to Treatment

Physicians will select a dose and brand of prescription DTE for each patient according to their clinical judgment.

6.6 Variables

6.6.1 Primary Variable - Effectiveness.

- The percentage of patients who have a normal TSH at approximately Week 18 or at the time of study withdrawal

Exhibit-3

If significant changes are made in the formulation of the investigational or comparator product during the course of the trial, the results of additional studies (e.g. on the stability, comparative dissolution rate or, as appropriate, comparative bioavailability) should be made available before the new formulation is used in the trial. The studies would demonstrate that the changes would not be expected to alter the pharmacokinetic profile or other clinical characteristics of the product.

10.1 Supply and storage

The arrangements made by the sponsor to supply the investigator with pharmaceutical products for the trial should be described in the protocol. The manner in which study products are to be recorded, delivered, dispensed and stored should be detailed.

The principles of Good Manufacturing Practice(1) should be applied not only by the supplier of the pharmaceutical product(s), but also by any intermediaries responsible for storing the product(s) temporarily.

Records must be kept of information about the shipment, delivery, receipt, storage, return and destruction of any remaining pharmaceutical products. The investigator should not supply the investigational product to any person not targeted to receive it. Preferably a local pharmacy or the pharmacy department of the local hospital should assume responsibility for storage, delivery, return and keeping records of the investigational and, when appropriate, comparator product(s). If so, these procedures must be documented to make auditing possible.

10.2 Investigational labelling and packaging

The sponsor is responsible for the proper packaging and investigational labelling of the pharmaceutical products used. Study products should be labelled in compliance with the protocol and any applicable national regulations. The investigational label should state that the product is for clinical research purposes only. Investigational label information should be accurate and in a language that is understandable to the subject.

In blinded trials, the package should be labelled in a way that does not reveal the identity of the product. A coding system should be used to allow for the proper identification of the blinded products given to individual subjects (in case of emergency). In addition, all study products, including comparator products, should be indistinguishable by appearance, taste, smell, weight and other physical characteristics.

10.3 Responsibilities of the investigator

The investigator is responsible for ensuring:

- Proper and safe handling of the investigational and, when appropriate, comparator products during and after the clinical trial, preferably in cooperation with a pharmacy (see Section 10.1);
- That the investigational product is used only in accordance with the protocol, which implies use only for subjects included in the trial and by designated staff responsible to the investigator, and that this use is documented in such a way as to ensure appropriate dosage;
- That the dosage and instructions for use are correct and that every subject involved understands them properly;
- That unused investigational and, when appropriate, comparator products are returned in accordance with the protocol to the pharmacy or sponsor or destroyed, and that proper records of these activities are kept.

10.4 Responsibilities of the sponsor and monitor (see also Sections 5 and 6)

The sponsor is responsible for:

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR AUTHORITY TO DISPENSE DRUGS

Registration Fee: \$300.00 (non-refundable money order or cashier's check only)

This application is for physicians only. APRN's or PA's have their own dispensing applications.New Dispensing Location ☐Address Change ☐ (Requires Fee and New Application)

Current Dispensing License # _____

Do you, as a dispensing practitioner or in conjunction only with other practitioners, wholly own your practice? Yes ☒ No ☐
If no, please complete the **Application for Non-Practitioner Dispensing Site Owners** as required by NAC 639.742 (2).I will be dispensing ☐ controlled substances ☐ dangerous drugs or ☒ both. Must check a box.**If you dispense controlled substances, a controlled substance registration and DEA is required for the address listed on this application.**First: **Roger** Middle: _____ Last: **Estevez** Degree: **MD**Practice Name (if any): **Roger estevez MD., P.C**Nevada Address **4020 Pecos Meleod Rd Las Vegas, NV 89121** Suite #: **275**
(This must be a practicing Nevada address, we will not issue a license to a home address or to a PO Box only)PO Box: _____ SS#: _____ Sex: ☒ M or ☐ F

E-mail address: _____ Date of Birth: _____

City: _____ State: NV Zip Code: **89121**Nevada Work Telephone: **702-570 6107** Nevada Fax: **702-570 6113**Practitioner License Number: **13199** Specialty: **Internal Medicine****You must be licensed with your respective BOARD before we will process this application.****Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?** Yes ☐ No ☒1. Been charged, arrested or convicted of a felony or misdemeanor in any state? ☐ Yes ☒ No2. Been the subject of an administrative action whether completed or pending in any state? ☐ Yes ☒ No3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state? ☐ Yes ☒ No**If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:**

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

The undersigned practitioner, licensed to practice his or her profession in the State of Nevada, applies to the Board of Pharmacy for authorization to dispense, for profit, controlled substances or dangerous drugs or both, to his or her own patients, in the manner allowed and as required by Nevada and Federal law.

I hereby certify that the answers given in this application are true and correct to the best of my knowledge. I understand that the approval of this application provides me alone with the authority to dispense controlled substance or dangerous drugs or both to my own patients at the address stated on the application. I further understand that I may not delegate this authority to any other person. I further agree to abide by all statutes, rules or regulations governing practitioner dispensing and understand that a violation of any such statute, rules or regulations may be grounds for suspension or revocation of this permit of authorization.

Original Signature, no copies or stamps accepted. Date **7/09/2018****Board Use Only**

Received: _____

Amount: **\$300.00**

Entity#

51174

Include with the Application for Authority to Dispense Drugs

Practitioner Dispensing
Controlled Substance Waiver Form

Each dispensing practitioner must complete this form. Do not submit for a group.

