

NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

March 6-7, 2019

HYATT PLACE
1790 E PLUMB LN
RENO, NEVADA



Nevada State Board of Pharmacy

985 DAMONTE RANCH PARKWAY • SUITE 206 • RENO, NEVADA 89521
 (775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
 E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

Date Posted: February 14, 2019

AGENDA

◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, March 6, 2019 at 9:00 am. The meeting will continue, if necessary, on Thursday, March 7, 2019 at 9:00 am or until the Board concludes its business at the following location:

Hyatt Place
 1790 E Plumb Lane
 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 January 16-17, 2019, Minutes **(FOR POSSIBLE ACTION)**

3. Applications for Out-of-State Pharmacy – Non Appearance **(FOR POSSIBLE ACTION)**

- A. Advanced Diabetes Supply – Carlsbad, CA
- B. Alto Pharmacy – Denver, CO
- C. BriovaRx Specialty – Shavano Park, TX
- D. Chewy Pharmacy, LLC – Goodyear, AZ
- E. Clinical Solutions Pharmacy – Franklin, TN
- F. Exact Care Pharmacy – Louisville, TX
- G. Integrity Rx Specialty Pharmacy LLC – Scottsdale, AZ
- H. Kaiser Permanente WA Mail Order Pharmacy – Renton, WA
- I. Lemonaid Pharmacy, LLC – St. Louis, MO
- J. LibraSun Pharmacy – Oakland Park, FL
- K. Milton Medical & Drug Co Inc. – Miami Beach, FL
- L. OptumRx – Costa Mesa, CA
- M. OptumRx – Sugar Land, TX
- N. Professional Pharmacy Solutions – New Castle, PA

Applications for Out-of-State Compounding Pharmacy – Non Appearance **(FOR POSSIBLE ACTION)**

- O. ARX, Accurate RX Specialty Pharmacy – Kew Gardens, NY
- P. Coastal Care Pharmacy – Panama City Beach, FL
- Q. Covetrux NE – Omaha, NE
- R. Covetrux TX – Houston, TX
- S. NDC Pharmacy – Plano, TX
- T. PureScience Rx – Poway, CA

Applications for Out-of-State Wholesaler – Non Appearance **(FOR POSSIBLE ACTION)**

- U. AcelRx Pharmaceuticals, Inc. – Redwood City, CA
- V. Aclaris Therapeutics, Inc. – Wayne, PA
- W. ACP Nimble Buyer, Inc. – South Plainfield, NJ
- X. AMAG Pharmaceuticals, Inc. – Waltham, MA
- Y. Amazon.com Services, Inc. – Plainfield, IN
- Z. Amring Pharmaceuticals Inc. – Berwyn, PA
- AA. Asegua Therapeutics LLC – Foster City, CA
- BB. Aquestive Therapeutics, Inc. – Warren, NJ
- CC. Boehringer Ingelheim Animal Health USA Inc. – St Joseph, MO
- DD. Clinigen, Inc. – Yardley, PA
- EE. CSL Behring LLC – King of Prussia, PA
- FF. Eagle Pharmaceuticals, Inc. – Woodcliff Lake, NJ
- GG. Evolus, Inc. – Newport Beach, CA
- HH. Eywa Pharma Inc. – Princeton, NJ
- II. Ferring Pharmaceuticals Inc. – Parsippany, NJ
- JJ. Greenhill Trading Inc. – Brooklyn, NY
- KK. Genzyme Corporation – Cambridge, MA
- LL. Hospira, Inc. – McPherson, KS
- MM. Immunomedics, Inc. – Morris Plains, NJ
- NN. Kyowa Kirin, Inc. – Bedminster, NJ
- OO. Leo Pharma Inc. – Madison, NJ
- PP. Lundbeck LLC – Deerfield, IL
- QQ. Neopharma Inc. – Princeton, NJ
- RR. NeoTract, Inc. – Livermore, CA
- SS. Neurocrine Biosciences, Inc. – San Diego, CA
- TT. Novartis Pharmaceuticals Corporation – East Hanover, NJ
- UU. Paratek Pharmaceuticals, Inc. – Boston, MA
- VV. Progenics Pharmaceuticals, Inc. – New York, NY
- WW. Regeneron Healthcare Solutions, Inc. – Tarrytown, NY
- XX. Sunovion Pharmaceuticals Inc. – Marlborough, MA
- YY. Vyaire Medical, Inc. – Mettawa, IL
- ZZ. Xeris Pharmaceuticals, Inc. – Chicago, IL

Applications for Out-of-State Medical, Devices, Equipment and Gases – Non Appearance **(FOR POSSIBLE ACTION)**

- AAA. DME Healthcare Partners – Chandler, AZ
- BBB. Homestead Orthotics LLC – Peoria, AZ
- CCC. Livongo Health, Inc. – Mountain View, CA
- DDD. Locost Medical Supply, LLC – Duluth, GA
- EEE. Therapoint Medical LLC – Conshohocken, PA

Applications for Nevada Pharmacy – Non Appearance **(FOR POSSIBLE ACTION)**

- FFF. IngeioRx Specialty or CVS Specialty – Las Vegas, NV
- GGG. Nevada Health Center Pharmacy – MLK – Las Vegas, NV

- HHH. Sunset Pain Surgery Center – Las Vegas, NV
 III. Well Care Pharmacy 1, LLC – Las Vegas, 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.	Nuttavat Rojprasitporn, R.Ph	(17-089-RPH-A-N)
B.	Jeffrey Arbogast, R.Ph	(17-089-RPH-B-N)
C.	Mui Ching Lee, R.Ph	(17-089-RPH-C-N)
D.	Lydia Pasero, PT	(17-089-PT-N)
E.	CVS/pharmacy #4691	(17-089-PH-N)
F.	Susan Blair, R.Ph	(17-044-RPH-N)
G.	Walgreens #11227	(17-044-PH-N)
H.	Heather Weismann, PT	(19-001-PT-S)
I.	Ranaan Pokroy, MD	(17-098-S)

5. Reconsideration of denial of application pursuant to NRS 639.139
(FOR POSSIBLE ACTION)

Lan Thi Tran Nguyen

6. Applications for Nevada Pharmacy – Appearance **(FOR POSSIBLE ACTION)**

A.	Eternity Care Infusion Pharmacy – Las Vegas, NV
B.	Hemostasis and Thrombosis Center of NV Pharmacy – Las Vegas, NV
C.	PharmaScript, Inc. – Las Vegas, NV
D.	Preferred Pharmacy – Las Vegas, NV

7. Application for Out-of-State Wholesaler – Appearance **(FOR POSSIBLE ACTION)**

Novovol Pharmaceutical of Canada, Inc. – Cambridge, Ontario

8. Applications for Nevada Medical, Devices, Equipment and Gases – Appearance
(FOR POSSIBLE ACTION)

A.	Henry Schein, Inc. – Reno, NV
B.	Rider Mobility Inc. – Las Vegas, NV

9. Annual Auditors Report for the Nevada State Board of Pharmacy – Appearance
(FOR POSSIBLE ACTION)

Beth Kohn – Kohn & Company

10. Applications for Outsourcing Facility – Appearance **(FOR POSSIBLE ACTION)**
 - A. Atlas Pharmaceuticals, LLC – Phoenix, AZ
 - B. Belmar Select Outsourcing – Lakewood, CO
 - C. Central Admixture Pharmacy Services, Inc. – San Diego, CA
11. Applications for Out-of-State Compounding Pharmacy – Appearance **(FOR POSSIBLE ACTION)**
 - A. MedRx Infusion Clinical Pharmacy – Inglewood, CA
 - B. Miller's of Wyckoff – Wyckoff, NJ
 - C. PETNET Solutions, Inc. – Hayward, CA
 - D. Vasco Rx – Phoenix, AZ
12. Applications for Out-of-State Pharmacy – Appearance **(FOR POSSIBLE ACTION)**
 - A. AvasaRx Pharmacy – Phoenix, AZ
 - B. Premier Specialty Infusion, LLC – Hoffman Estates, IL
 - C. Soleo Health Inc. – Woodridge, IL
13. Discussion of Board staff providing continuing education opportunities for licensees. **(FOR POSSIBLE ACTION)**
14. General Counsel Report
15. Executive Secretary Report:
 - A. Financial Report
 - B. Temporary Licenses
 - C. Staff Activities:
 1. Meetings with other health care boards
 2. Nevada Dental Meeting
 3. Nevada Osteopathic Association
 4. Western Society of Criminology Meeting
 5. Federal Association of Regulatory Boards
 6. Roseman Student Rotation –Grace Field
 - D. Report to Board:
 1. Licensing software update
 - E. Board Related News:
 1. Legislative Update
 - F. Licensing Activities Report:
 1. PMP Integration

◆ WORKSHOP ◆

Thursday, March 7, 2019 – 9:00 am

16. 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:

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

◆ PUBLIC HEARING ◆

Thursday, March 7, 2019 – 9:00 am

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

Amendment of Nevada Administrative Code Chapter 453 to add certain products to the controlled substances listed in schedule V in conformity with federal regulations. (LCB File No. R198-18) The Drug Enforcement Administration (DEA) has added certain drug products which are approved by the U.S. Food and Drug Administration (FDA) and contain cannabidiol to the list of controlled substances in schedule V of the Federal Controlled Substances Act. The proposed amendment adds such drug products to the list of controlled substances in schedule V in conformity with federal regulations of the Uniform Controlled Substances Act.

18. Date and Location of Next Scheduled Board Meeting:

April 10-11, 2019 – Las Vegas, NV

19. 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, 985 Damonte Ranch Parkway, Suite 206, Reno, NV, 89521, 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 985 Damonte Ranch Parkway, Suite 206, 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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2



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206, Reno, NV 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

MINUTES

January 16 & 17, 2019

BOARD MEETING

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

Board Members Present:

Jason Penrod	Kevin Desmond	Jade Jacobo	Wayne Mitchell
Melissa Shake	Robert Sullivan	Gener Tejero	

Board Staff Present:

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

President Penrod 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.

Mr. Wuest introduced and congratulated Gener Tejero as Governor Sandoval's newest appointment to the Nevada State Board of Pharmacy for a three-year term.

1. Public Comment January 16, 2019 9:00 AM

There was no public comment.

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

Wayne Mitchell and Gener Tejero recused from participation in this matter due to their absence at the December 2018 Board meeting.

Melissa Shake requested a correction to the spelling of Epidiolex on p.28.

Board Action:

Motion: Kevin Desmond moved to approve the December 5-6, 2018 Meeting Minutes with corrections as discussed.

Second: Jade Jacobo

Action: Passed unanimously

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

- A. ASAP Pharmacy, Inc. – Dunedin, FL
- B. Metro Drugs Hoboken, LLC – Hoboken, NJ
- C. Motto Pharmacy Inc. – Riviera Beach, FL
- D. OptumRx – Jacksonville, FL
- E. Pharmacy Care Providers of Georgia – Augusta, GA
- F. UBC Pharmacy – St Louis, MO
- G. Value Specialty Pharmacy, LLC – Duncansville, PA

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

- H. AAA Community Pharmacy – Westminster, CA
- I. SmartScript Pharmacy – Oshkosh, WI

Applications for Out-of-State Wholesaler – Non Appearance

- J. Acer Therapeutics Inc. – Newton, MA
- K. Acorda Therapeutics, Inc. – Ardsley, NY
- L. Agios Pharmaceuticals, Inc. – Cambridge, MA
- M. Authentic Medical – Rocklin, CA
- N. Dova Pharmaceuticals – Durham, NC
- O. EyePoint Pharmaceuticals US, Inc. – Watertown, MA
- P. Fisher BioServices, Inc. – Rockville, MD
- Q. Harmony Biosciences, LLC – Plymouth Meeting, PA
- R. Harris Pharmaceutical, Inc. – Fort Meyers, FL
- S. IBSA Pharma Inc. – Parsippany, NJ
- T. Ironshore Pharmaceuticals Inc. – Cherry Hill, NJ
- U. Innocoll Inc. – Newtown Square, PA
- V. McKesson Medical-Surgical Inc. – Urbancrest, OH
- W. MD Logistics, Inc. – Plainfield, IN
- X. Partner Therapeutics, Inc. – Lexington, MA
- Y. Premier Dental Products Company – Plymouth Meeting, PA
- Z. PTC Therapeutics, Inc. – South Plainfield, NJ
- AA. Surgical Specialties Corporation – Chula Vista, CA
- BB. The Hillsinger Company – Tucson, AZ
- CC. Woodfield Distribution LLC – Lockbourne, OH

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

Appearance

- DD. Absolute Comfort Medical, Inc. – Largo, FL
- EE. American Health Supply Inc. – Jensen Beach, FL
- FF. C & R Medical – Fort Worth, TX
- GG. Inspire Medical Systems, Inc. – Maple Grove, MN
- HH. One Source Medical Group LLC – Tampa, FL
- II. The Spectranetics Corporation – Colorado Springs, CO

Applications for Nevada Pharmacy – Non Appearance

- JJ. Bliss Pharmacy – Las Vegas, NV
- KK. Dignity Health Rehabilitation Hospital – Henderson, NV
- LL. Eternity Care Infusion Pharmacy – Las Vegas, NV

Application for Nevada Medical, Devices, Equipment and Gases – Non Appearance

- MM. Precision Orthotics & Prosthetics – Las Vegas, NV

Melissa Shake disclosed that the managing pharmacist at Bliss Pharmacy (Item 3 JJ) was a former Walgreens employee, but stated that she could participate in this matter fairly and without bias.

Mr. Wuest stated that Eternity Care Infusion Pharmacy (Item 3 LL) indicated that they would be providing sterile compounding services. He requested the Board have them appear at a future meeting to discuss the products and services they plan to provide.

Board discussion ensued regarding Item 3 FF and 3 HH. The Board requested Board Staff verify if they need to list a contact on their applications.

Board Action:

Motion: Melissa Shake moved to approve the Consent Agenda with the exception of Item 3 LL. Items 3 FF and 3 HH are approved pending review of their applications by Board Staff.

Second: Robert Sullivan

Action: Passed unanimously

4. Discipline

- A. Donald Cowles, R.Ph (18-104-RPH-S)

Donald Cowles appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Mr. Edwards summarized the facts of the case where Board Staff conducted a random audit of CEUs for the biennium ending October 31, 2017. Board Staff's audit found that Mr. Cowles did not complete any CEUs for time period November 1, 2015, to October 31, 2017. In October 2017, Mr. Cowles signed and submitted a renewal application to renew his Nevada Pharmacist Registration. On that application, Mr. Cowles falsely attested that he had completed thirty CEUs between November 1, 2015 and October 31, 2017.

Mr. Edwards moved to have Exhibits 1-7 admitted into the record.

Mr. Cowles had no objections.

President Penrod admitted Exhibits 1-7 into the record.

Mr. Edwards described the CEU audit procedure for the Board.

Mr. Cowles acknowledged his error and apologized to the Board for his mistake. He stated that he and his wife have been experiencing health issues over the year. Mr. Cowles explained that he is working on completing the required CEU.

Mr. Edwards presented Exhibits 1-7 to the Board. Exhibits 1-3 were documents showing that Board Staff had sent Mr. Cowles his Notice of Intended Action and Accusation by certified mail. Exhibit 4 was Mr. Cowles Nevada Pharmacist Registration Renewal form, Exhibit 5 was an email from Board Staff indicating the results of Mr. Cowles CEU audit and Exhibits 6-7 were documents showing a prior case in August 2000, where Mr. Cowles had submitted his Nevada Pharmacist Registration Renewal form, but also failed to complete his CEU.

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

Mr. Edwards had no objections.

President Penrod admitted Exhibit A into the record.

Mr. Cowles presented Exhibit A which was his hospital discharge documentation.

Mr. Cowles answered the Board's questions regarding his current employment and past CEU audits.

Board Action:

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

Second: Kevin Desmond

Action: Passed unanimously

Board Action:

Motion: Melissa Shake moved to find Donald Cowles guilty of the First and Second Causes of Action.

Second: Kevin Desmond

Action: Passed unanimously

Mr. Edwards stated that Board Staff recommends Mr. Cowles pay a \$500 fine, \$1,000 administrative fee, complete an additional 45 CEU within 60 days, complete and pass the Nevada Law Exam and attend three of the next four Las Vegas Board meetings on the discipline day.

Board Action:

Motion: Kevin Desmond moved that Donald Cowles shall pay a \$500 fine, \$1,000 administrative fee due within 60 days. Mr. Cowles shall complete an additional 45 CEU within 60 days plus the normal required 30 CEU. Mr. Cowles shall complete and pass the Nevada Law exam with a minimum score of 75% and shall attend three of the next four Las Vegas Board meetings on discipline day.

Second: Melissa Shake

Action: Passed unanimously

B. Willie Bawarski, R.Ph (18-105-RPH-S)

Melissa Shake recused from participation in this matter due to her involvement in the case.

Jade Jacobo recused from participation in this matter due to her relationship with Mr. Bawarski.

Gener Tejero disclosed that he has a business relationship with Mr. Stilling, but stated that he could participate in this matter fairly and without bias.

Willie Bawarski appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Bill Stilling was present as counsel representing Mr. Bawarski.

Mr. Edwards summarized the facts of the case where Mr. Bawarski signed and submitted a paper renewal on October 18, 2015. In the application he certified that he completed all of the 30 CEU hours required for the biennium ending October 31, 2015. Board Staff conducted a random audit of CEUs for the biennium ending October 31, 2015. The audit found that Mr. Bawarski completed only 20 of the 30 hours he was required to complete for that time period. Mr. Edwards explained that in March 2016, in lieu of formal discipline, Board Staff directed Mr. Bawarski to complete a total of 85 CEUs for the biennium ending October 31, 2017 and informed Mr. Bawarski that his CEU would be audited again for the

renewal period ending on October 31, 2017. Board Staff conducted an audit in February 2018 and found that Mr. Bawarski failed to comply with the Board's instructions. Mr. Bawarski only completed 46.5 of the 85 required CEU hours. Mr. Edwards stated that on September 7, 2017, Mr. Bawarski electronically submitted his pharmacist license renewal application. On that application Mr. Bawarski falsely attested that he had completed all CEUs he was required to complete between November 1, 2015, and October 31, 2017.