Print Name: Roger Estevez

Address: 4020 Pecos McLeod Rd

City: Las Vegas State: NV Zip: 89121

Telephone: 702-570 6107

X I will be dispensing controlled substances at the address listed above and I understand that I am required and submit data to the Prescription Controlled Substance Abuse Prevention Task Force weekly as required by NAC 639.745 [1(f)].

 I will not be dispensing controlled substances at the address listed above. If I choose to dispense controlled substances in the future, I must contact the Nevada State Board of Pharmacy to modify my license.

By signing and dating this waiver form, I certify that the information provided is true.


Original Signature of Dispensing Practitioner

7/09/2018
Date

17

18

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
639 Veterinarians dispensing through consignment	09/07/17 10/19/17 12/06/17	12/12/17	R146-17	02/01/18	02/01/18	03/07/18	04/05/18	05/16/18
639.010 Definition of Designated Agent	10/19/17 12/06/17							
639.670 USP 800	10/19/17	Close – Adopting USP 800						
639.879 APRN Dispensing	10/19/17	11/02/17	R132-17	12/01/17		03/07/18	03/28/18	05/16/18
639 NEW Prescription Readers	10/19/17	11/02/17	R131-17	12/05/17	01/24/18 03/13/18 05/03/18	03/07/18 04/12/18 06/07/18	06/15/18	06/26/18
639 PMP Registration/Access	01/11/18	01/12/18	R013-18	04/30/18	05/03/18	06/07/18	06/15/18	06/26/18
639 Show Cause	01/11/18	01/12/18	R014-18	02/27/18	03/13/18	04/12/18	04/17/18	05/16/18
639.742 Vet Dispensing	01/11/18	01/12/18	R015-18	03/09/18	03/13/18	04/12/18	04/17/18	05/16/18
639.220 Schedule of Fees								
639.NEW Dispensing of CS in conformance with AB 474	03/07/18	03/13/18	R047-18	04/17/18 05/04/18	05/08/18	06/07/18	06/15/18	06/26/18
453.510 Schedule I – Adding New Substances (Fentanyl)	03/07/18	03/15/18	R048-18					
639.NEW (2) – Further defines CS prescribed for pain (AB474)	06/07/18	06/15/18	R144-18	07/17/18	07/27/18	09/05/18 12/05/18		
639.250 – Technician Ratio	09/05/18 10/11/18 12/05/18							

EXECUTIVE SECRETARY REPORT – December 5, 2018

- **FINANCIAL REPORT**

- **TEMPORARY LICENSES**

- **STAFF ACTIVITIES**

- Meetings with other health care boards
- Governor's Opioid Accountable Meeting - Paul
- Rural Health Clinic Physicians - Paul
- ASPL Meeting – Paul
- NASCSA Meeting – Dave and Yenh
- Crime Lab Meeting – Paul
- Nevada Dentist – Paul
- Nevada Health Conference -Yenh
- Idaho State Student Rotation - Kayla Wallentine

- **REPORT TO BOARD**

- Licensing software update

- **BOARD RELATED NEWS**

- Retirement of Ray Seidlinger

- **ACTIVITIES REPORT**

- NABP Member Forum November 28-29 2018 – Melissa
- PMP Integration
- Yenh has complete CPM classwork and Capstone Project

ONE HUNDRED ONE NORTH CARSON STREET
CARSON CITY, NEVADA 89701
OFFICE: (775) 684-5670
FAX NO: (775) 684-5683



555 EAST WASHINGTON AVENUE, SUITE 5100
LAS VEGAS, NEVADA 89101
OFFICE: (702) 486-2500
FAX NO: (702) 486-2505

Office of the Governor

October 31, 2018

Mr. Dave Wuest
Nevada Board of Pharmacy
431 West Plumb Lane
Reno, Nevada 89509

Dear Deputy Secretary Wuest:

I am writing to thank you for your ongoing commitment to the Opioid State Action Accountability Task Force and the citizens of our great state. Much work has been done in this fight for the families of Nevada, and this progress could not have been made without your expertise, ideas and diligence in supporting the goals of this Task Force. I commend your efforts, and I know you will remain dedicated to asking the hard questions and developing innovative solutions to this complicated problem.

I believe the work that has been done serves as a national model and many states are looking to Nevada as an example to help their citizens. You are making a life-changing impact on our communities, and will help families for generations to come. As members of this Task Force continue working to create a Nevada solution, I hope you will take a moment to reflect on your accomplishments while also looking ahead to what must still to be done to eradicate this epidemic that has changed the lives of so many.

As Governor Sandoval's administration ends and a new administration begins, it is vital that you continue to work to develop solutions to this complex problem that impacts our friends, neighbors and loved ones. Your participation and expertise is greatly appreciated and I thank you again for coming together to share your ideas and insights to help address this most critical challenge.

I am hopeful that the new administration will continue the Accountability Task Force. Until a decision is made, please commit to this important process under the leadership of the Department of Health and Human Services.

Sincere regards,

A handwritten signature in blue ink, appearing to read "Mike Willden".

Mike Willden
Governor's Chief of Staff



NEVADA STATE BOARD OF PHARMACY

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NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

OCTOBER 10-11, 2018 BOARD MEETING HELD IN RENO, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the October 2018 Board meeting.

Licensing Activity:

- 3 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 1 license was granted for a Nevada MDEG company pending receipt of a favorable inspection.
- 16 licenses were granted for Out-of-State pharmacies.
- 15 licenses were granted for Out-of-State wholesalers.
- 3 licenses were granted for Nevada pharmacies.
- 1 license was granted for Out-of-State Outsourcing Facilities.
- 1 license was granted for pharmacy intern with allegations of past criminal activity or drug use (after evaluation by PRN-PRN).
- 1 pharmacist license renewal was granted with conditions.

Disciplinary Actions:

- Physician DA's Controlled Substance license was revoked. The revocation was stayed and the license placed on probation for 5 years and ordered to pay fees and fines.
- Physician RG was ordered to pay fees and fines and submit new policies and procedures regarding proper PMP access and use.
- Pharmacist TN and LM were ordered to pay fines and fees and complete additional CEU regarding supervising pharmacist responsibilities.
- Walgreens Pharmacy was ordered to pay fines and fees and provide updated Policies and Procedures to Board Staff regarding readily retrievable records and posting expiration dates. After Board Staff has approved the Policies & Procedures, Walgreens Pharmacy will re-train all Nevada employees.

Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements; reports on national meetings; and collaboration with other state agencies.
- Licensing software updated was provided.
- Legal staff offered updates on present litigation and audits.

Workshop:

Amendment of Nevada Administrative Code (NAC) 639.250: Restrictions on supervision.
The proposed amendment to NAC 639.250 will allow for an increase in pharmaceutical technician to pharmacist ratio in certain pharmacy settings

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**PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R144-18

July 16, 2018

EXPLANATION – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

AUTHORITY: §§1-4, NRS 639.070 and 639.23916.

A REGULATION relating to controlled substances; requiring a practitioner to take certain actions when obtaining informed written consent to and entering into a prescription medication agreement concerning a class of certain controlled substances; establishing a manner for obtaining an assessment of a patient's risk for abuse, dependency and addiction; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires a practitioner, other than a veterinarian, to obtain informed written consent from a patient before prescribing a controlled substance listed in schedule II, III or IV for the treatment of pain. (NRS 639.23911, 639.23912) Existing law also requires a practitioner, other than a veterinarian, who intends to prescribe a controlled substance listed in schedule II, III or IV for the treatment of pain to enter into a prescription medication agreement with the patient. (NRS 639.23914) **Sections 2 and 4** of this regulation impose certain requirements on a practitioner when obtaining informed written consent and entering into a prescription medication agreement, respectively, concerning the use of a class of controlled substances listed in schedule II, III and IV. **Sections 2 and 4** also require a practitioner who has obtained informed written consent to or entered into a prescription medication agreement concerning a class of controlled substances to take certain actions to ensure that the patient remains properly informed.

Existing law requires a practitioner, other than a veterinarian, to require a patient who has used a controlled substance listed in schedule II, III or IV for 90 consecutive days or more for the treatment of pain to complete an assessment of his or her risk for abuse, dependency and addiction before prescribing the controlled substance to continue the treatment. (NRS 639.23913) **Section 3** of this regulation: (1) authorizes such an assessment to be conducted in verbal or written form; and (2) requires such an assessment to include at least one question concerning depression.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 and 3 of this regulation.

Sec. 2. *A practitioner who obtains informed written consent pursuant to NRS 639.23911 and 639.23912 to the use of a class of controlled substances listed in schedule II, III or IV, must, in addition to meeting the requirements for informed written consent set forth in NRS 639.23912:*

1. Explain the nature and terms of the written consent to the person from whom informed written consent is obtained and answer any questions from the person concerning the written consent; and

2. Before issuing a prescription for a controlled substance in the class for which informed written consent was provided, inform the person that the medication is in the class of controlled substances for which he or she provided informed consent.

Sec. 3. *An assessment of risk for abuse, dependency and addiction completed pursuant to NRS 639.23913:*

1. May be completed in verbal or written form; and

2. Must include, without limitation, at least one question concerning depression.

Sec. 4. Section 7 of LCB File No. R047-18 is hereby amended to read as follows:

1. A patient may enter into a prescription medication agreement in satisfaction of the requirements of ~~[section 56 of Assembly Bill No. 474, chapter 605, Statutes of Nevada 2017, at page 4433 (NRS 639.23914),]~~ **NRS 639.23914** with a group of practitioners, including, without

limitation, by entering into such an agreement with a member or other agent of the group who has the authority to enter into the agreement on behalf of the group.

2. If a practitioner or group of practitioners enters into a prescription medication agreement with a patient before the issuance to the patient of a prescription for which such an agreement is required by the provisions of ~~section 56 of Assembly Bill No. 474, chapter 605, Statutes of Nevada 2017, at page 4433 (NRS 639.23914),~~ **NRS 639.23914**, the prescribing practitioner must review the agreement immediately before issuing the prescription, including, without limitation, by using a database maintained by the practitioner or group of practitioners, and update the agreement if necessary.

3. *A practitioner who enters into a prescription medication agreement pursuant to NRS 639.23914 must:*

- (a) Answer any questions from the patient concerning the written consent; and***
- (b) Before issuing a prescription for a controlled substance in the class for which informed written consent was provided, inform the patient that the medication is in the class of controlled substances for which he or she provided informed consent.***

20A

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop

December 05, 2018

Explanation – Language in *blue italics* is new; language in *red text* [~~omitted material~~] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 639.070; NRS 639.1371

A REGULATION relating to the ratio of pharmaceutical technicians to pharmacists.

NAC 639.250 Restrictions on supervision. (NRS 639.070, 639.0727, 639.1371) Except as otherwise provided in NAC 639.258:

1. Except as otherwise provided in this section, in a hospital, a pharmacist who is dispensing prescriptions may not supervise more than a total of three pharmaceutical technicians at one time. A pharmacist who is supervising distributive functions may not supervise more than a total of two pharmaceutical technicians and one pharmaceutical technician in training while the trainee is performing technician functions in on-the-job training.