Mr. Edwards moved to have Exhibits 1-7 admitted into the record.

Mr. Stilling had no objections.

Mr. Stilling moved to have Exhibits A & B admitted into the record.

Mr. Edwards presented Exhibits 1-7. Exhibit 1 was Mr. Bawarski's pharmacist renewal application from 2015. Exhibit 2 was a letter from Board Staff to Mr. Bawarski listing the results of his CEU audit in 2015 and the requirements for completion in lieu of formal discipline. Exhibit 3 is the CEU Discipline Matrix indicating the penalties for failing the CEU audit. Exhibit 4 was a letter from Board Staff showing that Mr. Bawarski had paid his fine and had passed the Nevada Law Exam. Exhibit 5 was Mr. Bawarski's online pharmacist renewal application from 2017. Exhibit 6 was a letter from Board Staff notifying Mr. Bawarski of his CEU audit in 2018. Exhibit 7 was an email from Board Staff indicating the results of Mr. Bawarski's 2018 CEU audit.

Mr. Stilling stated that Mr. Bawarski did not complete the required 85 CEU for the renewal period ending October 31, 2017. He explained that Mr. Bawarski erroneously thought he only needed to complete 46.5 CEU hours for this renewal period.

Mr. Stilling called Melissa Shake as a witness.

Melissa Shake appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Mr. Stilling presented Exhibit A which was an email from Ms. Shake to Mr. Bawarski discussing an APhA certification course Mr. Bawarski attended that was worth 10 CEU hours. Exhibit B was a print out of Mr. Bawarski's CPE Monitor report.

Ms. Shake testified that she taught a CEU that Mr. Bawarski attended. She stated that Mr. Bawarski contacted her to ask how to go about getting his certificate for completing the CEU.

Mr. Stilling called Mr. Bawarski as a witness.

Mr. Bawarski answered questions from Mr. Stilling regarding his current employment and the CEU he has completed since receiving notification he failed his audit.

Mr. Bawarski stated that he received the letters from Board Staff listing what was required for his audit, but explained that he did not keep the letter. He apologized for his error and acknowledged his responsibility to keep records of all CEU he completes.

Board Action:

Motion: Wayne Mitchell moved that the Board has jurisdiction over this matter and that the factual allegations are proven based on the testimony and evidence presented.

Second: Kevin Desmond

Action: Passed unanimously

Board Action:

Motion: Kevin Desmond moved to find Willie Bawarski guilty of the First Cause of Action.

Second: Robert Sullivan

Action: Passed unanimously

Board Action:

Motion: Kevin Desmond moved to find Willie Bawarski guilty of the Second Cause of Action.

Second: Robert Sullivan

Action: Passed unanimously

Mr. Edwards stated that Board Staff recommends Mr. Bawarski pay a fine of \$500, pay an administrative fee of \$1,000. Mr. Bawarski shall complete 45 CEU in addition to his normal 30 CEU. Mr. Bawarski shall attend three of the next four Las Vegas Board meetings on discipline day.

Board Action:

Motion: Kevin Desmond moved that Willie Bawarski shall pay a fine of \$500 due within 60 days, pay an administrative fee of \$1,000 due within 60 days. Mr. Bawarski shall complete 45 CEU due within 60 days in addition to his normal 30 CEU. Any CEU Mr. Bawarski has done prior to this meeting does not count towards his total. Mr. Bawarski shall attend three of the next four Las Vegas Board meetings on discipline day.

Second: Gener Tejero

Action: Passed unanimously

D. All City Pharmacy (17-070-PH-S)

This matter was continued to a future meeting.

E. Raanan Pokroy, MD (17-098-S)

This matter was continued to a future meeting.

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

A. AvasaRx Pharmacy – Phoenix, AZ

This matter was continued to a future meeting.

B. SMP Pharmacy Solutions #2 – Miami, FL

Jenny Alfonso, managing pharmacist, appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Ms. Alfonso presented a letter of authorization allowing her to speak on behalf of the company.

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 Ms. Alfonso regarding SMP Pharmacy Solutions #2's products and services provided, compounding procedures, accreditation, product testing and past inspections.

Ms. Alfonso was unable to answer Mr. Dodge's questions regarding SMP Pharmacy Solutions #2's sterile compounding procedures.

Board discussion ensued regarding Board Staff inspecting SMP Pharmacy Solutions #2 at the their expense.

The Board removed SMP Pharmacy Solutions #2's affidavit to ship sterile products at Ms. Alfonso's request.

Board Action:

Motion: Jade Jacobo moved to approve SMP Pharmacy Solutions #2's Application for Out-of-State Pharmacy License pending a positive inspection by Board Staff at the company's expense.

Second: Gener Tejero

Action: Passed unanimously

6. Request for Renewal of Pharmacist Registration – Appearance

Phic Lim

Phic Lim appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Mr. Edwards stated that Mr. Lim appeared at a previous Board meeting where this matter was tabled to allow Board Staff to review Mr. Lim's past discipline in California.

Mr. Edwards summarized the facts of the cases where Mr. Lim was disciplined in California for excessive dispensing of controlled substances without due diligence and insurance fraud.

The Board questioned Mr. Lim regarding his discipline in California.

The Board expressed concern regarding the severity of Mr. Lim's errors in California.

Board Action:

Motion: Wayne Mitchell moved to deny Phic Lim's Request for Renewal of Pharmacist Registration.

Second: Jade Jacobo

Action: Passed unanimously

7. Request for Advisory Opinion pursuant to NAC 639.150 on professional services provided by third parties to Nevada Medical, Devices, Equipment and Gases licensees

iSleep, LLC

This matter was postponed to a future meeting at the applicant's request.

8. Application for Out-of-State Medical, Devices, Equipment and Gases – Appearance

CPAP.com

Carolyn Goodman, CFO, and Michael Schultz, counsel, appeared and were sworn by President Penrod prior to answering questions or offering testimony.

Ms. Goodman explained that CPAP.com is an online retailer that provides sleep apnea products direct to patients.

Ms. Goodman stated that CPAP.com first shipped products into Nevada between five and twenty years ago.

Ms. Goodman answered questions to the Board's satisfaction regarding CPAP.com's products and services provided, staff training, referrals and marketing.

After discussion, Ms. Goodman agreed to provide Board Staff with a list of products that have been shipped into Nevada for each year.

Board Action:

Motion: Kevin Desmond moved to approve CPAP.com's Application for Out-of-State Medical, Devices, Equipment and Gases License.

Second: Jade Jacobo

Action: Passed unanimously

9. Reconsideration of denial of application pursuant to NRS 639.139

Lan Thi Tran Nguyen

This matter was continued to a future meeting.

10. Applications for Nevada Pharmacy – Appearance

A. CMH Pharmacy, LLC – Las Vegas, NV

Robert Lively, owner, Alysha McMahon, managing pharmacist, and Aisha Mehdi, counsel, appeared and were sworn by President Penrod prior to answering questions or offering testimony.

Mr. Lively explained that CMH Pharmacy, LLC is a closed door pharmacy that provides erectile dysfunction and hair loss medication.

Mr. Lively answered the Board's questions regarding CMH Pharmacy, LLC's business model, ownership and referral procedures.

Ms. McMahon answered questions to the Board's satisfaction regarding her past work history and pharmacy experience.

After discussion, the Board expressed concern regarding CMH Pharmacy, LLC's business model and referral procedures.

President Penrod offered Mr. Lively the option of tabling CMH Pharmacy, LLC's application to allow Board Staff time to review the company's business model and policies and procedures.

Mr. Lively requested the Board table CMH Pharmacy, LLC's application for Nevada Pharmacy License.

The Board tabled CMH Pharmacy, LLC's application at Mr. Lively's request.

B. Eastside Pharmacy LLC – Las Vegas, NV

Jeff Lang, managing pharmacist, and Ryan Ross, owner and pharmaceutical technician, appeared and were sworn by President Penrod prior to answering questions or offering testimony.

Mr. Lang explain that Eastside Pharmacy is requesting Board approval for an ownership change. He testified that Eastside Pharmacy was formerly Partell Pharmacy, but stated there was no relationship between Partell Pharmacy and Eastside Pharmacy.

Mr. Dodge questioned Mr. Land and Mr. Ross regarding their past work history, the company's products and services provided, compounding procedures, compounding formulas and marketing.

After discussion, Board Staff requested time to review Eastside Pharmacy LLC's application and ownership structure.

The Board tabled Eastside Pharmacy LLC's application and Mr. Ross' request.

C. Modern Rx - Las Vegas, NV

This matter was continued to a future meeting.

D. Perform Rx Pharmacy – Las Vegas, NV

Mr. Wuest explained that a representative from Perform Rx Pharmacy contacted Board Staff to withdraw the company's application.

11. Application for Pharmaceutical Technician – Appearance

Jevons Wang

Jevons Wang appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Wang explained that he disclosed past discipline on his pharmaceutical technician application. He stated in June 2017, he was stopped at a sobriety checkpoint in Virginia. He summarized the facts of his case where he plead guilty for possession of marijuana.

Mr. Wang presented documentation regarding his substance abuse assessment.

Mr. Wang answered questions to the Board's satisfaction regarding his past discipline, marijuana use and education and work history.

The Board discussed having Mr. Wang evaluated by PRN-PRN.

Board Action:

Motion: Kevin Desmond moved to approve Jevon Wang's Application for Pharmaceutical Technician Registration pending a positive evaluation from PRN-PRN. Mr. Wang shall follow any recommendations from PRN-PRN. Board Staff is authorized to review Mr. Wang's PRN-PRN documentation.

Second: Jade Jacobo

Action: Passed unanimously

12. Application for Controlled Substance Registration – Appearance

Victor Bruce, MD

Victor Bruce appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Dr. Bruce provided background information on his work history and education.

Dr. Bruce summarized the facts of his case where he was arrested at his clinic in December 2013. He stated that he was charged with conspiracy to distribute oxycodone. Dr. Bruce explained that in December 2014 his medical license was revoked by the Nevada State Board of Medical Examiners and that he surrendered his DEA registration and controlled substance registration at that time.

Dr. Bruce stated that in September 2014, he was sentenced in federal court to serve 46 months at Taft Correctional Institute in California. He explained that he completed his sentence in May 2018 and was re-licensed by the Nevada State Board of Medical Examiners in September 2018. He stated that his license was issued with restrictions including no prescribing controlled substances for one year.

Dr. Bruce stated that he has no intent to prescribe controlled substances.

The Board discussed the controlled substance registration purpose to possess and prescribe controlled substances.

After discussion, Dr. Bruce requested the Board withdraw his application for Controlled Substance Registration.

The Board withdrew Dr. Bruce's application for Controlled Substance Registration at his request.

13. Applications for Nevada Medical, Devices, Equipment and Gases – Appearance

A. 702 Medical Supplies – Las Vegas, NV

Ana Bailetti, co-owner and administrator, Audrina Vasquez, consultant, and Andrew Schmidt, co-owner, appeared and were sworn by President Penrod prior to answering questions or offering testimony.

Ms. Bailetti stated that 702 Medical Supplies provides assistive equipment, including wheelchairs, bathroom safety supplies, walkers and canes.

Ms. Bailetti, Ms. Vasquez and Mr. Schmidt answered questions to the Board's satisfaction regarding their past education and work history, experience with their products, products provided and referrals.

Board Action:

Motion: Wayne Mitchell moved to approve 702 Medical Supplies' Application for Nevada Medical, Devices, Equipment and Gases License pending a positive inspection.

Second: Kevin Desmond

Action: Passed unanimously

B. Las Vegas Mobility Store – Las Vegas, NV

Harutyun Babayan, owner, appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Mr. Babayan explained that Las Vegas Mobility Store will provide electronic mobility equipment including ramps, vehicle lifts and scooters.

Mr. Babayan answered questions to the Board's satisfaction regarding Las Vegas Mobility Store's products and services provided, ownership and investors.

Mr. Dodge stated that Las Vegas Mobility Store is located at the previous CPAP Store Las Vegas address. Mr. Dodge explained that CPAP Store Las Vegas was issued a Cease and Desist Order and fine for practicing without a license. Mr. Dodge stated prescription products were confiscated and quarantined from CPAP Store Las Vegas, and that those products are located at Las Vegas Mobility Store.

Mr. Babayan answered Mr. Dodge's questions regarding Mr. Babayan's knowledge of the activities that occurred at CPAP Store Las Vegas and the relationship between the owners of CPAP Store Las Vegas and Las Vegas Mobility Store.

Mr. Babayan stated that he has no professional relationship with the owners of CPAP Store Las Vegas, but disclosed that their families are familiar with each other. Mr. Babayan testified that he never worked at CPAP Store Las Vegas.

Mr. Scheuber described the quarantined CPAP equipment located at Las Vegas Mobility Store. He explained that products that can be validated will be sold, and any products that cannot be validated will be destroyed.

Mr. Babayan testified that he has not touched any of the quarantined products.

Board discussion ensued regarding Mr. Babayan's qualifications to be an MDEG administrator.

After discussion Mr. Babayan stated that he would hire a qualified MDEG administrator and submit a corrected application.

Board Action:

Motion: Melissa Shake moved to approve Las Vegas Mobility Store's Application for Nevada Medical, Devices, Equipment and Gases License pending receipt of a corrected application and a positive inspection. Las Vegas Mobility Store will have quarterly inspections for the first year at the company's expense.

Second: Robert Sullivan

Action: Passed unanimously

14. Authorization for Executive Secretary to negotiate Memorandum of Understanding with U.S. Food and Drug Administration addressing certain distributions of compounded drug products

Mr. Wuest provided background information.

After discussion the Board authorized the Executive Secretary to negotiate a Memorandum of Understanding with the U.S. Food and Drug Administration in regards to addressing certain distributions of compounded drug products between states.

Public Comment December 16, 2018 4:00 PM

There was no public comment.

15. Discussion and Determination - Regarding the Technician to Pharmacist Supervision Ratio as Set Forth in NAC 639.250. The Board staff will report the results of the completed survey regarding an increase in Technician to Pharmacist Supervision Ratio. All the pharmacists licensed to practiced pharmacy in Nevada with current email addresses were surveyed. The Board may decide to move forward with a Workshop to potentially adopt changes to NAC 639.250 regarding the Technician to Pharmacist Supervision Ratio.

Ms. Long explained that at a past meeting the Board had directed Board Staff to survey the industry regarding modifying the pharmaceutical technician to pharmacist supervision ratio.

Ms. Long presented the results of the survey.

Ms. Long explained that Board Staff received several comments regarding the survey and requested that these comments be read into the record.

Mr. Edwards and Ms. Field appeared and read the comments into the record.

Mr. Wuest explained that based on the feedback received, Board Staff removed question 10 from the survey results.

President Penrod opened the Public Comment.

Lorri Walmsley, Walgreens, Holly Prieto, Healthcare Supervisor Walgreens, Dana Powers, managing pharmacist Walgreens and Dan Chiti, managing pharmacist Walgreens appeared.

Ms. Powers expressed support of increasing or removing the pharmaceutical technician to pharmacist supervision ratio.

Mr. Wuest explained that the pharmaceutical technician to pharmacist supervision ratio is in statute and that the Board could discuss modifying the ratio, but could not remove it.

Mr. Chiti expressed support of increasing the pharmaceutical technician to pharmacist supervision ratio. He stated that an increase in the ratio would allow for pharmaceutical technicians acting as pharmacy clerks to perform technician duties. This would allow more support for the pharmacists.

Liz MacMenamin, RAN, appeared and stated that an increase in the ratio would allow pharmacists to have more flexibility to manage the pharmacy based on its needs.

Mark Johnston, CVS, appeared and discussed the pharmaceutical technician to pharmacist supervision ratio in other states that either had an increased ratio or no ratio.

Lorri Walmsley presented documentation that showed states that had no pharmaceutical technician ratio.

Holly Prieto stated that she has not observed issues due to an increased pharmaceutical technician ratio in the states that she supervises.

Board discussion ensued regarding removing non-licensed personnel from pharmacies and having Board Staff contact NABP to see if any studies have been conducted to investigate the effect of having an increased pharmaceutical technician to pharmacist supervision ratio.

16. General Counsel Report

17. Executive Secretary Report:

- A. Financial Report
- B. Temporary Licenses

One temporary license was issued since the last meeting.

- C. Staff Activities:
 - 1. Meetings with other health care boards

2. Rural Hospital Association – YenH and Dave
3. Nevada Optometry Meeting – Dave
4. Pharmacist Letter CE – Paul
5. Nevada State Medical Association – YenH and Dave
6. Roseman Student Rotation –

Mr. Wuest introduced Grace Field

- D. Report to Board:
 1. Licensing software update
- E. Board Related News
- F. Licensing Activities Report:
 1. PMP Integration
- G. 2019 Legislative Report

Public Comment December 17, 2018 9:00 AM

There was no public comment.

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

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) 453.520: Schedule II.** The proposed amendment will add FDA approved dronabinol oral solution to the controlled substances listed in Schedule II.

Grace Field provided background information regarding the FDA approved dronabinol oral solution, Syndros.

President Penrod opened the Public Comment.

There was no public comment.

President Penrod closed the Public Comment

Board Action:

Motion: Kevin Desmond moved to adopt the proposed amendments and move forward to Public Hearing.

Second: Melissa Shake

Aye: Desmond, Mitchell, Shake, Sullivan, Tejero

Jade Jacobo was not present during the vote.

Action: Motion carries

B. Amendment of Nevada Administrative Code (NAC) 639: Dispensing Practitioner. The proposed amendment would permit dispensing practitioners employed by a Federally Qualified Health Center to dispense dangerous drugs for qualified patients at a certain site other than the Health Center.

Mr. Edwards provided background information.

Mr. Edwards summarized the proposed amendments including defining dispensing practitioners, veterinary dispensers and federally qualified health centers (FQHC).

Board discussion ensued regarding inspections of FQHC, drug storage and address of record.

President Penrod opened the Public Comment.

Todd Rich, Vice President of Human Resources Nevada Health Center, appeared and expressed support of the proposed amendments. Mr. Rich provided background regarding Nevada Health Centers practice.