2. Except as otherwise provided in this section, in any pharmacy, other than a hospital pharmacy, a pharmacist may not supervise more than a total of three pharmaceutical technicians or one pharmaceutical technician and two pharmaceutical technicians in training at one time.

3. In any telepharmacy, remote site or satellite consultation site, a pharmacist may not supervise more than a total of three pharmaceutical technicians at one time.

4. In a pharmacy that only performs prescription, patient, and prescriber data entry, and drug utilization reviews, a pharmacist may not supervise more than a total of eight pharmaceutical technicians or six pharmaceutical technicians and two pharmaceutical technicians in training at one time.

~~4.~~^{5.} A pharmacist may supervise more pharmaceutical technicians and pharmaceutical technicians in training at one time than are otherwise allowed pursuant to subsections 1 and 2 if:

(a) Not more than three of the pharmaceutical technicians or pharmaceutical technicians in training are performing the duties of a pharmaceutical technician as set forth in NAC 639.245; and

(b) The record kept by the pharmacy pursuant to NAC 639.245 identifies the pharmaceutical technicians and pharmaceutical technicians in training who are performing the duties of a pharmaceutical technician as set forth in NAC 639.245.

20B

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop December 6, 2018

Explanation – Language in *blue italics* is new; language in *red text* [~~omitted material~~] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: §1, NRS 639.070

A REGULATION relating to controlled substances; adding certain substances to the controlled substances listed in Schedule V; and providing other matters properly relating thereto.

NAC 453.550 Schedule V. (~~NRS 453.146, 639.070~~)

1. Schedule V consists of the drugs and other substances listed in this section, by whatever official, common, usual, chemical or trade name designated.
2. Any compound, mixture or preparation containing any of the following narcotic drugs or their salts calculated as the free anhydrous base alkaloid, containing one or more nonnarcotic active medicinal ingredients in sufficient proportion to confer upon the compound, mixture or preparation valuable medicinal qualities other than those possessed by the narcotic drug alone, in quantities:
 - (a) Not more than 200 milligrams of codeine per 100 milliliters or per 100 grams;
 - (b) Not more than 100 milligrams of dihydrocodeine per 100 milliliters or per 100 grams;
 - (c) Not more than 100 milligrams of ethylmorphine per 100 milliliters or per 100 grams;
 - (d) Not more than 2.5 milligrams of diphenoxylate and not less than 25 micrograms of atropine sulfate per dosage unit;
 - (e) Not more than 100 milligrams of opium per 100 milliliters or per 100 grams; or

(f) Not more than 0.5 milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit.

3. Unless specifically excepted or excluded or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of pyrovalerone having a stimulant effect on the central nervous system, including their salts, isomers and salts of isomers.

4. Unless specifically excepted or excluded or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of pregabalin having a depressant effect on the central nervous system, including their salts, isomers and salts of isomers.

5. Lacosamide.

6. *Cannabidiol; Epidiolex; 2-[1R-3-methyl-6R-(1-methylethenyl)-2-cyclohexen-1-yl]-5-pentyl-1,3-benzenediol) in a drug product that has been approved by the U.S Food and Drug that is derived from cannabis and no more than 0.1 percent (w/w) residual tetrahydrocannabinols.*

Dated: September 24, 2018.

Leslie Kux,

Associate Commissioner for Policy.

[FR Doc. 2018–21146 Filed 9–27–18; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

21 CFR Parts 520, 522, 524, and 558

[Docket No. FDA–2018–N–0002]

New Animal Drugs; Withdrawal of Approval of New Animal Drug Applications

AGENCY: Food and Drug Administration, HHS.

ACTION: Notification of withdrawal.

SUMMARY: The Food and Drug Administration (FDA) is withdrawing approval of 12 new animal drug applications (NADAs) at the sponsor's request because these products are no longer manufactured or marketed.

DATES: Withdrawal of approval is effective October 9, 2018.

FOR FURTHER INFORMATION CONTACT:

Sujaya Dessai, Center for Veterinary Medicine (HFV–212), Food and Drug Administration, 7519 Standish Pl., Rockville, MD 20855, 240–402–5761, sujaya.dessai@fda.hhs.gov.

SUPPLEMENTARY INFORMATION: Virbac AH, Inc., 3200 Meacham Blvd., Ft. Worth, TX 76137, has requested that FDA withdraw approval of the NADAs listed in the following table because the products are no longer manufactured or marketed:

File No.	Product name	21 CFR section
011–779 ...	PURINA PIGEMIA 100 (colloidal ferric oxide).	522.1182
040–205 ...	PURINA Horse Wormer Medicated (thiabendazole).	520.2380a
042–116 ...	PURINA 6 DAY WORM-KILL Feed Premix (coumaphos).	558.185
043–215 ...	PURINA GRUB-KILL Pour-on Cattle Insecticide (famphur).	524.900
046–700 ...	STATYL Medicated Premix (nequinat).	558.365
091–260 ...	PULVEX WORM CAPS (piperazine phosphate monohydrate).	520.1804
097–258 ...	PURINA BAN-WORM for Pigs (pyrantel tartrate).	558.485
102–942 ...	PULVEX Multipurpose Worm Caps (dichlorophene, tol-uene).	520.580
113–748 ...	PURINA PIGEMIA Oral (iron dextran complex).	520.1182
135–941 ...	CHECK-R-TON BM (pyrantel tartrate).	558.485

File No.	Product name	21 CFR section
136–116 ...	PURINA WORM-A-REST™ Litter Pack Premix (fenbendazole).	520.905d
140–869 ...	PURINA SAF-T-BLOC BG Medicated Feed Block (poloxalene, 6.6%).	520.1840

Therefore, under authority delegated to the Commissioner of Food and Drugs, and in accordance with § 514.116 *Notice of withdrawal of approval of application* (21 CFR 514.116), notice is given that approval of NADAs 011–779, 040–205, 042–116, 043–215, 046–700, 091–260, 097–258, 102–942, 113–748, 135–941, 136–116, and 140–869, and all supplements and amendments thereto, is hereby withdrawn, effective October 9, 2018.

Elsewhere in this issue of the **Federal Register**, FDA is amending the animal drug regulations to reflect the voluntary withdrawal of approval of these applications.

Dated: September 24, 2018.

Leslie Kux,

Associate Commissioner for Policy.

[FR Doc. 2018–21147 Filed 9–27–18; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

21 CFR Parts 1308, 1312

[Docket No. DEA–486]

Schedules of Controlled Substances: Placement in Schedule V of Certain FDA-Approved Drugs Containing Cannabidiol; Corresponding Change to Permit Requirements

AGENCY: Drug Enforcement Administration, Department of Justice.

ACTION: Final order.

SUMMARY: With the issuance of this final order, the Acting Administrator of the Drug Enforcement Administration places certain drug products that have been approved by the Food and Drug Administration (FDA) and which contain cannabidiol (CBD) in schedule V of the Controlled Substances Act (CSA). Specifically, this order places FDA-approved drugs that contain CBD derived from cannabis and no more than 0.1 percent tetrahydrocannabinols in schedule V. This action is required to satisfy the responsibility of the Acting Administrator under the CSA to place a drug in the schedule he deems most appropriate to carry out United States obligations under the Single Convention

on Narcotic Drugs, 1961. Also consistent therewith, DEA is adding such drugs to the list of substances that may only be imported or exported pursuant to a permit.

DATES: Effective September 28, 2018.

FOR FURTHER INFORMATION CONTACT:

Kathy L. Federico, Regulatory Drafting and Policy Support Section (DPW), Diversion Control Division, Drug Enforcement Administration; Mailing Address: 8701 Morrisette Drive, Springfield, Virginia 22152; Telephone: (202) 598–6812.

SUPPLEMENTARY INFORMATION:

Background and Legal Authority

The United States is a party to the Single Convention on Narcotic Drugs, 1961 (Single Convention), and other international conventions designed to establish effective control over international and domestic traffic in controlled substances. 21 U.S.C. 801(7). The Single Convention entered into force for the United States on June 24, 1967, after the Senate gave its advice and consent to the United States' accession. *See* Single Convention, 18 U.S.T. 1407. The enactment and enforcement of the Controlled Substances Act (CSA) are the primary means by which the United States carries out its obligations under the Single Convention.¹ Various provisions of the CSA directly reference the Single Convention. One such provision is 21 U.S.C. 811(d)(1), which relates to scheduling of controlled substances.

As stated in subsection 811(d)(1), if control of a substance is required “by United States obligations under international treaties, conventions, or protocols in effect on October 27, 1970, the Attorney General shall issue an order controlling such drug under the schedule he deems most appropriate to carry out such obligations, without regard to the findings required by [subsections 811(a) or 812(b)] and without regard to the procedures prescribed by [subsections 811(a) and (b)].” This provision is consistent with the Supremacy Clause of the U.S. Constitution (art. VI, sec. 2), which provides that all treaties made under the authority of the United States “shall be the supreme Law of the Land.” In accordance with this constitutional

¹ *See* S. Rep. No. 91–613, at 4 (1969) (“The United States has international commitments to help control the worldwide drug traffic. To honor those commitments, principally those established by the Single Convention on Narcotic Drugs of 1961, is clearly a Federal responsibility.”); *Control of Papaver Bracteatum*, 1 Op. O.L.C. 93, 95 (1977) (“[A] number of the provisions of [the CSA] reflect Congress’ intent to comply with the obligations imposed by the Single Convention.”).

mandate, under section 811(d)(1), Congress directed the Attorney General (and the Administrator of DEA, by delegation)² to ensure that compliance by the United States with our nation's obligations under the Single Convention is given top consideration when it comes to scheduling determinations.

Section 811(d)(1) is relevant here because, on June 25, 2018, the Food and Drug Administration (FDA) announced that it approved a drug that is subject to control under the Single Convention. Specifically, the FDA announced that it approved the drug Epidiolex for the treatment of seizures associated with two rare and severe forms of epilepsy, Lennox-Gastaut syndrome and Dravet syndrome, in patients two years of age and older. www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm611046.htm. Epidiolex is an oral solution that contains cannabidiol (CBD) extracted from the cannabis plant. This is the first FDA-approved drug made from the cannabis plant.³ Now that Epidiolex has been approved by the FDA, it has a currently accepted medical use in treatment in the United States for purposes of the CSA. Accordingly, Epidiolex no longer meets the criteria for placement in schedule I of the CSA. *See* 21 U.S.C. 812(b) (indicating that while substances in schedule I have no currently accepted medical use in treatment in the United States, substances in schedules II–V do); *see also United States v. Oakland Cannabis Buyers' Cooperative*, 532 U.S. 483, 491–92 (2001) (same). DEA must therefore take the appropriate scheduling action to remove the drug from schedule I.