Mr. Rich answered questions to the Board satisfaction regarding Nevada Health Center's funding, medication storage, security and access.

President Penrod closed the Public Comment.

Board discussion ensued regarding to corrections to Section 2.

Board Action:

Motion: Melissa Shake moved to adopt the proposed amendments and move forward to Public Hearing with corrections as discussed.

Second: Kevin Desmond

Action: Passed unanimously

19. Request for renewal of Pharmacist Registration subsequent to Board staff action pursuant to NRS 639.2895 – Appearance:

Sean Barclay

Sean Barclay appeared and was sworn by President Penrod prior to answering questions or offering testimony.

Mr. Kandt stated that Board Staff discovered that Mr. Barclay failed to renew his Nevada pharmacist registration and has been working unlicensed since 10/31/2017.

Mr. Kandt stated that Board Staff issued a cease and desist letter and a citation and fine. He explained that Mr. Barclay has also waived his right for 21 day notice in order to appear at this Board meeting.

Mr. Wuest stated that Mr. Barclay has been forthright and willing to work with Board Staff to correct this issue.

The Board questioned Mr. Barclay regarding the reason he failed to renew his Nevada pharmacist registration, his employment history and the policies and procedures at Meta Pharmacy Services.

Mr. Barclay stated that he forgot to renew his registration in October 2017. He explained that he completed all the required CEUs including the Nevada Law CE, but forgot to submit his renewal.

Mr. Barclay described the changes to Meta Pharmacy Services' policies and procedures to prevent this error from occurring in the future.

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

Board discussion ensued regarding the option to renew Mr. Barclay's pharmacist registration and possible future discipline.

Board Action:

Motion: Wayne Mitchell moved to approve Sean Barclay's request for renewal of Pharmacist Registration pending completion of the online renewal process and compliance with Mr. Barclay's Cite and Fine.

Second: Melissa Shake

Action: Passed unanimously

20. Date and Location of Next Scheduled Board Meeting:

March 6-7, 2019 – Reno, Nevada

21. Public Comment December 17, 2018 5:00 PM

There was no public comment.

3

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: North Coast Medical Supply DBA Advanced Diabetes Supply

Physical Address: 2544 Campbell Place, Ste 150 Carlsbad, CA 92009

Mailing Address: PO Box 9041

City: Carlsbad State: CA Zip Code: 92018

Telephone: 800-730-9887 Fax: 800-503-6280

Toll Free Number: 800-730-9887 (Required per NAC 639.708)

E-mail: TCady@northcoastmed.com Website: www.northcoastmed.com

Managing Pharmacist: Fiona Dupuy Hardy License Number: CA RPH 43870

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

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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: Alto Pharmacy

Physical Address: 929 Broadway, Denver, CO, 80203

Mailing Address: 1400 Tennessee Street, Unit 2

City: San Francisco State: CA Zip Code: 94107

Telephone: (800) 874-5881 Fax: (415) 484-7780

Toll Free Number: (800) 874-5881 (Required per NAC 639.708)

E-mail: compliance@scriptdash.com Website: www.alto.com

Managing Pharmacist: Lauren Hammond License Number: PHA.0021528

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,**

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☒ 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: BriovaRx Specialty
Physical Address: 4350 Lockhill-Selma Road; Suite 110, Selma Building
Mailing Address: 4350 Lockhill-Selma Road; Suite 110, Selma Building
City: Shavano Park State: Texas Zip Code: 78249
Telephone: (210) 834-0748 Fax: 800-270-7539
Toll Free Number: (866) 773-3756 (Required per NAC 639.708)
E-mail: holly.ouellette@optum.com Website: www.briovarx.com
Managing Pharmacist: Holly Ouellette License Number: 37649 (Texas)

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☒ Community Central Processing
☒ ☐ Other: Non-Dispensing
Front End Processing

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: Front End
Processing

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

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: Chewy Pharmacy, LLC

Physical Address: 255 South 143rd Avenue, Suite B, Goodyear, AZ 85338

Mailing Address: 255 South 143rd Avenue, Suite B

City: Goodyear State: AZ Zip Code: 85338

Telephone: 844-439-8760 Fax: _____

Toll Free Number: 800-672-4399 (Required per NAC 639.708)

E-mail: PHP1@Chewy.com Website: www.chewy.pharmacy and www.chewy.com

Managing Pharmacist: Brenda Fletcher License Number: S015011

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

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,**

E

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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

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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: Clinical Solutions Pharmacy

Physical Address: 416 Mary Lindsay Polk Drive, Ste. 515, Franklin, TN 37067

Mailing Address: 416 Mary Lindsay Polk Drive, Ste. 515

City: Franklin State: TN Zip Code: 37067

Telephone: 615-369-2485 Fax: 866-920-1597

Toll Free Number: 877-826-5488 (Required per NAC 639.708)

E-mail: christi@clinicalsolutionspharmacy.com Website: http://clinicalsolutionspharmacy.com

Managing Pharmacist: Christi Throneberry License Number: 0000012171

TYPE OF PHARMACY **AND**

SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ ☐ Other: Mail Service to Correctional Facilities

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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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: DACRX, LLC dba Exact care Pharmacy
Physical Address: 2701 Highpoint OAKS Dr #100 Lewisville TX 75067
Mailing Address: Same
City: Lewisville State: TX Zip Code: 75067
Telephone: 877-355-7225 Fax: 855-355-3480
Toll Free Number: 877-355-7225 (Required per NAC 639.708)
E-mail: TDonnelly@ExactcarePharmacy.com Website: www.ExactcarePharmacy.com
Managing Pharmacist: Catherine Donald License Number: TX 36520

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

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☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: **PH03281**)

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: Integrity Rx Specialty Pharmacy LLC

Physical Address: 8425 N 90th Street, Suite 8, Scottsdale, AZ 85258-4393

Mailing Address: 8425 N 90th Street, Suite 8

City: Scottsdale State: AZ Zip Code: 85258-4393

Telephone: 800-321-9956 Fax: 800-321-9931

Toll Free Number: 800-321-9956 (Required per NAC 639.708)

E-mail: Info@IntegrityRxSP.com Website: www.IntegrityRxSP.com

Managing Pharmacist: Jeffrey Karp License Number: S011009

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

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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: Kaiser Permanente WA Mail Order Pharmacy

Physical Address: 2921 Naches Ave SW, Renton, WA 98057-9009

Mailing Address: 2921 Naches Ave SW

City: Renton State: WA Zip Code: 98057-9009

Telephone: 206-630-7979 Fax: 206-630-7950

Toll Free Number: 1-800-245-7979 (Required per NAC 639.708)

E-mail: _____ Website: www.kp.org/wa

Managing Pharmacist: Makanani Hirayama License Number: WA-PH60217617

Manager Email: makanani.hirayama@kp.org

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,

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

Other - LLC - 1, 2, 4, 8

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Lemonaid Pharmacy, LLC

Physical Address: 1015 Locust St, Ste 420, St. Louis, MO 63101

Mailing Address: 1015 Locust St, Ste 420, St. Louis, MO 63101

City: St. Louis State: MO Zip Code: 63101

Telephone: 888 536 6670 Fax: 888 536 6670

Toll Free Number: 888 536 6670 (Required per NAC 639.708)

E-mail: pharmacy@lemonaidpharmacy.com Website: N/A

Managing Pharmacist: John T. Guthrie II License Number: 19762

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

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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☐ 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: William's Pharmacies LLC dba LibraSun Pharmacy

Physical Address: 141 E. Commercial Blvd.

Mailing Address: 141 E. Commercial Blvd.

City: Oakland Park State: FL Zip Code: 33334

Telephone: 954-616-5675 Fax: 954-626-0297

Toll Free Number: 855-335-9575 (Required per NAC 639.708)

E-mail: oaklandpark@librasunrx.com Website: www.librasunrx.com

Managing Pharmacist: Ivette Bova License Number: PS45647

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,

K

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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☒ 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: MILTON MEDICAL & DRUG CO INC

Physical Address: 958 41ST ST, MIAMI BEACH, FL 33140

Mailing Address: 958 41ST ST, MIAMI BEACH, FL 33140

City: MIAMI BEACH State: FL Zip Code: 33140

Telephone: 305-531-6436 Fax: 305-513-5064

Toll Free Number: 866-315-4209 (Required per NAC 639.708)

E-mail: MDRUGCO@GMAIL.COM Website: N/A

Managing Pharmacist: CHRISTOPHER Y. PERSEO License Number: PS52369

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

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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: OptumRx, Inc. d/b/a OptumRx

Physical Address: 3515 Harbor Boulevard, Costa Mesa, CA 92626

Mailing Address: 3515 Harbor Boulevard

City: Costa Mesa State: CA Zip Code: 92626

Telephone: 714-825-3860 Fax: 714-825-3810

Toll Free Number: 800-562-6223 (Required per NAC 639.708)

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

Managing Pharmacist: Catrina T. Tran License Number: RPH 48059

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

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: See Attached Description

****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 Costa Mesa, California 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
- consultation with practitioner regarding interpretation or clarification of the prescription and date in patient profile
- telephonic patient counseling by a Florida registered pharmacist
- resolution of claim adjudication issues.

This California 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.

M

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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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: OptumRx, Inc. d/b/a OptumRx

Physical Address: 13131 S. Dairy Ashford, 4th & 5th Floors, Sugar Land, TX 77478

Mailing Address: 13131 S. Dairy Ashford, 4th & 5th Floors

City: Sugar Land State: TX Zip Code: 77478

Telephone: 832-532-5751 Fax: 832-532-5526

Toll Free Number: 800-562-6223 (Required per NAC 639.708)

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

Managing Pharmacist: Natalie Canada License Number: 42633 (TX)

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

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: See Attached Description

All boxes must be checked

For the application to be complete

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



**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 pharmacy location in Sugar Land, Texas is 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 the same;
- Pharmacist transcribing of telephonic prescriptions from a provider;
- Consultation with practitioner regarding interpretation or clarification of the prescription and date in patient profile;
- Telephonic patient counseling by a Texas registered pharmacist;
- Resolution of paid claim adjudication issues.

This Texas 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.

N

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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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: Professional Pharmacy Solutions

Physical Address: 3124 Wilmington Rd Suite 204

Mailing Address: PO Box 5401

City: New Castle State: PA Zip Code: 16105

Telephone: 724-651-2565 Fax: 724-652-7148

Toll Free Number: 833-598-7490 (Required per NAC 639.708)

E-mail: pps@accounts.hyperoffice.com Website: www.professionalrxsolutions.com

Managing Pharmacist: Tina Zielinski License Number: RP0347621

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,**

D

NEVADA STATE BOARD OF PHARMACY
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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: ARX, Accurate RX Specialty Pharmacy

Physical Address: 85-48 118 St Kew Gardens, NY 11415

Mailing Address: 85-48 118 St

City: Kew Gardens State: NY Zip Code: 11415

Telephone: 844-279-8326 Fax: 800-420-6138

Toll Free Number: 844-279-8326 (Required per NAC 639.708)

E-mail: arx.ideal.ny@gmail.com Website: www.arxspecialtypharmacy.com

Managing Pharmacist: Yakov Abdurakhmanov License Number: 056064

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,**

P

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: Coastal Care Pharmacy
Physical Address: 11939 Panama City Beach Pkwy, PCB, FL 32407
Mailing Address: " "
City: Panama City Beach State: FL Zip Code: 32407
Telephone: 850-249-9500 Fax: 850-249-6558
Toll Free Number: 844-633-4244 (Required per NAC 639.708)
E-mail: alyssa@coastalcarerx.com Website: www.coastalcarerx.com
Managing Pharmacist: Anna Alyssa Callahan License Number: PS45292

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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☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: **PH 02833**)
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: Vets First Choice, LLC d/b/a Covetrus NE

Physical Address: 5013 South 110th Street

Mailing Address: 5013 South 110th Street

City: Omaha State: NE Zip Code: 68137

Telephone: 866-356-6214 Fax: _____

Toll Free Number: 866-356-6214 (Required per NAC 639.708)

E-mail: pharmacy1@vetsfirstchoice.com Website: www.vetsfirstchoice.pharmacy

Managing Pharmacist: Daniel Perina License Number: NE: 12509

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

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,**

R

NEVADA STATE BOARD OF PHARMACY

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☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: **PH03745**)
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: Veterinary Pharmacies of America, LLC d/b/a Covetrus TXPhysical Address: 4802 North Sam Houston Pkwy. W., Ste. 100, Houston, TX 77086Mailing Address: 4802 North Sam Houston Pkwy. W., Ste. 100City: Houston State: TX Zip Code: 77086Telephone: 844-582-0921 Fax: N/AToll Free Number: 844-582-0921 (Required per NAC 639.708)E-mail: pharmacy@vparx.net Website: www.vparx.comManaging Pharmacist: Arreiva Papillion License Number: TX: 46556**TYPE OF PHARMACY AND****SERVICES PROVIDED**

Yes/No

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

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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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: NDC PHARMACY

Physical Address: 4666 MCDERMOTT RD STE 200

Mailing Address: 4666 MCDERMOTT RD STE 200

City: PLANO State: TEXAS Zip Code: 75024

Telephone: 469-888-4672 Fax: 469-888-4674

Toll Free Number: 800-999-6001 (Required per NAC 639.708)

E-mail: KHANH@NDCPHARMACYTX.COM Website: _____

Managing Pharmacist: KHANH B HOANG License Number: TX-47704

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

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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: Pacifico West Rx., Inc dba PureScience Rx

Physical Address: 15644 Pomerado Rd., Suite 303 , Poway, CA 92064

Mailing Address: 15644 Pomerado Rd., Suite 303

City: Poway State: CA Zip Code: 92064

Telephone: 858-726-2614 Fax: 858-312-1130

Toll Free Number: 800-614-8512 (Required per NAC 639.708)

E-mail: pharmacist@puresciencerox.com Website: puresciencerox.com

Managing Pharmacist: Brett Roberson License Number: RPH 54390

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 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 checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Partnership - Pages 1,2,3,7 <input type="checkbox"/> Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: AcelRx Pharmaceuticals, Inc.

Physical Address: 351 Galveston Drive

City: Redwood City State: CA Zip Code: 94063

Telephone Number: 650-216-3500 Fax Number: 650-216-6500

Toll Free Number: n/a

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

Facility Manager: Vincent J. Angotti

Professional 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, Military

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: _____

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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 _____)
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: Aclaris Therapeutics, Inc.

Physical Address: 640 Lee Road, Suite 200

City: Wayne State: PA Zip Code: 19087

Telephone Number: 484-324-7933 Fax Number: 484-320-2344

Toll Free Number: 833-225-2747

E-mail: rmaffia@aclaristx.com Website: http://www.aclaristx.com

Facility Manager: Roger P. Maffia

Professional qualifications and experience of facility manager: See Attachment A

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: _____

W

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 01978
and name - See Attachment 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: ACP Nimble Buyer, Inc.

Physical Address: 111 Coolidge Street

City: South Plainfield State: NJ Zip Code: 07080

Telephone Number: 908-753-2000 Fax Number: 908-753-7409

Toll Free Number: N/A

E-mail: tcobb@gwllabs.com Website: N/A

Facility Manager: Thomas Cobb

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: Distributors and 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)
☒ Other: List I chemicals and OTC drugs

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NEVADA STATE BOARD OF PHARMACY
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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 ownership

Facility Name: AMAG Pharmaceuticals, Inc

Physical Address: 1100 Winter Street

City: Waltham State: MA Zip Code: 02451

Telephone Number: 617-498-3300 Fax Number: 617-499-3361

Toll Free Number: N/A

E-mail: ehood@amagpharma.com Website: www.amagpharma.com

Facility Manager: Joseph Vittiglio

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: 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: _____

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NEVADA STATE BOARD OF PHARMACY
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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: **WH 02282**)
 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: Amazon.com Services, Inc.

Physical Address: 715 Airtech Parkway

City: Plainfield State: IN Zip Code: 46168

Telephone Number: 317-837-9232 Fax Number: 206-266-7010

Toll Free Number: N/A

E-mail: healthcare-licensing@amazon.com Website: www.amazon.com

Facility Manager: Ryan Curtis

Professional qualifications and experience of facility manager: _____
Ryan Curtis has over 15 years of experience in the medical device industry, and ensuring both good manufacturing and distribution practices.

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

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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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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: Amring Pharmaceuticals Inc.

Physical Address: 1205 Westlakes Drive, Suite 275

City: Berwyn State: PA Zip Code: 19312

Telephone Number: 844-304-4828 Fax Number: 610-647-3000

Toll Free Number: N/A

E-mail: daniel.carbery@amringpharma.com Website: www.amringusa.com

Facility Manager: Daniel J. Carbery

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: Distributors, Repackagers, and 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: _____

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AA

NEVADA STATE BOARD OF PHARMACY
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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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 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: Asegua Therapeutics LLC

Physical Address: 333 Lakeside Drive, Bldg 309

City: Foster City State: CA Zip Code: 94404

Telephone Number: 800-939-9009 Fax Number: 800-639-9009

Toll Free Number: N/A

E-mail: customerservice@asegua.com Website: www.asegua.com

Facility Manager: Jeffrey Rugg

Professional qualifications and experience of facility manager: See attached resume for Jeffrey Rugg

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: _____

BB

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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 Application must be printed legibly or typed

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☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: **WH 02469**)
 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: Aquestive Therapeutics, Inc.
 Physical Address: 30 Technology Drive
 City: Warren State: NJ Zip Code: 07059
 Telephone Number: (908) 941-1900 Fax Number: (908) 561-1209
 Toll Free Number: N/A
 E-mail: StateLicensing@aquestive.com Website: www.aquestive.com
 Facility Manager: Robert Arnold
 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: _____

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: _____

CC

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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(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 01793)
 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: Boehringer Ingelheim Animal Health USA Inc.Physical Address: 5701 Providence Hill DriveCity: St. Joseph State: MO Zip Code: 64503Telephone Number: 816-383-8905 Fax Number: 816-383-8906Toll Free Number: 800-325-9167E-mail: steve.maksudian@boehringer-ingelheim.com Website: www.boehringer-ingelheim.comFacility Manager: Steven Maksudian

Professional qualifications and experience of facility manager: B.S. Operations Management
APICS Certified, Designated Representative for our company for 17 years

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: Distributors and veterinary 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: Veterinary OTC Drugs and Veterinary vaccines

DD

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

Facility Name: Clinigen, Inc.