In making this scheduling determination, as section 811(d)(1) indicates, it is necessary to assess the relevant requirements of the Single Convention. Under the treaty, cannabis, cannabis resin, and extracts and tinctures of cannabis are listed in Schedule I.⁴ The cannabis plant

contains more than 100 cannabinoids. Among these are tetrahydrocannabinols (THC) and CBD.⁵ Material that contains THC and CBD extracted from the cannabis plant falls within the listing of extracts and tinctures of cannabis for purposes of the Single Convention.⁶ Thus, such material, which includes, among other things, a drug product containing CBD extracted from the cannabis plant, is a Schedule I drug under the Single Convention.

Parties to the Single Convention are required to impose a number of control measures with regard to drugs listed in Schedule I of the Convention. These include, but are not limited to, the following:

- Limiting exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of such drugs. Article 4.
- Furnishing to the International Narcotics Control Board (INCB) annual estimates of, among other things, quantities of such drugs to be consumed for medical and scientific purposes, utilized for the manufacture of other drugs, and held in stock. Article 19.
- Furnishing to the INCB statistical returns on the actual production, utilization, consumption, imports and exports, seizures, and stocks of such drugs during the prior year. Article 20.
- Requiring that licensed manufacturers of such drugs obtain quotas specifying the amounts of such drugs they may manufacture to prevent excessive production and accumulation beyond that necessary to satisfy legitimate needs. Article 29.
- Requiring manufacturers and distributors of such drugs to be licensed. Articles 29 & 30.
- Requiring medical prescriptions for the dispensing of such drugs to patients. Article 30.
- Requiring importers and exporters of such drugs to be licensed and requiring each individual importation or exportation to be predicated on the issuance of a permit. Article 31.

cannabis resin are among the drugs listed in Schedule IV of the Single Convention.

⁵ There are numerous isomers of cannabidiol, which will be referred to here collectively as "CBD."

⁶ Although the Single Convention does not define the term "extract," the ordinary meaning of that term would include a product, such as a concentrate of a certain chemical or chemicals, obtained by a physical or chemical process. *See, e.g., Webster's Third New International Dictionary* 806 (1976). Thus, the term extract of cannabis would include any product that is made by subjecting cannabis material to a physical or chemical process designed to isolate or increase the concentration of one or more of the cannabinoid constituents.

• Prohibiting the possession of such drugs except under legal authority. Article 33.

• Requiring those in the legitimate distribution chain (manufacturers, distributors, scientists, and those who lawfully dispense such drugs) to keep records that show the quantities of such drugs manufactured, distributed, dispensed, acquired, or otherwise disposed of during the prior two years. Article 34.

Because the CSA was enacted in large part to satisfy United States obligations under the Single Convention, many of the CSA's provisions directly implement the foregoing treaty requirements. None of the foregoing obligations of the United States could be satisfied for a given drug if that drug were removed entirely from the CSA schedules. At least one of the foregoing requirements (quotas) can only be satisfied if the drug that is listed in Schedule I of the Single Convention is also listed in schedule I or II of the CSA because, as 21 U.S.C. 826 indicates, the quota requirements generally apply only to schedule I and II controlled substances.

The permit requirement warrants additional explanation. As indicated above, the Single Convention obligates parties to require a permit for the importation and exportation of drugs listed in Schedule I of the Convention. This permit requirement applies to a drug product containing CBD extracted from the cannabis plant because, as further indicated above, such a product is a Schedule I drug under the Single Convention. However, under the CSA⁷ and DEA regulations, the import/export permit requirement does not apply to all controlled substances. Rather, a permit is required to import or export any controlled substance in schedule I and II as well as certain controlled substances in schedules III, IV, and V. *See* 21 U.S.C. 952 and 953; 21 CFR 1312.11, 1312.12, 1312.21, 1312.22. Thus, in deciding what schedule is most appropriate to carry out the United States' obligations under the Single Convention with respect to the importation and exportation of Epidiolex, I conclude there are two options:

(i) Control the drug in schedule II, which will automatically require an

⁷ The provisions of federal law relating to the import and export of controlled substances—those found in 21 U.S.C. 951 through 971—are more precisely referred to as the Controlled Substances Import and Export Act (CSIEA). However, federal courts and DEA often use the term "CSA" to refer collectively to all provisions from 21 U.S.C. 801 through 971 and, for ease of exposition, this document will do likewise.

² 28 CFR 0.100.

³ The drug Marinol was approved by the FDA in 1985. Marinol contains a *synthetic* form of dronabinol (an isomer of tetrahydrocannabinol) and thus is not made from the cannabis plant.

⁴ The text of the Single Convention capitalizes schedules (e.g., "Schedule I"). In contrast, the text of the CSA generally refers to schedules in lower case. This document will follow this approach of using capitalization or lower case depending on whether the schedule is under the Single Convention or the CSA.

It should also be noted that the schedules of the Single Convention operate somewhat differently than the schedules of the CSA. Unlike the CSA, the Single Convention imposes additional restrictions on drugs listed in Schedule IV that go beyond those applicable to drugs listed in Schedule I. All drugs in Schedule IV of the Single Convention are also in Schedule I of the Convention. Cannabis and

import/export permit under existing provisions of the CSA and DEA regulations or

(ii) control the drug in schedule III, IV, or V, and simultaneously amend the regulations to require a permit to import or export Epidiolex.