Physical Address: 790 Township Line Road, Suite 120

City: Yardley State: PA Zip Code: 19067

Telephone Number: (215)944-8800 Fax Number: N/A

Toll Free Number: N/A

E-mail: statelicensingUS@clinigengroup.com Website: www.clinigengroup.com

Facility Manager: James Dewis

Professional qualifications and experience of facility manager: Please 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 ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

EE

NEVADA STATE BOARD OF PHARMACY
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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 ownership

Facility Name: CSL Behring LLC

Physical Address: 1020 First Avenue

City: King of Prussia State: PA Zip Code: 19406-0901

Telephone Number: 610-878-4000 Fax Number: 610-878-4009

Toll Free Number: N/A

E-mail: daniel.sweed@cslbehring.com Website: www.cslbehring.com

Facility Manager: Daniel E. Sweed

Professional qualifications and experience of facility manager: I am responsible for the logistics operations. I have over 16 years of experience in quality, vaccine manufacturing operations, and engineering.

Types of licensed outlets or authorized persons firm will serve:

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

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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 ownership

Facility Name: Eagle Pharmaceuticals, Inc.

Physical Address: 50 Tice Boulevard, Suite 315

City: Woodcliff Lake State: NJ Zip Code: 07677

Telephone Number: 201-326-5300 Fax Number: 201-391-2430

Toll Free Number: N/A

E-mail: starriff@eagleus.com Website: www.eagleus.com

Facility Manager: Scott L. Tarriff

Professional qualifications and experience of facility manager: I have over 25 years of industry experience. I am responsible for providing strategic leadership for the company by working with the board and other management to establish and achieve long-range goals and strategies.

Types of licensed outlets or authorized persons firm will serve:

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

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NEVADA STATE BOARD OF PHARMACY
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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: Evolus, Inc.

Physical Address: 520 Newport Center Drive, Suite 1200

City: Newport Beach State: CA Zip Code: 92660

Telephone Number: 949-284-4555 Fax Number: 949-284-4760

Toll Free Number: N/A

E-mail: Rui.Avelar@evolus.com Website: info@evolus.com

Facility Manager: Dr. Rui Avelar

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: _____

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: _____

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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: Eywa Pharma Inc.Physical Address: 2 Research Way, Floor #3City: Princeton State: NJ Zip Code: 08540Telephone Number: (609) 751-9600 Fax Number: (609) 455-1515Toll Free Number: N/AE-mail: Srinivasan.s@eywapharma.com Website: www.eywapharma.comFacility Manager: Srinivasan Seshan

Professional qualifications and experience of facility manager: Chief Executive Officer and Co-Founder of Eywa. He is responsible for setting the Strategic Direction and driving the business of the company.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Reverse Distributors, Repackagers, Nursing Home Pharmacies, and 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) N/A - See Attachment B
☐ Other: _____

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II

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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 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 ownership

Facility Name: Ferring Pharmaceuticals Inc.

Physical Address: 100 Interpace Parkway

City: Parsippany State: NJ Zip Code: 07054

Telephone Number: 973-796-1600 Fax Number: 973-796-1694

Toll Free Number: N/A

E-mail: Sangeeta.ChavanPatil@ferring.com Website: www.ferringusa.com

Facility Manager: Sangeeta M. Chavan-Patil

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: Distributors and Repackagers

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: _____

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22

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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☐ 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: Greenhill Trading Inc.
Physical Address: 1926 Atlantic Ave
City: Brooklyn State: NY Zip Code: 11233
Telephone Number: 347-378-2800 Fax Number: 347-378-2801
Toll Free Number: N/A
E-mail: compliance.greenhill@gmail.com Website: N/A
Facility Manager: Noson Sternberg
Professional qualifications and experience of facility manager: 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: _____

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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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☐ 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: Genzyme CorporationPhysical Address: 50 Binney StreetCity: Cambridge State: MA Zip Code: 02142Telephone Number: 617-252-7500 Fax Number: 617-768-9570Toll Free Number: 800-326-7002E-mail: Vaneza.Nazario-Keefe@sanofi.com Website: www.sanofigenzyme.comFacility Manager: Vaneza S. Nazario-Keefe

Professional qualifications and experience of facility manager: Associate Director of Logistics; over 20 years of pharmaceutical experience with Genzyme Corporation.

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: _____

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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
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 Application must be printed legibly or typed

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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: Hospira, Inc.

Physical Address: 1776 North Centennial Drive

City: McPherson State: Kansas Zip Code: 67460

Telephone Number: 901-275-0400 Fax Number: _____

Toll Free Number: 844-646-4398

E-mail: darren.nathan@pfizer.com Website: www.pfizer.com

Facility Manager: Bryan Hanlin

Professional qualifications and experience of facility manager: 6 years of large scale pharmaceutical distribution experience.

Types of licensed outlets or authorized persons firm will serve:

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

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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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☒ 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: Immunomedics, Inc.

Physical Address: 300 The American Road

City: Morris Plains State: NJ Zip Code: 07950

Telephone Number: 973-602-8200 Fax Number: 973-605-8282

Toll Free Number: N/A

E-mail: pmaruszewski@immunomedics.com Website: www.immunomedics.com

Facility Manager: Peter S. Maruszewski

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: 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: _____

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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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☒ 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: Kyowa Kirin, Inc.

Physical Address: 135 Route 202/206, Suite 6

City: Bedminster State: NJ Zip Code: 07921

Telephone Number: 908-234-1096 Fax Number: 908-234-2835

Toll Free Number: 800-726-2876

E-mail: Len.Paolillo@kyowakirin.com Website: www.kyowa-kirin.com

Facility Manager: Leonard S. Paolillo

Professional qualifications and experience of facility manager: Lead a Senior Executive management team dedicated to achieving the company's vision of becoming a global specialty pharmaceutical company. Over 16 years of pharmaceutical experience.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Repackagers, Nursing Home Pharmacies, and 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) NA - See Attachment B
☐ Other: _____

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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

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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: LEO Pharma inc.Physical Address: 7 Giralda FarmsCity: Madison State: NJ Zip Code: 07940Telephone Number: 973-637-1690 Fax Number: 973-637-1682Toll Free Number: 877-494-4536E-mail: KHBUS@leo-pharma.com Website: www.leo-pharma.usFacility Manager: Keith E. Bernius

Professional qualifications and experience of facility manager: _____

I play a strategic role in overall management of the U.S. finance function with direct oversight of the areas of
 Business finance, Accounting & Tax, Contracts & Pricing and Trade.

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: _____

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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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☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☒ Non Publicly Traded ~~Corporation~~ LLC – 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: Lundbeck LLC

Physical Address: Six Parkway North

City: Deerfield State: IL Zip Code: 60015

Telephone Number: 847-282-1000 Fax Number: 847-282-1001

Toll Free Number: 866-337-6996

E-mail: ika@lundbeck.com Website: www.lundbeck.com/us

Facility Manager: Ilze K. Antons

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: 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) N/A - See Attachment B
☐ Other: _____

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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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☐ 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: NEOPHARMA INC

Physical Address: 116 VILLAGE BLVD SUITE 200

City: PRINCETON State: NS Zip Code: 08540

Telephone Number: 609 454 5528 Fax Number: _____

Toll Free Number: _____

E-mail: MALLI@NEOPHARMA.COM Website: NEOPHARMA.COM

Facility Manager: MALLIKARTUNA DESIREDDY

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

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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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☒ 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: NeoTract, Inc.

Physical Address: 1971 Rutan Drive

City: Livermore State: CA Zip Code: 94551

Telephone Number: 925-401-0700 Fax Number: 925-401-0699

Toll Free Number: n/a

E-mail: statelicensing@teleflex.com Website: http://www.neotract.com/

Facility Manager: Rose Zarate

Professional qualifications and experience of facility manager: see resume see exhibit E

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: _____

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NEVADA STATE BOARD OF PHARMACY
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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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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: Neurocrine Biosciences, inc.

Physical Address: 12780 El Camino Real

City: San Diego State: CA Zip Code: 92130

Telephone Number: 858-617-7600 Fax Number: 858-617-7601

Toll Free Number: 800-876-3522

E-mail: alobbia@neurocrine.com Website: www.neurocrine.com

Facility Manager: Alessandro Lobbia

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: 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: _____

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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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☐ 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: Novartis Pharmaceuticals Corporation

Physical Address: 59 Route 10

City: East Hanover State: NJ Zip Code: 07936

Telephone Number: 862-778-6826 Fax Number: 973-781-2486

Toll Free Number: N/A

E-mail: lisa.butler@novartis.com Website: www.pharma.us.novartis.com

Facility Manager: Lisa A. Butler

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: _____

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: Over-the-counter drugs

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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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☒ 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: Paratek Pharmaceuticals, Inc.
 Physical Address: 75 Park Plaza, 4th Floor
 City: Boston State: MA Zip Code: 02116
 Telephone Number: (617) 807-6600 Fax Number: (617) 275-0039
 Toll Free Number: (833) PARATEK
 E-mail: StateLicense@ParatekPharma.com Website: http://www.paratekpharma.com
 Facility Manager: Douglas W. Pagan
 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, 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: _____

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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 ownership

Facility Name: Progenics Pharmaceuticals, Inc.

Physical Address: One World Trade Center, 47th Floor, Suite J

City: New York State: NY Zip Code: 10007

Telephone Number: 646-975-2500 Fax Number: 646-707-3626

Toll Free Number: N/A

E-mail: mbatheja@progenics.com Website: www.progenics.com

Facility Manager: Malini Batheja

Professional qualifications and experience of facility manager: Malini Batheja has extensive experience in the pharmaceutical industry in areas of regulatory affairs and Analytical method development/validation. At the company, she oversees and manages all quality functions including GxP.

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: _____

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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 by all types of ownership

Facility Name: Regeneron Healthcare Solutions, Inc.

Physical Address: 745 Old Saw Mill River Road

City: Tarrytown State: NY Zip Code: 10591

Telephone Number: 914-847-7000 Fax Number: 914-931-2017

Toll Free Number: 1-855-REGEN-4-U

E-mail: kathryn.hilliard@Regeneron.com Website: www.regeneron.com

Facility Manager: Kathryn W. Dolcine

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: Third Party Logistics Providers

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: _____

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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

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

☒ New 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: Sunovion Pharmaceuticals Inc.

Physical Address: 84 Waterford Drive

City: Marlborough State: MA Zip Code: 01752

Telephone Number: 508-787-4290 Fax Number: 508-357-7894

Toll Free Number: N/A

E-mail: gcoffice@sunovion.com

Website: www.sunovion.com

Facility Manager: Nobuhiko Tamura

Professional qualifications and experience of facility manager: Over 30 years of pharmaceutical experience.
Serves as the Chairman and Chief Executive Officer for the company.

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) N/A - See Attachment B

☐ Other: _____

44

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: Vyaire Medical, Inc.

Physical Address: 26125 N. Riverwoods Blvd.

City: Mettawa State: IL Zip Code: 60045

Telephone Number: 872-757-0146 Fax Number: N/A

Toll Free Number: N/A

E-mail: steven.marshall@vyaire.com Website: www.vyaire.com

Facility Manager: Steven G. Marshall

Professional qualifications and experience of facility manager: Responsible for the quality operations for the business. Over 17 years of industry experience.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: Clinics, Manufacturers and Nursing Home 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: _____

manu

22

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: Xeris Pharmaceuticals, Inc.

Physical Address: 180 N. LaSalle Street, Suite 1600

City: Chicago State: IL Zip Code: 60601

Telephone Number: 844-445-5704 Fax Number: N/A

Toll Free Number: N/A

E-mail: mzyrkowski@xerispharma.com Website: www.xerispharma.com

Facility Manager: Mark E. Zyrkowski

Professional qualifications and experience of facility manager: _____

Responsible for inventory planning, procurement and distribution. Over 12 years of industry experience.

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: _____

Manu

AAA

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATIONFacility Name: Durable Medical Equipment LLC, (DBA: DME Healthcare Partners)Physical Address: 6509 W. Frye Rd. Ste#5, Chandler AZ, 85226

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

Mailing Address: 6509 W. Frye Rd. Ste#5City: Chandler State: Arizona Zip Code: 85226Telephone: 480 930 4500 Fax: 888 505 5767E-mail: george@thedmecompany.com Website: www.thedmecompany.com**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 9 to 3 Tue: 9 to 3 Wed: 9 to 3 Thu: 9 to 3Fri: 9 to 3 Sat: / to / Sun: / to / Holidays: / to /**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: George Charalambous**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: _____ |

**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

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership – Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7

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

FACILITY INFORMATIONFacility Name: Homestead Orthotics LLCPhysical Address: 9401 W Thunderbird Rd Suite 187

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

Mailing Address: 9401 W Thunderbird Rd Suite 187City: Peoria State: AZ Zip Code: 85381Telephone: 1-888-863-3207 Fax: 1-888-959-0974E-mail: Tricia@homesteadorthotics.com Website: www.homesteadorthotics.com**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 8 to 3 Tue: 8 to 3 Wed: 8 to 3 Thu: 8 to 3Fri: 8 to 1 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: Tricia Hammond**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: _____

Telephone: _____

CCC

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

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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: Livongo Health, Inc.Physical Address: 150 W. evelyn Ave., Suite 150, Mountain View, CA 94041

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

Mailing Address: 444 N. Michigan Ave., Suite 3400City: Chicago State: IL Zip Code: 60611Telephone: 866-435-5643 Fax: 708-575-0521E-mail: legal@livongo.com Website: https://www.livongo.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: closed Sun: closed Holidays: closed**MDEG ADMINISTRATOR INFORMATION:** Person in charge on a daily basisName: Michael Chibbaro**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: N/ATelephone: N/A

DD

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

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

FACILITY INFORMATION

Facility Name: LOCOST MEDICAL SUPPLY, LLC

Physical Address: 2780 PEACHTREE INDUSTRIAL BLVD STE A

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

Mailing Address: 2780 PEACHTREE INDUSTRIAL BLVD STE A

City: DULUTH State: GA Zip Code: 30097

Telephone: 678-584-2223 Fax: 855-456-2678

E-mail: rebecca@locostmedicalsupply.com Website: www.locostmedicalsupply.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 to 5:30 Tue: 9:00 to 5:30 Wed: 9:00 to 5:30 Thu: 9:00 to 5:30

Fri: 9:00 to 5:30 Sat: closed to Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: STEVEN SIMS

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: catheters, ostomy, incontinence, wound care

**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: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Therapeutic Medical LLC

Physical Address: 1100 E Heaton Street Suite 350A Conshohocken PA 19386
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1100 E Heaton Street Suite 350A Conshohocken PA 19386

City: Conshohocken State: PA Zip Code: 19386

Telephone: 610-990-2653 Fax: 610-662-3927

E-mail: gregg@insightmedicalpartners.com Website: www.therapeuticmedical.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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Gregg Hurst gregg@insightmedicalpartners.com

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>Heat Applications Cooling + Compression</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: _____

EEE

FFF

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: Central Rx Services, LLC dba IngenioRx Specialty or CVS Specialty

Physical Address: 1451 Center Crossing Rd.

City: Las Vegas State: NV Zip Code: 89144

Telephone: 702-880-6500 Fax: 702-880-6501

Toll Free Number: PENDING E-mail: N/A

Website: N/A

Managing Pharmacist: Mark Carlson License Number: 19994 ✓

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: Pharmacy does not compound
or dispense Controlled Substances

GGG

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

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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 * Private - Non-profit

Pharmacy Name: Nevada Health Center Pharmacy - MLK

Physical Address: 1799 Mount Mariah Dr

City: Las Vegas State: NV Zip Code: 89106

Telephone: 702-636-5454 Fax: 702-636-5455

Toll Free Number: — E-mail: —

Website: www.nevadahealthcenter.org

Managing Pharmacist: Stephanie Ingrey License Number: 15212 ✓

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)

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: Sunset Pain Surgery Center
 Physical Address: 9120 W. Russell Road Unit 100
 City: Las Vegas State: Nevada Zip Code: 89148
 Telephone: 480-7666-6819 Fax: 602-532-7997
 Toll Free Number: 702-912-4100 E-mail: Gcook@nationalsurgery.net
 Website: N/A
 Managing Pharmacist: Mary Grear, R.Ph. License Number: 10687 ✓

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: _____

111

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 03127**)
 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 I, LLC

Physical Address: 80 N Pecos Rd

City: Las Vegas State: NV Zip Code: 89074

Telephone: 702-912-1400 Fax: 702-912-1401

Toll Free Number: N/A E-mail: Frances@thewellcaregroup.com

Website: www.MyWellCarePharmacy.com

Managing Pharmacist: Thai Vo License Number: 17678 ✓

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: _____

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 DC and WB did not complete required CEs.	N/A	DC: \$500 fine; \$1,000 administrative fee; additional CEs; attend 3 of the next 4 Board meetings; complete and pass Nevada law. WB: \$500 fine; \$1,000 administrative fee; additional CEs; attend 3 of the next 4 Board meetings.	

4A

OCT 24 2018

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 17-089-RPH-A-N
	)	17-089-RPH-B-N
Petitioner,	)	17-089-RPH-C-N
v.	)	17-089-PT-N
	)	17-089-PH-N
NUTTAVAT ROJPRASITPORN, RPH)	
Certificate of Registration No. 19161,	)	NOTICE OF INTENDED ACTION
	)	AND ACCUSATION
JEFFREY ARBOGAST, RPH)	
Certificate of Registration No. 16986,)	
)	
MUI CHING LEE, RPH)	
Certificate of Registration No. 08993,)	
)	
LYDIA PASERO, PT)	
Certificate of Registration No. PT08989, and)	
)	
CVS PHARMACY #4691)	
Certificate of Registration No. PH02471,)	
)	
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, respondents Nuttavat Rojprasitporn (Rojprasitporn), Certificate of Registration No. 19161, Jeffrey Arbogast (Arbogast), Certificate

of Registration No. 16986, and Mui Ching Lee (Lee), Certificate of Registration No. 08993, were pharmacists registered by the Board. Additionally, respondent Lydia Pasero (Pasero), Certificate of Registration No. PT08989, was a pharmaceutical technician registered by the Board, and respondent CVS Pharmacy #4691, Certificate of Registration No. PH02471 (CVS), was a pharmacy registered by the Board.

FACTUAL ALLEGATIONS

II.

On December 30, 2016, APRN C.J. separately examined and prescribed medications to P.C. and his girlfriend R.D.

III.

P.C. was prescribed dextroamphetamine salts XR (Adderall XR) 25 mg. capsules with instructions to take one capsule every day.

IV.

R.D. was prescribed chlordiazepoxide 25 mg. with instructions to take one capsule every 8 hours as needed for anxiety.

V.

P.C. and R.D. tendered their prescriptions to CVS the same day where pharmaceutical technician Gisela Ochoa (Ochoa) performed the pre-data entry scan in CVS's computer system.

VI.

During the pre-data entry scan, Ochoa mistakenly entered R.D.'s chlordiazepoxide prescription under P.C.'s name and patient profile.

VII.

CVS processed and dispensed both of the prescriptions later that day.

VIII.

When he arrived at home, P.C. discovered that the contents of the CVS bag contained the dextroamphetamine salts XR 25 mg. capsules (Prescription No. 0613014) as prescribed. The bag also included a second medication bottle containing chlordiazepoxide 25 mg. capsules (Prescription No. 0613015). The prescription label on both medication bottles included P.C.'s name and address.

IX.

P.C. assumed that the chlordiazepoxide 25 mg. capsules were also prescribed to him so he ingested a dose per the instructions on the label.

X.

Later that evening, P.C. ingested alcoholic beverages. P.C. believes that the alcohol interacted with the chlordiazepoxide causing him to become extremely intoxicated and causing his subsequent arrest for driving under the influence.

XI.

On January 1, 2017, R.D. contacted CVS to inform it that the chlordiazepoxide prescribed to her was dispensed to P.C. Pharmacist Arbogast confirmed that CVS dispensed chlordiazepoxide to P.C. in error.

XII.

P.C. ingested approximately 3-5 doses of the wrong medication before discovering the error.

XIII.

Rojprasitporn is on record as the pharmacist who performed data entry verification and product verification for Prescription No. 0613015. To the extent Rojprasitporn performed any verification at all, he failed to detect during those processes that CVS was preparing to dispense the medication to the wrong patient.

XIV.

Arbogast is on record as the counseling pharmacist for Prescription No. 0613015. Arbogast did not counsel P.C. regarding Prescription No. 0613015, nor did he offer counseling to P.C.

XV.

Approximately five (5) hours after CVS sold the product, Arbogast entered into CVS's computer system that P.C. declined counseling.

XVI.

On January 18, 2017, approximately seventeen days after P.C. discovered CVS's dispensing error, Pasero deleted records regarding Prescription No. 0613015 from CVS's computer system.

XVII.

A Board Investigator requested a copy of the original prescription records, including the workflow documents, for Prescription No. 0613015 from the managing pharmacist at CVS on September 21, 2017. The request asked that CVS submit the records by no later than October 4, 2017.

XVIII.

Having received no reply to his initial request for records, the Board Investigator met with Arbogast on November 2, 2017, at CVS. Arbogast was unable to provide any record of Prescription No. 0613015 from CVS's computer system.

XIX.

During his November 2 interview with the Board Investigator, Arbogast produced a typewritten, signed statement on letter head from One CVS Drive, Woonsocket, Rhode Island. That statement was dated October 3, 2017.

XX.

With Arbogast's statement was a clear plastic zip lock-style bag containing various documents relating to Prescription No. 0613015, including handwritten notes and copies of computer screens that have since been deleted from CVS's records.

XXI.

When the Board Investigator asked for a copy of the documents in the plastic bag related to Prescription No. 0613015, Arbogast stated that he would first have to clear their release with CVS's corporate office.

XXII.

On November 14, 2017, nearly two months after the Board Investigator's September 21 request for records, CVS Manager of Pharmacy Regulatory Affairs, Leigh Parenteau, wrote an email to the Board Investigator requesting a list of the specific additional records the Board's Investigator needed for the investigation. The Board Investigator responded with a list the same day.

XXIII.

After significant email, telephonic and facsimile communications through May 2018, Parenteau provided some records related to Prescription No. 613015 to the Board Investigator. Through primarily key stroke logs, Parenteau was able to piece together the fill history for Prescription No. 613014 and 613015.

XXIV.

During the course of the investigation, CVS and/or each of the Respondents failed to timely provide documents, data and information to the Board Investigator because those records were not readily retrievable.

XXV.

Mui Ching Lee was the managing pharmacist at CVS at the time of the events alleged herein.

FIRST CAUSE OF ACTION

**Unprofessional Conduct: Mislabeling and Dispensing to the Wrong Patient
(Respondent Rojprasitporn)**

XXVI.

Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when labeling and dispensing a prescription. *See* NAC 639.945(1)(d). It also includes a licensee performing his duties in an “incompetent, unskillful or negligent manner”. *See* NAC 639.945(1)(i).

Additionally, NAC 639.252 states in relevant part:

If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, *the pharmacist*

supervising the pharmaceutical technician is responsible for the filled prescription, including, but not limited to, verifying:

- (a) The selection and strength of the drug;
- (b) The dosage form; and
- (c) The labeling of the prescription.

NAC 639.252(2) (emphasis added.)

Respondent Rojprasitporn engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) and he is responsible for dispensing thirty (30) chlordiazepoxide 25 mg. capsules to P.C., a patient who did not have a prescription for that schedule IV-controlled substance, when he either verified the label on Prescription No. 0613015 as accurate when it was incorrect, or by failing to verify the label and prescription before CVS dispensed it.

SECOND CAUSE OF ACTION

Failure to Adequately Counsel

(Respondent Arbogast)

XXVII.

NRS 639.266 requires a pharmacist, on receipt of a prescription and after review of the patient's record, to communicate with the patient, or a person caring for the patient, matters that will enhance the patient's therapy through drugs. NAC 639.707(1) and (2) require that discussion to include, among other things, the name of the drug, dosage and administration instructions, the intended use of the drug, common side effects, and other information that is necessary for the safe and effective use of the drug. A pharmacist who performs those duties in an "incompetent, unskillful or negligent manner" is guilty of unprofessional conduct pursuant to NAC 639.945(1)(i).

Respondent Arbogast violated NRS 639.266, NAC 639.707(1) and (2) and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC

639.945(1)(i) by failing to counsel P.C. regarding Prescription No. 0613015. That error, combined with other errors within the pharmacy, caused CVS to dispense thirty (30) chlordiazepoxide 25 mg. capsules to P.C., a patient who did not have a prescription for that schedule IV-controlled substance. For that conduct, Arbogast is subject to discipline pursuant to NRS 639.210(4) and (12), and NRS 639.255.

THIRD CAUSE OF ACTION
Failure to Maintain and Produce Prescription Records
 (Respondent CVS #4691)

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”.

Additionally, NAC 639.485 states, in part:

1. A pharmacy shall maintain records for controlled substances:
 - (a) In a readily retrievable manner.
 - (b) In a manner that establishes the receipt, distribution and destruction of all controlled substances handled by the pharmacy.
2. A pharmacy shall maintain a perpetual inventory of any controlled substance listed in schedule II.
3. Records of the distribution of controlled substances listed in schedule II, schedule III or schedule IV must include:
 - (a) The name of the drug, dosage form and strength.
 - (b) The name of the pharmacist distributing or authorizing the distribution of the controlled substance.
 - (c) The name of the authorized person receiving the controlled substance. This information may be included on the record of administration.

(d) The location to which the controlled substance is being distributed.

(e) Controlled substances returned to the pharmacy.

(f) A record of any waste of any prepared or partially administered dose of a controlled substance, which must be witnessed and cosigned by another person who is licensed to provide medical care.

NAC 639.482 requires such records to be kept by a pharmacy for at least 2 years and made available for inspection and copying upon the request of the Board.

Nevada law also 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.

Respondent CVS #4691 violated NAC 639.482, NAC 639.485 and/or NAC 639.910(1) by deleting and/or having a system that allowed its employee, Respondent Pasero, to delete the record, or a portion of the record, for Prescription No. 0613015, specifically by removing the original data and eliminating any reference of the filling error. In failing to maintain records for Prescription No. 0613015 in a readily retrievable manner, by failing to timely provide documents to Board Staff upon request, and in failing to maintain a recordkeeping system that would allow

for readily retrievable prescription records for Prescription No. 0613015, CVS #4691 violated NAC 639.751(1)(b) and (2), NAC 639.930(3), (4) and (5), and NAC 639.935(3)(g)(3). For that conduct, CVS #4691 is subject to discipline pursuant to NRS 639.210(12) and (17) and NRS 639.255.

FOURTH CAUSE OF ACTION

Unprofessional Conduct (Respondent Pasero)

XXIX.

Nevada law requires a pharmacy to maintain and produce records in conformance with NAC 639.482, NAC 639.485 and NAC 639.910(1). NAC 639.945(1)(i) provides that “(p)erforming . . . duties as the holder of a license, certificate or registration issued by the Board . . . in an incompetent, unskillful or negligent manner” shall constitute unprofessional conduct and conduct that is contrary to the public interest. NAC 639.945(1)(m) provides that “(f)ailing to provide any document, data or information that is required to be made and maintained pursuant to chapters 453, 454, 585 and 639 of NRS and chapters 453, 454, 585 and 639 of NAC to a member of the Board or a member of the staff of the Board upon his or her request” shall constitute unprofessional conduct and conduct that is contrary to the public interest.

Respondent Pasero violated NAC 639.482, NAC 639.485 and NAC 639.910(1) by deleting the record, or a portion of the record, for Prescription No. 0613015, specifically by removing the original data and eliminating any reference of the filling error. Respondent Pasero’s actions constitute unprofessional conduct as defined in NAC 639.945(1)(i) and (m). For that conduct, Respondent Pasero is subject to discipline pursuant to NRS 639.210(4) and (17) and/or NRS 639.255.

FIFTH CAUSE OF ACTION
Managing Pharmacist Responsibilities
 (Respondent Lee)

XXX.

NRS 639.0087 defines “managing pharmacist” as “a registered pharmacist who is responsible for the operation of a pharmacy.” A managing pharmacist is responsible for the acts and omissions of pharmaceutical technicians and other personnel. NAC 639.702.

Additionally, “[t]he managing pharmacist of a pharmacy that uses a computerized system for recording information concerning prescriptions shall ensure that a procedure is conducted upon the computerized system that ensures that the information which is recorded in the system is not lost or destroyed.” NAC 639.910(2). Whenever a managing pharmacist designates another pharmacist to assume the managing pharmacist’s duties in his or her absence “[t]he managing pharmacist is responsible for the activities of the designee.” NRS 639.220(3)(c).

The Board may suspend or revoke a registration pursuant to NRS 639.210(15) when a person has “as a managing pharmacist, violated any provision of law or regulation concerning recordkeeping or inventory in a store over which he or she presides, or has knowingly allowed a violation of any provision of this chapter or other state or federal laws or regulations relating to the practice of pharmacy by personnel of the pharmacy under his or her supervision.”

As the managing pharmacist/pharmacist in charge of CVS #4691 at the time of each of the violations alleged above, Respondent Lee is responsible for those violations pursuant to NRS 639.210(15), NRS 639.220(3)(c), NAC 639.702 and NAC 639.910(2). Lee has also engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC

639.945(1)(m). Lee is therefore subject to discipline pursuant to NRS 639.210(4), (12), (15) and (17) and NRS 639.255.

SIXTH CAUSE OF ACTION
Pharmacy/Pharmacy Owner Responsibility
 (Respondent CVS #4691)

XXXI.

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, CVS #4691 is responsible for those violations, including those of Respondents Rojprasitporn, Arbogast, Pasero, and Lee pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2). CVS #4691 is therefore subject to discipline pursuant to NRS 639.210(4) and (12) and NRS 639.255.

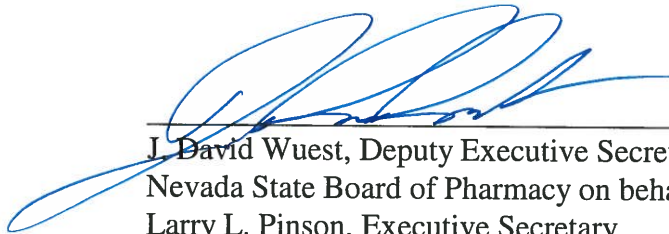
XXXII.

For the errors, misconduct and violations alleged above in the First, Second, Third, Fourth, Fifth and Sixth Causes of Action, Respondents, and each of them, are subject to discipline pursuant NRS 639.210, as well as NRS 639.230(5) and/or NRS 639.255.

XXXIII.

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,	)	STATEMENT TO THE RESPONDENT
	)	NOTICE OF INTENDED ACTION
Petitioner,	)	AND ACCUSATION
v.	)	RIGHT TO HEARING
)	
NUTTAVAT ROJPRASITPORN, RPH	)	CASE NO. 17-089-RPH-A-N
Certificate of Registration No. 19161)	
)	
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, 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.

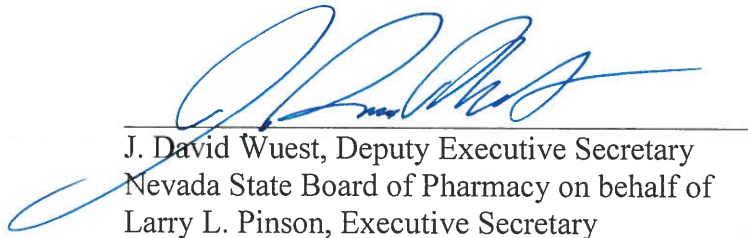
IV.

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

FILED**NOV 15 2018****NEVADA STATE BOARD
OF PHARMACY****BEFORE THE NEVADA STATE BOARD OF PHARMACY****NEVADA STATE BOARD OF PHARMACY,****) ANSWER AND
) NOTICE OF DEFENSE****Petitioner,****)****v.****)****)****NUTTAVAT ROJPRASITPORN, RPH
Certificate of Registration No. 19161****)****CASE NO. 17-089-RPH-A-N****)****)****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:

None

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 15 day of ^{November}~~October~~ 2018.



NUTTAVAT ROJPRASITPORN, R.PH.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of October, 2018, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Nuttavat Rojprasitporn
1850 Idlewild Dr., #B14
Reno, NV 89509


SHIRLEY HUNTING

4B

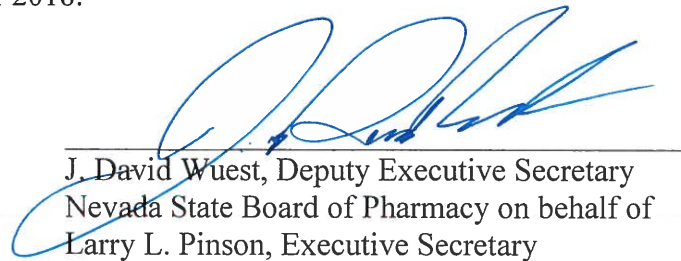
IV.

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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

FILED

NOV 15 2018

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

JEFFREY ARBOGAST, RPH

Certificate of Registration No. 16986

Respondent.

) ANSWER AND

) NOTICE OF DEFENSE

) CASE NO. 17-089-RPH-B-N

)

/

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"). XXVII Failure to Adequately Counsel

- XIV Arbogast is on record as the counseling pharmacist for Prescription No. 0613015. Arbogast did not counsel P.C. regarding Prescription No. 0613015, nor did he offer counseling to P.C.
- XV Approximately five (5) hours after CVS sold the product, Arbogast entered into CVS's computer system that P.C. declined counseling.

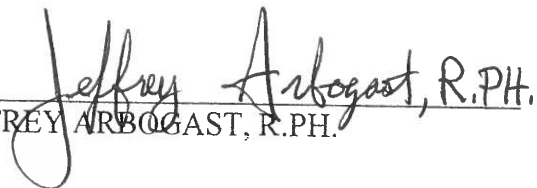
2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows: XXVII Failure to Adequately Counsel

XIV Arbogast denies that at time CVS sold product counseling was not offered to P.C.. Counseling was offered by Arbogast to P.C. and was declined then noted.

XV Arbogast did enter consultation denial approximately five (5) hours after CVS sold the product into CVS's computer system.

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 13th day of ^{November}~~October~~ 2018.


JEFFREY ARBOGAST, R.PH.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of October, 2018, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jeffrey Arbogast
1395 Marsh Avenue
Reno, NV 89509



SHIRLEY HUNTING

4C

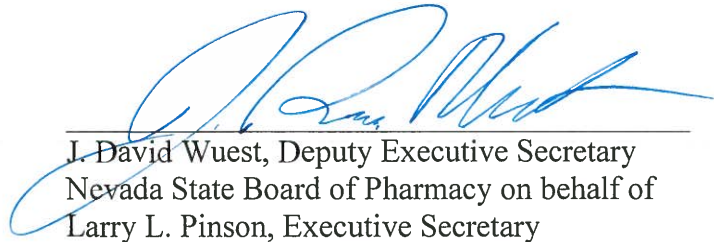
IV.

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

FILED

NOV 14 2018

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

MUI CHING LEE, RPH

Certificate of Registration No. 08993

Respondent.

) ANSWER AND
) NOTICE OF DEFENSE

) CASE NO. 17-089-RPH-C-N

/

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").