It bears emphasis that where, as here, control of a drug is required by the Single Convention, the DEA Administrator “shall issue an order controlling such drug under the schedule he deems most appropriate to carry out such obligations, *without regard to the findings required by [21 U.S.C. 811 (a) or 812(b)] and without regard to the procedures prescribed by [21 U.S.C. 811 (a) or (b)].*” 21 U.S.C. 811(d)(1) (emphasis added). Thus, in such circumstances, the Administrator is not obligated to request a medical and scientific evaluation or scheduling recommendation from the Department of Health and Human Services (HHS) (as is normally done pursuant to section 811(b)).⁸ Nonetheless, DEA did seek such an evaluation and recommendation from HHS with respect to the Epidiolex formulation. In responding to that request, HHS advised DEA that it found the Epidiolex formulation to have a very low potential for abuse and, therefore, recommended that, if DEA concluded that control of the drug was required under the Single Convention, Epidiolex should be placed in schedule V of the CSA.⁹ Although I am not required to consider this HHS recommendation when issuing an order under section 811(d)(1), because I believe there are two legally viable scheduling options (listed above), both of which would satisfy the United States’ obligations under the Single Convention, I will exercise my discretion and choose the option that most closely aligns to the HHS recommendation. Namely, I am hereby ordering that the Epidiolex formulation (and any future FDA-approved generic

versions of such formulation made from cannabis) be placed in schedule V of the CSA.

As noted, this order placing the Epidiolex formulation in schedule V will only comport with section 811(d)(1) if all importations and exportations of the drug remain subject to the permit requirement. Until now, since the Epidiolex formulation had been a schedule I controlled substance, the importation of the drug from its foreign production facility has always been subject to the permit requirement. To ensure this requirement remains in place (and thus to prevent any lapse in compliance with the requirements of the Single Convention), this order will amend the DEA regulations (21 CFR 1312.30) to add the Epidiolex formulation to the list of nonnarcotic schedule III through V controlled substances that are subject to the import and export permit requirement.

Finally, a brief explanation is warranted regarding the quota requirement in connection with the Single Convention. As indicated above, for drugs listed in Schedule I of the Convention, parties are obligated to require that licensed manufacturers of such drugs obtain quotas specifying the amounts of such drugs they may manufacture. The purpose of this treaty requirement is to prevent excessive production and accumulation beyond that necessary to satisfy legitimate needs. Under this scheduling order, the United States will continue to meet this obligation because the bulk cannabis material used to make the Epidiolex formulation (as opposed to the FDA-approved drug product in finished dosage form) will remain in schedule I of the CSA and thus be subject to all applicable quota provisions under 21 U.S.C. 826.¹⁰

Requirements for Handling FDA-Approved Products Containing CBD

As noted, until now, Epidiolex has been a schedule I controlled substance. By virtue of this order, Epidiolex (and any generic versions of the same formulation that might be approved by the FDA in the future) will be a schedule V controlled substance. Thus, all persons in the distribution chain who handle Epidiolex in the United States (importers, manufacturers, distributors, and practitioners) must comply with the requirements of the CSA and DEA regulations relating to schedule V controlled substances. As

further indicated, any material, compound, mixture, or preparation *other than Epidiolex* that falls within the CSA definition of marijuana set forth in 21 U.S.C. 802(16), including any non-FDA-approved CBD extract that falls within such definition, remains a schedule I controlled substance under the CSA.¹¹ Thus, persons who handle such items will continue to be subject to the requirements of the CSA and DEA regulations relating to schedule I controlled substances.

Regulatory Analyses

Administrative Procedure Act

The CSA provides for an expedited scheduling action where control of a drug is required by the United States’ obligations under the Single Convention. 21 U.S.C. 811(d)(1). Under such circumstances, the Attorney General must “issue an order controlling such drug under the schedule he deems most appropriate to carry out such obligations,” without regard to the findings or procedures otherwise required for scheduling actions. *Id.* (emphasis added). Thus, section 811(d)(1) expressly requires that this type of scheduling action not proceed through the notice-and-comment rulemaking procedures governed by the Administrative Procedure Act (APA), which generally apply to scheduling actions; it instead requires that such scheduling action occur through the issuance of an “order.”

Although the text of section 811(d)(1) thus overrides the normal APA considerations, it is notable that the APA itself contains a provision that would have a similar effect. As set forth in 21 U.S.C. 553(a)(1), the section of the APA governing rulemaking does not apply to a “foreign affairs function of the United States.” An order issued under section 811(d)(1) may be considered a foreign affairs function of the United States because it is for the express purpose of ensuring that the

⁸ In the House Report to the bill that would become the CSA (H. Rep. No. 91–1444, at 36 (1970)), this issue is explained as follows:

Under subsection [811(d)], where control of a drug or other substance by the United States is required by reason of its obligations under [the Single Convention], the bill does not require that the Attorney General seek an evaluation and recommendation by the Secretary of Health, Education, and Welfare, or pursue the procedures for control prescribed by the bill but he may include the drug or other substance under any of the five schedules of the bill which he considers most appropriate to carry out the obligations of the United States under the international instrument, and he may do so without making the specific findings otherwise required for inclusion of a drug or other substance in that schedule.

⁹ HHS most recently updated its medical and scientific evaluation and scheduling recommendation for the Epidiolex formulation by letter to DEA dated June 13, 2018.

¹⁰ At present, the cannabis used to make Epidiolex is grown in the United Kingdom and the drug is imported into the United States in finished dosage form.

¹¹ Nothing in this order alters the requirements of the Federal Food, Drug, and Cosmetic Act that might apply to products containing CBD. In announcing its recent approval of Epidiolex, the FDA Commissioner stated:

[W]e remain concerned about the proliferation and illegal marketing of unapproved CBD-containing products with unproven medical claims. . . . The FDA has taken recent actions against companies distributing unapproved CBD products. These products have been marketed in a variety of formulations, such as oil drops, capsules, syrups, teas, and topical lotions and creams. These companies have claimed that various CBD products could be used to treat or cure serious diseases such as cancer with no scientific evidence to support such claims.

www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm611047.htm.