- Pharmacists are licensed by the Board of Pharmacy to practice independently pursuant to Nevada Laws and Regulations of Pharmacy
- There was no specific authorization needed for a prescription being deleted from the store computer system

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

- (I) I did believe that Mr. Rojprasitporn and Mr. Arbogast, both are licensed pharmacists, are knowledgeable and trained to practice pharmacy according to Pharmacy Laws and Regulations of the State of Nevada during my absence
- (II) No proper cause for script deletion: An incident report was filed with all pertinent informations and actions taken were documented in computer while the physical documentations of initial actions of each pharmacist and customer responses were dictated is kept for future reference
- (III) I did not aware that prescription number 0613015, script for clonazepam, was deleted from the CVS pharmacy system
- (IV) I was lead to believe that the CVS pharmacy computer system for proper record keeping was in compliance with Nevada Laws and Regulations
- (V) I have never intended to engage in any unprofessional conduct and conduct contrary to the public interest

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 ^{November} ~~14th~~ day of ~~October~~ 2018.

 RPH
MUI CHING LEE, RPH

SUPPLEMENTAL AND REVISED RESPONSE

ANSWER AND NOTICE OF DEFENSE

CASE NO. 17-089-RPH-C-N

DATED: NOVEMBER 28, 2018

NOV 28 2018

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	ANSWER AND
	)	NOTICE OF DEFENSE
Petitioner,)	
v.)	
)	
MUI CHING LEE, RPH	)	CASE NO. 17-089-RPH-C-N
Certificate of Registration No. 08993)	
)	
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").

- NRS 639.210(15) - *I have never intentionally allowed any conduct that violated the law or regulation concerning recordkeeping.*
- *I was not aware that particular prescription was removed permanently from record since there was no alert feature to allow me to review the action at that time.*
 - *I believed that there is always a backup storage for all business transactions and business related activities. Hence record retrieval was not a concern.*
- NRS 639.220(3)(c) - *There was no warning system for me as a managing pharmacist to review or to intercept the deletion of a prescription in case it was an error. Nor there was a feature to undo the mishap.*
- *As a corporation employee, I could only follow instructions to operate the computer but not designing the system on record lost prevention.*
- NAC 639.702 - *At the time of incident occurred, an incident report was filed, patient reactions and pharmacists actions were also documented. There was no significant reason to delete information from computer especially in terms of hiding errors committed.*
- *I believed that computer information was back-up and stored daily and all information can be retrieved if necessary.*

NAC 639.910(2) - *In today's technological world, I had the impression that all information is retrievable regardless what was done on the computer terminal.*

NAC 639.945(1)(m)- *At time of the Board's investigation request for documents in September, 2017, I have already left the company for two months*

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

- (1) *There was no attempt to hide the error because an incident report was filed in computer as permanent record as soon as we got the response or advice from the doctor on the very Monday after the incident in January 2017.*
- (2) *There was no intention for the deletion of this particular prescription because the information was reported as an error.*
- (3) *It is not feasible, if not impossible, to monitor every key stroke of each and every pharmacy personnel and I believed all information could be retrieved.*
- (4) *There was no noncompliance to the Board because the tie between the company and I was terminated in July, that is two months before the requisition from the Board.*

I deny the allegations for intentionally, unprofessional conduct contrary to public interest and being noncompliance to the Board of Pharmacy.

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 28th day of November 2018


MUI CHING LEE, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of October, 2018, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Mui Ching Lee
1691 Golddust Drive
Sparks, NV 89436



SHIRLEY HUNTING

4D

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
)	
LYDIA PASERO, PT	)	CASE NO. 17-089-PT-N
Certificate of Registration No. PT08989)	
)	
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, 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.

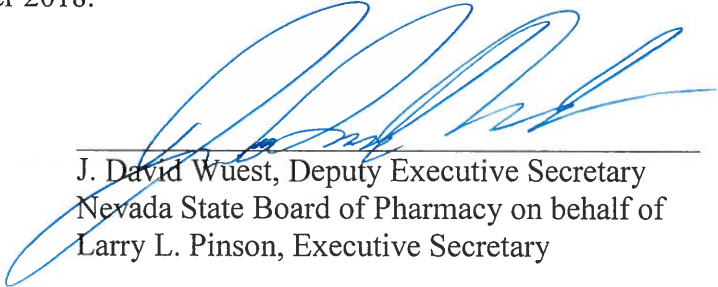
IV.

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 29th 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.)	
)	
LYDIA PASERO, PT	)	CASE NO. 17-089-PT-N
Certificate of Registration No. PT08989)	
)	
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.

LYDIA PASERO, PT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of October, 2018, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Lydia Pasero
6610 Dorchester Drive
Sparks, NV 89436



SHIRLEY HUNTING

4E

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
)	
CVS PHARMACY #4691	)	CASE NO. 17-089-PH-N
Certificate of Registration No. PH02471)	
)	
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, 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.

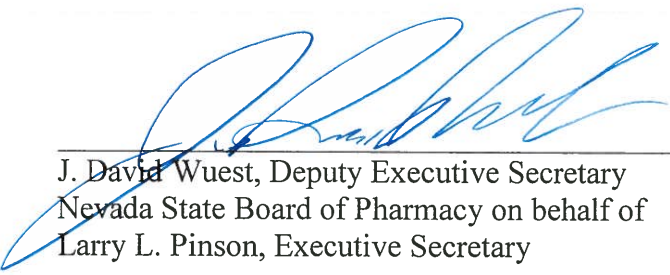
IV.

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

FILED

JAN 11 2019

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	Case No.	17-089-RPH-A-N
	)		17-089-RPH-B-N
Petitioner,	)		17-089-RPH-C-N
v.	)		17-089-PT-N
	)		17-089-PH-N
NUTTAVAT ROJPRASITPORN, RPH)		
Certificate of Registration No. 19161,)		
)		
JEFFREY ARBOGAST, RPH	)	ANSWER AND NOTICE OF	
Certificate of Registration No. 16986	)	DEFENSE	
)		
MUI CHING LEE, RPH)		
Certificate of Registration No. 08993,)		
)		
LYDIA PASERO, PT)		
Certificate of Registration No. PT08989, and)		
)		
CVS PHARMACY #4691)		
Certificate of Registration No. PH02471,)		
)		
Respondents.)		
_____)		

COMES NOW Respondent CVS Pharmacy #4691 ("CVS"), by and through its counsel, Michael W. Dyer, and responds to the Notice of Intended Action and Accusation which was filed October 24, 2018, by Petitioner, the Nevada State Board of Pharmacy ("Board"). This Response will also serve as Respondent CVS's Answer and Notice of Defense pursuant to NRS 639.244.

Respondent hereby declares:

1. That a hearing on the Accusation is requested.
2. That, in answer to the Accusation, Respondent CVS admits, denies, and alleges as follows:

///

I.

Respondent CVS admits that CVS #4691 is a pharmacy licensed by the Board, and that the Board has jurisdiction over CVS, and over this matter.

II.

CVS admits the allegations of Paragraph II of the Accusation..

III.

CVS admits the allegations of Paragraph III of the Accusation.

IV.

CVS admits the allegations of Paragraph IV of the Accusation..

V.

CVS admits the allegations of Paragraph V of the Accusation.

VI.

CVS admits the allegations of Paragraph VI of the Accusation.

VII.

CVS admits the allegations of Paragraph VII of the Accusation.

VIII.

CVS admits the substance of Paragraph VIII with regard to the contents of the bag and the prescription labels.

IX.

In response to Paragraph IX of the Accusation, CVS has no knowledge as to the substance of the allegations, and demands strict proof thereof.

///

X.

In response to Paragraph X of the Accusation, CVS is without knowledge as to the substance of the allegations, and demands strict proof thereof.

XI.

CVS admits the allegations of Paragraph XI of the Accusation.

XII.

CVS has no personal knowledge of the allegation of Paragraph XII, and demands strict proof thereof.

XIII.

CVS admits that Respondent Rojprasitporn is the pharmacist who is on record as performing data entry verification, and product verification, for Prescription No. 0613015, and that he failed to detect that one of the medications being dispensed to P.C. had not been prescribed for patient P.C. CVS objects to the language in Paragraph XIII which asserts that Respondent Rojprasitporn failed to perform any data entry verification, or product verification, and demands strict proof thereof.

XIV.

CVS admits the allegations of Paragraph XIV of the Accusation, insofar as no counseling occurring, but denies, on information and belief, that there was no attempt to counsel.

XV.

CVS admits that the records of CVS #4691 show that Respondent Arbogast entered into the computer system that P.C. declined counseling, and, also admits that the entry was made approximately five hours after the product was sold.

///

XVI.

CVS admits the allegations of Paragraph XVI, with respect to Respondent Pasero deleting records regarding Prescription No. 0613015 from CVS #4691's computer. However, CVS affirmatively asserts that the prescription history remained available in the CVS main computer system.

XVII.

CVS admits Factual Allegation XVII.

XVIII.

CVS denies Factual Allegation XVIII, to the extent that the allegation is intended to assert that the CVS Computer System was not capable of providing any record of the prescription. While the record of the prescription had been deleted from the computer records immediately available at CVS #4691, the complete record of the prescription was still available through the CVS main frame computer system, and could have been provided within 24 hours, or less.

XIX.

In Response to Factual Allegation XIX, CVS is not able to admit, or deny, whether Mr. Arbogast "produced" the "statement" described. To the extent that Board Staff contends that the specific "statement" which Mr. Arbogast provided is necessary to the proof of the substantive allegations asserted against CVS in the Accusation, CVS demands strict proof of thereof.

XX.

In Response to Factual Allegation XX, CVS is not able to admit, or deny, whether Mr. Arbogast provided the "clear plastic bag" described, or that such bag contained "...hand written notes and copies of computer screens that have since been deleted from CVS's Records", as asserted

in Factual Allegation XX. To the extent that Board Staff contends that those allegations are necessary to the proof of the substantive allegations asserted against CVS in the Accusation, CVS demands strict proof of thereof.

XXI.

In Response to Factual Allegation XXI, CVS is not able to admit, or deny, the statements which Factual Allegation XXI asserts were made by Mr. Arbogast. To the extent that Board Staff contends that the specific statements made by Mr. Arbogast are necessary to the proof of the substantive allegations asserted against CVS in the Accusation, CVS demands strict proof of thereof.

XXII.

In Response to Factual Allegation XXII, CVS admits that the CVS Manager of Pharmacy Regulatory Affairs wrote the email referenced in the Allegation, and acknowledges that the email speaks for itself. To the extent that any aspect of Factual Allegation XXII is considered to be material to the proof of any allegation against CVS, strict proof is demanded.

XXIII.

In response to Factual Allegation XXIII, CVS acknowledges that there was correspondence between the Board Inspector and Ms. Parenteau, and the dates of the correspondence is reflected on the correspondence. CVS admits that Ms. Parenteau was able to provide the fill history for Prescriptions No. 613014 and No. 63015. To the extent that the date or the substance of any of the correspondence asserted in Factual Allegation XXII is considered to be material to the proof of any allegation against CVS, strict proof is demanded.

///

XXIV.

CVS denies the allegations of Factual Allegation XXIV, and demands strict proof thereof.

XXV.

CVS Admits that Mui Ching Lee was the managing pharmacist at CVS # 4691 at the time of the events alleged in the Accusation.

The First, Second, Third, Fourth, Fifth, and Sixth Causes of Action, and Paragraphs XXVII and XXVIII of the Notice of Intended Action and Accusation, are statements of Board of Pharmacy Staff's interpretation of provisions of the NRS and NAC, and, of BOP Staff's position that the individual pharmacists, and CVS, are subject to discipline pursuant to the referenced NRS and NAC provisions, and are a request that the Nevada Board of Pharmacy take disciplinary action against the named Respondents. As such, the BOP Staff has the burden of: (1) Proving the allegations which have not been admitted; (2) Stating the discipline which the BOP Staff believes is appropriate; and, (3) proving, through the presentation of evidence and testimony, that the requested discipline is appropriate.

Submitted By CVS #4691, the 10th day of January, 2019.

DYER LAWRENCE, LLP

By 

Michael W. Dyer
Counsel For CVS

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of October, 2018, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

CVS Pharmacy #4691
5151 Sparks Blvd.
Sparks, NV 89436



SHIRLEY HUNTING

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of October, 2018, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Michael W. Dyer, Esq.
2805 Mountain Street
Carson City, NV 89703



SHIRLEY HUNTING

4F

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,	)	STATEMENT TO THE RESPONDENT
	)	NOTICE OF INTENDED ACTION
Petitioner,	)	AND ACCUSATION
v.	)	RIGHT TO HEARING
)	
SUSAN BLAIR, RPH	)	CASE NO. 17-044-RPH-N
Certificate of Registration No. 17494)	
)	
	/	
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, 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.

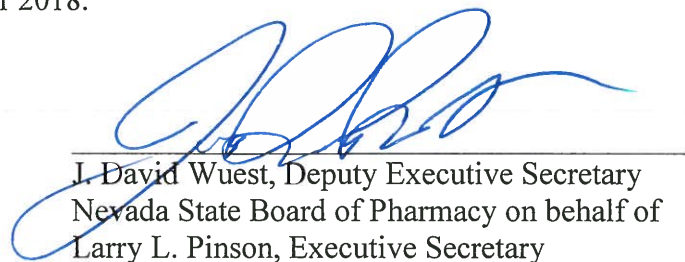
IV.

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 13-039-RPH-N
Petitioner,	)	13-039-PH-N
v.)	
)	
SUSAN MARIE BLAIR, RPH	)	STIPULATION AND ORDER
Certificate of Registration No. 17494)	
)	
WALGREENS #11227)	
Certificate of Registration No. PH02513-C)	
)	
Respondents.)	
)	
)	
	/	

S. Paul Edwards, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondents Susan Marie Blair, RPh., Certificate of Registration #17494 and Walgreens Pharmacy #04854, Certificate of Registration #PH0253-C (collectively “Respondents”), by and through their counsel, William J. Stilling, of the law firm Parsons Behle & Latimer,

HEREBY STIPULATE AND AGREE THAT:

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 on or about January 31, 2014.
3. Respondents filed a joint written Answer and Notice of Defense with the Board on February 26, 2014.

4. Respondents, and each of them, are fully aware of their right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal and any and all other rights which may be accorded to them pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

5. Respondents, and each of them, hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to them by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

6. Respondents admit that evidence exists, and could be presented at a hearing, to establish a factual basis for the violations alleged in the Accusation, including:

a. On or about April 10, 2013, patient AJ received a prescription for zolpidem 10 mg and partial refills of that prescription on three subsequent occasions as a result of a Ms. Blair's belief that the scanned prescription on the computer screen when she checked the product for filling was a valid prescription that had been scanned on February 1, 2013. However, the earlier prescription had been superseded by a subsequent prescription for a lower dose and AJ's physician had not authorized refills for the April 10, 2013 prescription.

7. Based on Respondents' admissions and the Board's authority under NRS 639.255, cause for disciplinary action against Susan Blair and Walgreens #11227 exists under: (i) NAC 639.945(1)(d) and NRS 639.210(4) and (12); and (ii) NAC 639.945(2) respectively.

8. The foregoing admissions are for the purposes of this proceeding only, and shall have no force or effect in any other case or proceeding before the Board.

9. Based upon the Accusation and the foregoing admissions, Respondents stipulate to the following penalties, which are subject to approval and adoption by the Board:

a. Walgreens #11227 will pay a fine of \$1,000.00 and an administrative fee of \$500.00 as a penalty for being the owner of the business where the prescription was dispensed to AJ.

b. Susan Blair will pay a fine of \$1,000.00 and an administrative fee of \$500.00 as a penalty for filling the prescription for AJ not in accordance with instructions from the prescriber.

10. Walgreens #11227 will provide additional training to its pharmacists and technicians, as applicable, to ensure that they properly document and annotate prescriptions that are superseded by other prescriptions and that they properly close such prescriptions. Walgreens will provide documentation of such additional training upon request from the Nevada Board of Pharmacy.

11. Board Counsel will present this stipulation to the Board for approval at its next scheduled meeting on March 5, 2014 in Reno, Nevada. Respondents, and each of them, agree to appear at that meeting to answer questions put to them by members of the Board and Board Staff.

The Board may discuss and deliberate regarding this stipulation, even if Respondents or their counsel are not present. The Board, at its sole discretion, may enter a decision and order accepting this stipulation and imposing discipline as recommended by the parties, but it is under no obligation to do so.

12. If the Board adopts the recommendations set forth above:

- a. Respondents shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of the Board's Order.
- b. Respondents shall pay the administrative fees agreed to herein by *cashier's check*, *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 90 days of the effective date of the Board's Order.

13. If the Board adopts the recommendations set forth above, any failure by any Respondent to satisfy those obligations may result in additional discipline, up to and including suspension or revocation of her registration/license, until all terms have been complied with.

14. If the Board adopts the recommendations set forth above, the Board and the Respondents agree to release each other from any and all claims arising from the facts set forth in the Accusation on file herein, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.


15. If the Board rejects any part or all of this stipulation, the parties agree that a full hearing on the merits of this matter may be heard by the Board, and that the hearing shall occur at the Board's June 2014 meeting in Reno, Nevada.


16. If the Board rejects any part, or all, of this stipulation, the terms and admissions herein may not be used or referred to in the full hearing on the merits of this matter.

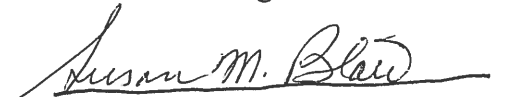
I have fully considered the charges and allegations contained in the Notice of Intended Action and Accusation in this matter. I understand the rights to a hearing, reconsideration, appeal and any and all other rights accorded by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act, including, if applicable, my right to be represented individually by counsel at my own expense.

Signed this ____ day of March, 2014

Signed this 5th day of March, 2014


Authorized Representative for
Walgreens #11227
Certificate of Registration No. PH02513-C



S. Paul Edwards, Esq.
General Counsel
Nevada State Board of Pharmacy


Susan Blair
Certificate of Registration
no. 17494

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondents Susan Marie Blair, RPh., Certificate of Registration #17494, and Walgreens Pharmacy #11227, Certificate of Registration #PH02513-C, and hereby orders that the terms of the foregoing Stipulation be made effective. This decision and order shall be effective upon execution.