United States carries out its obligations under an international treaty.

Executive Order 12866, 13563, and 13771, Regulatory Planning and Review, Improving Regulation and Regulatory Review, and Reducing Regulation and Controlling Regulatory Costs

This action is not a significant regulatory action as defined by Executive Order 12866 (Regulatory Planning and Review), section 3(f), and the principles reaffirmed in Executive Order 13563 (Improving Regulation and Regulatory Review), and, accordingly, this action has not been reviewed by the Office of Management and Budget (OMB).

This order is not an Executive Order 13771 regulatory action.

Executive Order 12988, Civil Justice Reform

This action meets the applicable standards set forth in sections 3(a) and 3(b)(2) of Executive Order 12988 to eliminate drafting errors and ambiguity, minimize litigation, provide a clear legal standard for affected conduct, and promote simplification and burden reduction.

Executive Order 13132, Federalism

This action does not have federalism implications warranting the application of Executive Order 13132. This action does not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government.

Executive Order 13175, Consultation and Coordination With Indian Tribal Governments

This action does not have tribal implications warranting the application of Executive Order 13175. The action does not have substantial direct effects on one or more Indian tribes, on the relationship between the Federal government and Indian tribes, or on the distribution of power and responsibilities between the Federal government and Indian tribes.

Regulatory Flexibility Act

The Regulatory Flexibility Act (RFA) (5 U.S.C. 601–612) applies to rules that are subject to notice and comment under section 553(b) of the APA or any other law. As explained above, the CSA exempts this order from the APA notice-and-comment rulemaking provisions. Consequently, the RFA does not apply to this action.

Paperwork Reduction Act of 1995

This action does not impose a new collection of information requirement under the Paperwork Reduction Act of 1995. 44 U.S.C. 3501–3521. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Congressional Review Act

As noted above, this action is an order, not a rulemaking. Accordingly, the Congressional Review Act (CRA) is inapplicable, as it applies only to rules. However, the DEA has submitted a copy of this final order to both Houses of Congress and to the Comptroller General, although such filing is not required under the Small Business Regulatory Enforcement Fairness Act of 1996 (CRA), 5 U.S.C. 801–808.

List of Subjects

21 CFR Part 1308

Administrative practice and procedure, Drug traffic control, Reporting and recordkeeping requirements.

21 CFR Part 1312

Administrative practice and procedure, Drug traffic control, Exports, Imports, Reporting requirements.

For the reasons set out above, DEA amends 21 CFR parts 1308 and 1312 as follows:

PART 1308—SCHEDULES OF CONTROLLED SUBSTANCES

■ 1. The authority citation for part 1308 continues to read as follows:

Authority: 21 U.S.C. 811, 812, 871(b), 956(b) unless otherwise noted.

■ 2. In § 1308.15, add paragraph (f) to read as follows:

§ 1308.15 Schedule V.

* * * * *

(f) *Approved cannabidiol drugs.* (1) A drug product in finished dosage formulation that has been approved by the U.S. Food and Drug Administration that contains cannabidiol (2-[1R-3-methyl-6R-(1-methylethenyl)-2-cyclohexen-1-yl]-5-pentyl-1,3-benzenediol) derived from cannabis and no more than 0.1 percent (w/w) residual tetrahydrocannabinols 7367

(2) [Reserved]

* * * * *

PART 1312—IMPORTATION AND EXPORTATION OF CONTROLLED SUBSTANCES

■ 3. The authority citation for part 1312 is revised to read as follows:

Authority: 21 U.S.C. 821, 871(b), 952, 953, 954, 957, 958.

■ 4. In § 1312.30, revise the introductory text and add paragraph (b) to read as follows:

§ 1312.30 Schedule III, IV, and V non-narcotic controlled substances requiring an import and export permit.

The following Schedule III, IV, and V non-narcotic controlled substances have been specifically designated by the Administrator of the Drug Enforcement Administration as requiring import and export permits pursuant to sections 201(d)(1), 1002(b)(2), and 1003(e)(3) of the Act (21 U.S.C. 811(d)(1), 952(b)(2), and 953(e)(3)):

* * * * *

(b) A drug product in finished dosage formulation that has been approved by the U.S. Food and Drug Administration that contains cannabidiol (2-[1R-3-methyl-6R-(1-methylethenyl)-2-cyclohexen-1-yl]-5-pentyl-1,3-benzenediol) derived from cannabis and no more than 0.1 percent (w/w) residual tetrahydrocannabinols.

Dated: September 21, 2018.

Uttam Dhillon,

Acting Administrator.

[FR Doc. 2018–21121 Filed 9–27–18; 8:45 am]

BILLING CODE 4410–09–P

DEPARTMENT OF HOMELAND SECURITY

Coast Guard

33 CFR Part 100

[Docket No. USCG–2018–0795]

Special Local Regulations for Marine Events; San Francisco Bay Navy Fleet Week Parade of Ships and Blue Angels Demonstration, San Francisco, CA

AGENCY: Coast Guard, DHS.

ACTION: Notice of enforcement of regulation.

SUMMARY: The Coast Guard will enforce the special local regulations in the navigable waters of the San Francisco Bay for the San Francisco Bay Navy Fleet Week Parade of Ships and Blue Angels Demonstration from October 4 through October 7, 2018. This action is necessary to ensure the safety of event participants and spectators. During the enforcement period, unauthorized

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