3-5-2014
DATED


Leo Basch, Acting President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	CASE NO. 13-039-RPH-N
	)	CASE NO. 13-039-PH-N
Petitioner,)	
v.)	
	)	NOTICE OF INTENDED
SUSAN MARIE BLAIR, RPH	)	ACTION AND ACCUSATION
Certificate of Registration No. 17494,)	
)	
WALGREENS #11227)	
Certificate of Registration No. PH02513-C,)	
)	
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.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, respondent Susan Marie Blair was a registered pharmacist with the Board, and respondent Walgreens Pharmacy #11227 (Walgreens) was a pharmacy registered with the Board.

II.

On or about October 15, 2012, Dr. Z saw patient AJ and prescribed thirty (30) zolpidem 10mg tablets with instructions to take one tablet at bedtime. Dr. Z authorized two refills on the prescription. Walgreens filled and dispensed the medication (Rx 257094).

III.

On February 1, 2013, Dr. Z faxed a new zolpidem 10mg prescription for AJ authorizing one refill to Walgreens (Rx 21996). That same day, Walgreens faxed a return message to Dr. Z informing her that new Federal Drug Administration (FDA) guidelines for women recommended a maximum strength of zolpidem 5mg. Dr. Z concurred and faxed a new prescription for

zolpidem 5mg, quantity thirty, authorizing one refill (Rx 278437). Walgreens subsequently closed the zolpidem 10mg prescription (Rx 21996) without filling it.

IV.

On April 7, 2013, Walgreens faxed Dr. Z's office a request to refill the zolpidem 5mg prescription. Dr. Z denied the request based on a review of AJ's prescription monitoring report which indicated an excessive amount of zolpidem fills.

V.

During the investigation, the Board Investigator reviewed AJ's prescription monitoring report. The review revealed no unauthorized or excessive zolpidem use. AJ had elected to receive fifteen tablets every two weeks versus thirty tablets once a month.

VI.

On April 10, 2013, the closed prescription from February 1, 2013 (Rx 21996 Zolpidem 10mg, quantity 30) was scanned by pharmaceutical technician MT, and issued a new prescription number (Rx 292637). The prescription was partially filled with fifteen (15) Zolpidem 10mg tablets and verified as accurate by Ms. Blair. The prescription was partially filled (15 tablets) again on May 7, 2013, June 5, 2013, and June 30, 2013. Walgreens did not obtain prescriber authorization to fill or refill the 10mg strength of zolpidem.

VII.

In a written statement, Ms. Blair indicated "that the refill authorized from 4/10/13 for 10mg zolpidem was stored rather than closed when authorization was given to change the dosage to 5mg." In a subsequent interview, Ms. Blair admitted to reopening the closed zolpidem prescription and assigning it a new prescription number (292637-11227). She also admitted to not contacting the prescriber for authorization. Ms. Blair could provide no reason for opening and dispensing the closed prescription without prescriber authorization.

FIRST CAUSE OF ACTION

VIII.

In filling an unauthorized prescription (Rx 292637) and three subsequent unauthorized refills for AJ, namely zolpidem 10mg tablets, Respondent Susan Marie Blair, violated Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(4) and/or (11) and/or (12), or alternatively under NRS 639.255.


SECOND CAUSE OF ACTION

IX.

As the pharmacy in which the violations alleged above occurred, Walgreens #11227 violated NAC 639.945(1)(d) and/or (i), and is statutorily responsible for respondent Blair's actions pursuant to NAC 639.945(2), which is grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

THEREFORE 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 31st day of January, 2014.


 Larry L. Pinson, Pharm.D., Executive Secretary
 Nevada State Board of Pharmacy

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 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

4G

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.

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.

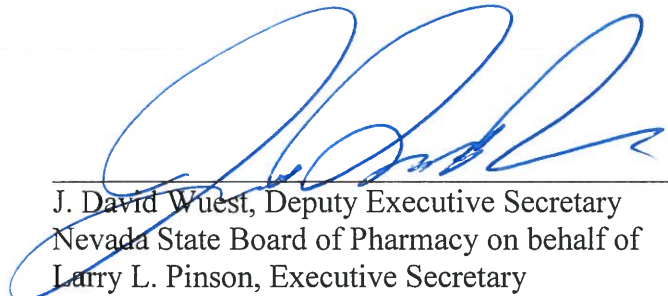
IV.

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.)	
)	
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

4H

FILED**JAN 11 2019****NEVADA STATE BOARD
OF PHARMACY****BEFORE THE NEVADA STATE BOARD OF PHARMACY****NEVADA STATE BOARD OF PHARMACY,****) CASE NO. 19-001-PT-S****)****Petitioner,****)****v.****)****HEATHER WEISSMAN, P.T.,****)****Certificate of Registration No. PT18902,****)****)****)****Respondent.****)****/****NOTICE OF INTENDED ACTION
AND ACCUSATION**

J. David Wuest, 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 this respondent because at the time of the events alleged herein, Respondent Heather Weissman, PT (Weissman), held a Nevada Pharmaceutical Technician Registration, Certificate No. PT18902, issued by the Board.

FACTUAL ALLEGATIONS**II.**

In December 2018, a district pharmacy practice coordinator from Smith's Food and Drug Stores notified Board Staff that Weissman was terminated from her employment as a pharmaceutical technician at Smith's Pharmacy #371 (Smith's) for diversion of controlled substances.

III.

Weissman admitted to diverting controlled substances from Smith's both verbally and in writing during an interview conducted by the district pharmacy practice coordinator and a representative from Smith's asset protection department.

IV.

Weissman's admission included the diversion of approximately sixty (60) Zolpidem 10 mg. tablets from Smith's in December 2018.

V.

Smith's reported the theft to law enforcement.

FIRST CAUSE OF ACTION

VI.

NRS 453.331(d) states, in relevant part, that "[i]t is unlawful for a person knowingly or intentionally to . . . [a]cquire or obtain . . . possession of a controlled substance . . . by misrepresentation, fraud, forgery, deception, subterfuge or alteration."

NRS 639.210(12) states that a violation or attempt to violate "any law or regulation relating to drugs, the . . . distribution of drugs or the practice of pharmacy . . . committed by the holder of a certificate, license [or] registration" is grounds for suspension or revocation of any certificate, license or permit licensed by the Board.

By diverting and possessing Zolpidem tablets, a controlled substance, as alleged herein, Weissman violated NRS 453.331(1)(d) and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

SECOND CAUSE OF ACTION

VII.

NRS 453.336(1) states, in relevant part, that "a person shall not knowingly or intentionally possess a controlled substance, unless the substance was obtained directly from, or pursuant to, a [lawful] prescription or order of a [practitioner]".

NRS 639.210(12) says that a violation or attempt to violate “any law or regulation relating to drugs, the . . . distribution of drugs or the practice of pharmacy . . . committed by the holder of a certificate, license [or] registration . . .” is grounds for suspension or revocation of any certificate, license or permit licensed by the Board.

By diverting and possessing Zolpidem tablets, a controlled substance, without a prescription, as alleged herein, Weissman violated NRS 453.336(1) and is subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

THIRD CAUSE OF ACTION

VIII.

NAC 639.945(1)(g) states that “[s]upplying or diverting drugs . . . which are legally sold in pharmacies . . . so that unqualified persons can circumvent any law pertaining to the legal sale of such articles” constitutes “unprofessional conduct and conduct contrary to the public interest.”

NRS 639.210(4) says that conduct that is unprofessional or contrary to the public interest is grounds for suspension or revocation of any certificate, license or permit licensed by the Board.

By diverting Zolpidem tablets as alleged herein, Weissman engaged in unprofessional conduct in violation of NAC 639.945(1)(g) and is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

FOURTH CAUSE OF ACTION

IX.

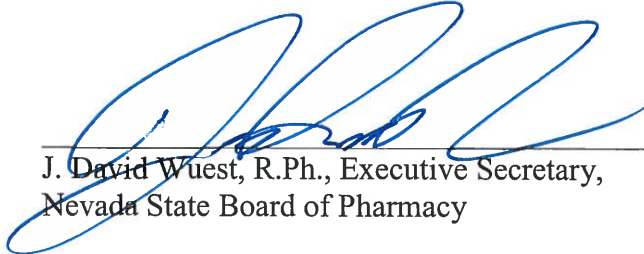
NAC 639.945(1)(h) states that “[p]erforming or in any way being a party to any fraudulent or deceitful practice or transaction” constitutes “unprofessional conduct and conduct contrary to the public interest.”

NRS 639.210(4) says that conduct that is unprofessional or contrary to the public interest is grounds for suspension or revocation of any certificate, license or permit licensed by the Board.

By diverting controlled substances as alleged herein, Weissman has engaged in unprofessional conduct in violation of NAC 639.945(1)(h) and is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 11th day of January 2019.



J. David Wuest, R.Ph., Executive Secretary,
Nevada State Board of Pharmacy

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 twenty (20) days of your receipt of the Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 19-001-PT-S
)	
Petitioner,)	
v.)	
	)	STATEMENT TO THE
HEATHER WEISSMAN, PT	)	RESPONDENT AND
Certificate of Registration No. PT18902,	)	NOTICE OF 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, J. David Wuest, 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, March 6, 2019, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada.

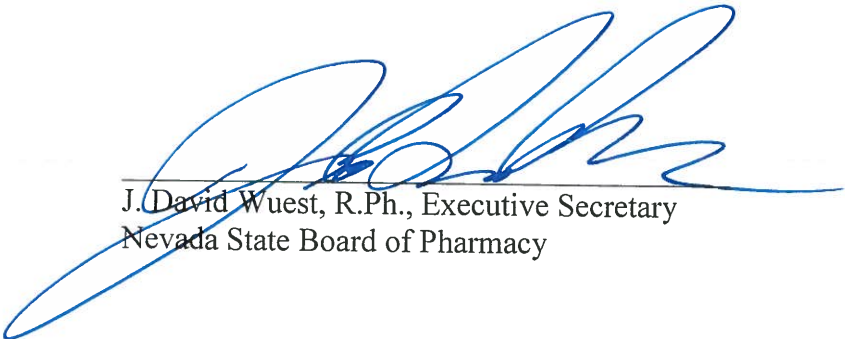
IV.

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 11th day of January 2019.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	CASE NO. 19-001-PT-S
)	
Petitioner,)	
v.)	
)	
HEATHER WEISSMAN, PT	)	ANSWER AND NOTICE
Certificate of Registration No. PT18902,	)	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").

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 January 2019.

HEATHER WEISSMAN, PT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22nd day of January, 2019 , I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

**Heather Weissman, PT
8777 Tom Noon Ave., #101
Las Vegas, NV 89178**



SHIRLEY HUNTING

41

FILED

DEC 14 2018

NEVADA STATE BOARD
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

NEVADA STATE BOARD OF PHARMACY,	)	CASE NOS. 17-098-S
)	
Petitioner,	)	NOTICE OF INTENDED ACTION
v.	)	AND ACCUSATION
)	
RAANAN POKROY, M.D.,)	
Certificate of Registration No. CS25754,)	
)	
Respondent.	/	

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 this respondent because at the time of the events alleged herein, Respondent Raanan Pokroy, M.D. (Dr. Pokroy), Nevada Controlled Substance Registration No. CS25754, was registered by the Board.

FACTUAL ALLEGATIONS**II.**

Dr. Pokroy owns and is the Medical Director of Reviv, which provides concierge/mobile intravenous hydration and injection services at its locations in the MGM and Palazzo hotel properties in Las Vegas, Nevada.

III.

Reviv, under Dr. Pokroy's ownership and direction, misled patients and deceitfully and/or fraudulently allowed patients to believe that Reviv could lawfully engage in the practice of medicine and provide medical treatment, including the administration of dangerous drugs,

without an examination by a practitioner, without a practitioner onsite, and without a practitioner's supervision.

IV.

Dr. Pokroy stored dangerous drugs at each of his Reviv locations.

V.

Dr. Pokroy allowed Reviv's staff, including RNs, access to his locked cabinets where dangerous drugs were stored and to access his inventory of dangerous drugs at those locations without a practitioner onsite and without a practitioner's supervision.

VI.

Dr. Pokroy allowed Reviv's staff, including RNs, to administer dangerous drugs by IV and/or by injection to patients without a lawful examination by a licensed practitioner and without a practitioner's supervision.

VII.

Dr. Pokroy allowed Reviv's staff, including RNs, to administer dangerous drugs without a diagnosis or other determination by a licensed practitioner that the dangerous drugs were medically necessary.

VIII.

For off-site services, Dr. Pokroy allowed and directed Reviv's staff, including RNs, to access, possess and transport dangerous drugs that were not included on a lawful chart order.

IX.

For off-site services, Dr. Pokroy provided Reviv's staff, including RNs, with an inventory of dangerous drugs that are not listed on, and/or that exceeded the quantity called for on a lawful chart order.

X.

Dr. Pokroy purchased dangerous drugs from an unlicensed pharmacy for administration to Reviv's patients.

APPLICABLE LAW

XI.

No person may possess a dangerous drug in Nevada without specific statutory authority to do so. *See* NRS 454.213, NRS 454.316, NRS 454.321.

XII.

A practitioner can give a registered nurse (RN) limited authority to possess and administer dangerous drugs without the practitioner onsite by way of NRS 454.213(1)(c), which says in relevant part:

a drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by . . . a registered nurse licensed to practice professional nursing or licensed practical nurse, at the direction of a prescribing physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician or advanced practice registered nurse, *or pursuant to a chart order, for administration to a patient at another location.*

NRS 454.213(1)(a)(*emphasis added*); *see also* NRS 639.100.

XIII.

Chart orders must be written (NRS 454.223) and are patient-specific and medication-specific.¹

¹ *See* NRS 639.004 "Chart order" means an order entered on the chart of a patient in a hospital, facility for intermediate care or facility for skilled nursing which is licensed as such by the Division of Public and Behavioral Health of the Department of Health and Human Services or on the chart of a patient under emergency treatment in a hospital by a practitioner or on the written or oral order of a practitioner authorizing the administration of a drug to the patient.

XIV.

“Except as otherwise specifically provided, every person who violates any provision of NRS 454.181 to 454.371, inclusive, is guilty of a misdemeanor.” NRS 454.356.

XV.

A practitioner must first establish a *bona fide therapeutic relationship* with a patient by examination before he or she can determine that a medication is medically necessary and direct and/or authorize a RN to possess and administer a dangerous drug on-site or issue a chart order for off-site administration of a dangerous drug to treat the patient’s medical condition. *See* NAC 639.945(1)(o) and NRS 454.213(1)(a).

XVI.

[A] bona fide therapeutic relationship between the patient and practitioner shall be deemed to exist if the patient was examined in person, electronically, telephonically or by fiber optics . . . by the practitioner within the 6 months immediately preceding the date the practitioner . . . prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed.

NRS 639.945(3).

XVII.

An outsourcing facility that is engaged in the compounding of sterile drugs in this State [Nevada] or for shipment into this State shall:

1. Obtain a license from the Board as a manufacturer in accordance with NRS 639.100 and 639.233;
2. Comply with the provisions of NAC 639.609 to 639.619, inclusive; and
3. Comply with all the requirements of 21 U.S.C. § 353b.

NAC 639.6915

XVIII.

“Supplying . . . medicines, substances or devices which are legally sold in pharmacies or by wholesalers, so that unqualified persons can circumvent any law pertaining to the legal sale of

such articles” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(g).

XIX.

“Performing or in any way being a party to any fraudulent or deceitful practice or transaction” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(h).

XX.

A licensee “[p]erforming any of his or her 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).

XXI.

“Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(j).

XXII.

“Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(k).

XXIII.

“Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship” constitutes “unprofessional conduct and conduct contrary to the public interest.” NAC 639.945(1)(o).

XXIV.

The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

XXV.

Engaging in conduct that constitutes unprofessional conduct or that is contrary to the public interest is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

XXVI.

Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

FIRST CAUSE OF ACTION

Unlawful Access and Possession of Dangerous Drugs (Statutory Violations)

XXVII.

By allowing Reviv's staff, including RNs, none of whom were practitioners and none of whom were licensed to prescribe dangerous drugs, to operate Reviv and to use his authority to obtain, access and/or possess an inventory of dangerous drugs when he was not onsite and without his supervision, Dr. Pokroy violated, or assisted and abetted his staff in violating, NRS 454.213(1)(c), NRS 454.311, and/or NRS 454.316. *See also* NRS 630.305(1)(e), NRS 454.321 and NRS 454.356. Because of that conduct, Dr. Pokroy's controlled substance registration, Certificate of Registration No. CS25754, is subject to discipline pursuant to NRS 639.210(12) and/or NRS 639.255.

SECOND CAUSE OF ACTION

Unlawful Access and Possession of Dangerous Drugs (Unprofessional Conduct)

XXVIII.

By allowing Reviv's staff, including RNs, none of whom were practitioners and none of whom were licensed to prescribe dangerous drugs, to use his authority to operate Reviv and to obtain, access and/or possess an inventory of dangerous drugs when he was not onsite and without his supervision, Dr. Pokroy engaged in unprofessional conduct as defined in NAC 639.945(g), (h), (i), (j) and (k). For that conduct, Dr. Pokroy's controlled substance registration, Certificate of Registration No. CS25754, is subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

THIRD CAUSE OF ACTION

Unlawful Administration of Dangerous Drugs – No Authority to Determine Medical Necessity

XXIX.

By authorizing Reviv's staff, including RNs, none of whom were licensed practitioners, to use his authority to operate Reviv and to determine that a dangerous drug was medically necessary and to administer a dangerous drug to Reviv's patients, Dr. Pokroy violated, and/or aided and abetted Reviv's staff in violating Nevada law, including NRS 630.305(e) and NRS 454.221(1), and he acted unprofessionally. *See* NAC 639.945(1)(k) and (o). Because of that conduct, Dr. Pokroy's controlled substance registration, Certificate of Registration No. CS25754 is subject to discipline pursuant to NRS 639.210(4) and (12) and/or NRS 639.255.

FOURTH CAUSE OF ACTION

Unlawful Administration of Dangerous Drugs - No Bona Fide Therapeutic Relationship

XXX.

By authorizing RNs on Reviv's staff, including RNs, none of whom were licensed practitioners, to administer a dangerous drug to patients who had not been examined by a practitioner, with whom he did not have a bona fide therapeutic relationship and for whom he had not made any diagnosis or determination that the dangerous drug was medically necessary, Dr. Pokroy violated, and/or aided and abetted Reviv's staff in violating Nevada law, including NRS 630.305(e) and NRS 454.221(1), and he acted unprofessionally. *See* NAC 639.945(1)(k) and (o). Because of that conduct, Dr. Pokroy's controlled substance registration, Certificate of Registration No. CS25754 is subject to discipline pursuant to NRS 639.210(4) and (12) and/or NRS 639.255. *See also* NRS 630.306.

FIFTH CAUSE OF ACTION

Purchasing Compounded Drugs from an Unlicensed Pharmacy

XXXI.

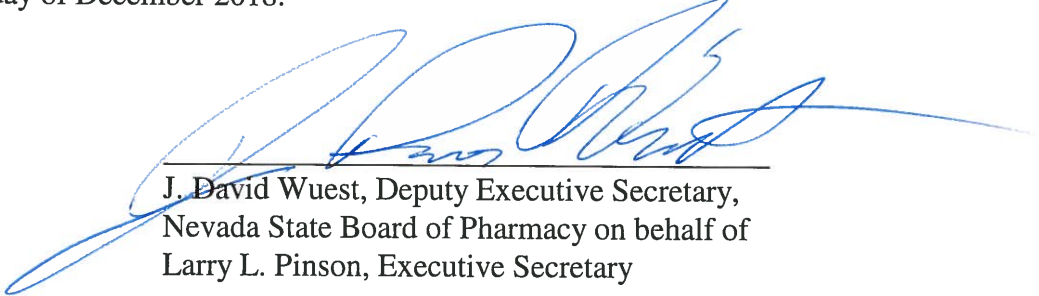
By purchasing compounded dangerous drugs from a pharmacy not licensed with the Board, Dr. Pokroy violated, or assisted and abetted that pharmacy in violating, NRS 639.285 and/or NAC 639.6915. Because of that conduct, Dr. Pokroy's controlled substance registration, Certificate of Registration No. CS25754 is subject to discipline pursuant to NRS 639.210(4) and (12) and/or NRS 639.255.

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WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 14th day of December 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 twenty (20) days of your receipt of the Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 17-098-S
)	
Petitioner,)	
v.)	
	)	STATEMENT TO THE RESPONDENT
RAANAN POKROY, M.D.,	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. CS25754,	)	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, January 16, 2019, 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.

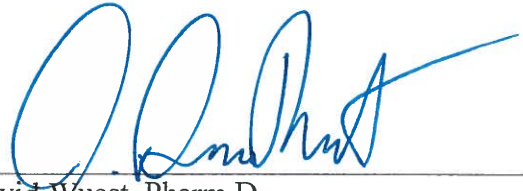
IV.

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 14th day of December, 2018.



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

ALVERSON TAYLOR & SANDERS
LAWYERS
6605 GRAND MONTECITO PKWY STE 200
LAS VEGAS, NV 89149
(702) 384-7000

ALVERSON TAYLOR & SANDERS
LEANN SANDERS, ESQ.
Nevada Bar No. 000390
6605 Grand Montecito Parkway, Ste. 200
Las Vegas, NV 89149
(702) 384-7000
efile@alversontaylor.com
Attorneys for Respondent

FILED

JAN 17 2019

NEVADA STATE BOARD
OF PHARMACY

DISTRICT COURT

CLARK COUNTY, NEVADA

NEVADA STATE BOARD OF
PHARMACY,

Petitioner,

vs.

RAANAN POKROY, M.D.,
Certificate of Registration No. CS25754,

Respondent.

Case No.: 17-098-S

**ANSWER TO NOTICE OF INTENDED
ACTION AND ACCUSATION**

COMES NOW, Respondent, RAANAN POKROY, M.D. (hereinafter referred to as
"Answering Respondent" or "Respondent") by and through his attorneys of record,
ALVERSON TAYLOR & SANDERS, and answers the Notice of Intended Action and
Accusation on file herein as follows:

1. Answering Paragraphs I, XI, XIII, XIV, XV, XVII, XVIII, XXIV, XXV, XXVI, XVII,
and XVIII of the Notice of Intended Action and Accusation on File, Answering
Respondent is without sufficient knowledge or information upon which to base a belief
as to the truth of the allegations contained therein, and upon said ground, denies each
and every allegation contained therein.

2. Answering Paragraph II and XII of the Notice of Intended Action and Accusation on file, Answering Respondent admits the allegations contained therein.
3. Answering Paragraphs III, VII, IX, X, XIX, XX, XXI, XXII, XXIII, XXVII, XXVIII, XXIX, XXX, XXXI, of the Notice of Intended Action and Accusation on file, Answering Respondent denies the allegations contained therein.
4. Answering Paragraph IV of the Notice of Intended Action and Accusation on file, Answering Respondent admits he stored non-controlled substance medications in a locked, secure place, accessible only to authorized personnel, at REVIV locations.
5. Answering Paragraph V of the Notice of Intended Action and Accusation on file, Answering Respondent admits he allowed authorized medical staff to access non-controlled substance medications from the secured space, pursuant to a chart order, and under his remote supervision.
6. Answering Paragraph VI of the Notice of Intended Action and Accusation on file, Answering Respondent previously allowed REVIV's authorized staff, including RNs, to administer non-controlled substance medications by IV and/or by injection to patients without a patient-specific examination by a licensed practitioner and without a practitioner's direct supervision.

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PRAYER FOR RELIEF

Answering Respondent denies that Petitioner is entitled to any of the requested relief as contained within the Notice of Intended Action and Accusation.

Dated this 17th day of January, 2019.

ALVERSON TAYLOR & SANDERS

By



LEANN SANDERS, ESQ.

Nevada Bar No.: 000390

6605 Grand Montecito Parkway, Ste. 200

Las Vegas, NV 89149

(702) 384-7000

Attorneys for Respondent

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ALVERSON TAYLOR & SANDERS

LAWYERS

6605 GRAND MONTECITO PKWY STE 200
LAS VEGAS, NV 89149

702.384.7000

NV BOARD OF PHARMACY RESPONSE

Before I respond to the individual allegations and cause of action stated in the NV Board of Pharmacy document, I'd like to state that my staff and I have attempted to contact the Board on several occasions requesting guidance regarding my practice and they have always informed us that they do not regulate my business because REVIV does not dispense. With the regulatory audits that occurred last year, I contracted a NV board certified pharmacist, Dr. Robin Hager, and she also informed me, after speaking to the Board of Pharmacy, that they do not regulate my type of business; I am therefore a bit confused regarding their jurisdiction. In the letter, it indicates that they have jurisdiction of the matter because my NV Controlled Substance Registration # CS25754 was registered by the Board. For your information, none of the medications administered at REVIV are controlled substances. A copy of the medications offered at REVIV is attached hereto.

Factual Allegations

I am the medical director of REVIV at the MGM and Palazzo Hotel and my business does provide concierge and mobile services.

I deny that I misled or fraudulently allowed patients to believe REVIV could engage in the practice of medicine and provide medical treatments. My business was the first of its kind and after initial research, conferring with counsel, as well as performing an operational review of other medical business, I believed, based on information available at that time, that I could take a remote approach and utilize a standardized medical protocol, similar to vaccination programs, dialysis centers, or that at rehab/care facilities. Every treatment administered at REVIV was always prescribed by myself. At no time have I ever intentionally tried to circumvent administration requirements.

Non-controlled substance medications are stored in a lock secured space, accessible only to authorized personnel at the above REVIV locations. I do not prescribe or utilize any controlled substance at REVIV.

I previously allowed my authorized medical staff to access medications from the secured space, pursuant to a chart order and under my remote supervision. Since February 2018, however, I have changed this practice, and now require a medical screening by a licensed practitioner. No medications are administered without a patient-specific order.

My business was the first of its kind and I believed in good faith, and based upon legal and business consultations, that I was allowed to prescribe treatments based on an established medical protocol and the RNs were administering medications pursuant to my chart order. I have since then modified my practice and require all patients to undergo a medical screening exam either in person or via telemedicine by myself or a licensed practitioner, before any medications are administered.

All treatments at REVIV are purely elective, similar to other elective medical treatments such as Botox and dermatologic procedures. REVIV medical protocols are there to screen for eligibility. My patients were previously treated under a set protocol including a screening exam and questionnaire which were required before any treatments were administered. As indicated above, I now do require all patients to undergo a medical screening exam either in person or via telemedicine by myself or a licensed practitioner to determine medical eligibility.

Since all REVIV treatments are prescribed I did not appreciate the complexity of medical possession for off-site services. Currently, I or a licensed practitioner, perform a medical screening exam and create a chart order for all off-site patients before nurses are allowed to possess and transport patient specific medications for off-site administration.

REVIV current protocol dictates that the nurses are only able to possess and transport medications pursuant to a patient-specific chart order and nothing that exceeds the quantity prescribed.

I never purchased medications from an unlicensed pharmacy. The licensed pharmacy I utilized was in good standing. However, I have modified my operational protocols to require that all incoming shipments come directly from pharmacies licensed to sell to Nevada.

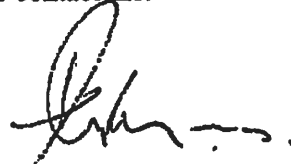
I have always only allowed RNs to possess and administer a medication pursuant to a chart order. Based on the information available to me at the time, as well as reviewing other medical businesses and companies in the industry, I believed it was appropriate to operate based on a medical protocol. I was always available for remote supervision. It was never my intention to circumvent any regulatory statutes involving access and possession of medications. I have since then modified my medical protocols and require all RNs that administer medications to do so only after a chart order is created on an established patient, with no ability to access or possess quantities in excess to what is prescribed and under the supervision of a licensed practitioner.

As aforementioned, to my knowledge, REVIV was the first business of its kind. I undertook efforts to the best of my ability in research and development of the original protocols and contacted the Nevada Board of Pharmacy for guidance. I modeled my business based on accepted and established medical businesses and subsequently industry peers. I have since then modified my policy to require all patients to undergo a medical screening exam with a licensed provider to establish a bona fide therapeutic relationship and to determine medical eligibility before any chart order is created.

I did not fully understand the complexity of pharmaceutical distribution and licensing. I assumed that the inability to distribute pharmaceutical products were a commercial consideration since the pharmacy was of good standing and able to ship to other locations within the USA. I have since then adopted strict safeguards in my protocols to require that all incoming shipments come directly from pharmacies licensed to sell to Nevada.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Raanan Pokroy', with a horizontal line extending to the right.

Raanan Pokroy, M.D.

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LIST OF MEDICATIONS UTILIZED AT REVIV LOCATIONS**All Infusion ingredients:**

Normal Saline

Magnesium

Vitamin C

B-complex

Vitamin B12

Decadron

Pepcid

Zofran

Zinc Sulfate

N-Acetyl-L-Cysteine

Toradol

Glutathione IV push

Trace minerals

All Injection ingredients:

Methionine

Inositol

Choline Chloride

Cyanocobalamin

Hydroxocobalamin

Dexpanthenol

CoQ10

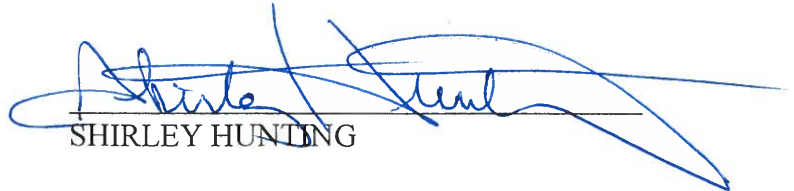
Glutathione

Water Sterile for Injection

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14th day of December 2018, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Raanan Pokroy, MD
9788 Newport Coast Circle
Las Vegas, NV 89147



SHIRLEY HUNTING

5



Nevada State Board of Pharmacy

985 DAMONTE RANCH PARKWAY • SUITE 206 • RENO, NEVADA 89521
 (775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
 E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

February 3, 2019

Lan Thi Tran Nguyen
 7 N Palm St
 La Habra, CA 90631

Dear Ms. Tran Nguyen:

We are in receipt of your request for reconsideration of the denial of your renewal application.

Your hearing has been scheduled for the following:

Wednesday, March 6, 2019
 1:30 pm or soon thereafter
 Hilton Garden Inn
 7830 S Las Vegas Blvd
 Las Vegas, Nevada

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.

If you have any questions, please feel free to contact us.

Sincerely,

Candy M Nally

Candy M. Nally
 Licensing Specialist

9171 9690 0935 0157 5490 46

Paul Edwards

From: Lan Nguyen
Sent: Tuesday, January 8, 2019 10:54 AM
To: Paul Edwards
Cc: David Wuest; Yen Long
Subject: Re: Nevada BoP

Hello,
I'm thankful for your information and will see you there.
Best,
Lan Nguyen

On Wed, Jan 9, 2019 at 12:17 AM Paul Edwards <pedwards@pharmacy.nv.gov> wrote:

Ms. Nguyen,

The March Board Meeting is Wednesday and Thursday, March 6-7, 2019. I do not know at this point which day and what time your petition hearing will be re-scheduled. You will receive a letter from the Board with that information as the March meeting gets closer.

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



NOT LEGAL ADVICE: This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

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From: Lan Nguyen
Sent: Tuesday, January 8, 2019 3:54 AM
To: Paul Edwards <pedwards@pharmacy.nv.gov>; David Wuest <dwuest@pharmacy.nv.gov>
Subject: Fwd: Nevada BoP

Hello,

I'm overseas and receive the Board notice. Please, let me know about the time and date for the Board meeting in March.

Thanks,

Lan Nguyen

----- Forwarded message -----

From: Chinh Tran
Date: Tue, Jan 8, 2019 at 5:57 AM
Subject: Nevada BoP
To: lan trannguyen <



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

January 3, 2019

CERTIFIED U.S. MAIL AND ELECTRONIC MAIL

Lan Thi Tran Nguyen
 1 N. Palm St.
 La Habra, CA 90631

9171 9690 0935 0157 4988 18

RE: Notice Regarding Petition for Reconsideration and Hearing

Dear Ms. Tran Nguyen:

As you are aware, on December 6, 2018, the Nevada State Board of Pharmacy ("Board") held a hearing on your *Renewal Application – Pharmacist* and denied the application. The Board denied your application based on your history of discipline in California, which is a valid basis for denying an application pursuant to several provisions of NRS 639.210.

You were made aware of the Board's decision to deny your application at the December 6, 2018 hearing, as well as your right under NRS 639.139 to petition the Board for reconsideration of your application. We discussed both the denial and your right to petition for reconsideration after the hearing. We have corresponded about that matter. I am sending you this additional written notice out of an abundance of caution.

You exercised your right to petition the Board for reconsideration on December 7, 2018, by email. The Board also received a hardcopy of your email on December 17, 2018. The Board's Executive Secretary granted your petition and scheduled your hearing for January 16, 2019.

You supplemented your petition on or about December 21, 2018, in which you also requested that the Board either reschedule your hearing until a date after January 18, 2019, when you are scheduled to return from traveling, or to provide you with a written decision. On December 28, 2018, Board Staff informed you that it had granted your request to reschedule your hearing. I provided you the option of appearing at either the Board's March 2019 or April 2019 board meeting.

Finally, on January 3, 2019, I received your email requesting that the Board forego a hearing where you can appear in person. You asked instead that the Board consider your petition at its January 16-17, 2019 board meeting. To accommodate your request, Board Staff added your

petition as an item on the agenda for its January meeting. Board Staff also mailed you a written notice informing you that the Board will hear your petition on January 16, 2019, at 1:30 PM.

There is an additional item, however, that requires your attention. NRS 241.033 and NRS 241.034 give you the right to receive notice of your hearing "at least 21 working days before the hearing." Your January 3, 2019 email, and the notice the Board mailed by certified mail to you the same day, does not provide you sufficient notice under those statutes. The Board can proceed with your hearing on January 16, 2019, only if you write me to indicate that you waive your right to 21 days' notice of the hearing. Otherwise, the Board will be unable to consider your petition. It will have to reschedule the hearing until the Board's March 6, 2018 meeting.

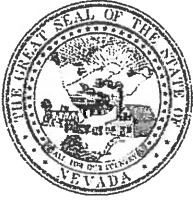
Unless I receive a written response from you, the Board will not be able to hear your petition on January 16 as explained in the previous paragraph. Contact me if you have questions.

Best regards,

A handwritten signature in cursive script, appearing to read "S. Paul Edwards".

S. Paul Edwards
General Counsel
Nevada State Board of Pharmacy

Cc: David Wuest, R. Ph., Executive Secretary of the Nevada Board of Pharmacy; Yen Long, Pharm.D., Deputy Executive Secretary of the Nevada 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: boc.nv.gov

January 3, 2019

Lan Thi Tran Nguyen
 1 N Palm St
 La Habra, CA 90631

Dear Ms. Tran Nguyen:

We are in receipt of your request for reconsideration of the denial of your renewal application.

Your hearing has been scheduled for the following:

Wednesday, January 16, 2019
 1:30 pm or soon thereafter
 Hilton Garden Inn
 7830 S Las Vegas Blvd
 Las Vegas, Nevada

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.

If you have any questions, please feel free to contact us.

Sincerely,

A handwritten signature in cursive script that reads "Candy M. Nally".

Candy M. Nally
 Licensing Specialist

9171 9690 0935 0157 4988 01

Paul Edwards

From: Lan Nguyen <n...@...com>
Sent: Thursday, January 3, 2019 8:45 AM
To: Paul Edwards
Subject: Re: NV license renewal- additional proofs

Dear Mr. Edwards,

Would you present all of my writing documents for reconsideration on the Board meeting on Jan 16-17, and have them put their decision in writing, then mail their decision to my address because it would be better in writing to avoid confusion. So far, I presented all of my grievances and rationale for their denial via mail and email for them to review and reconsideration plus my budget shortage.

Your consideration is appreciated.

Best regards,
Lan Nguyen
Jan 2, 2019

On Fri, Dec 28, 2018 at 7:45 AM Paul Edwards <pedwards@pharmacy.nv.gov> wrote:

Ms. Nguyen,

The Board received your emails. Per your December 21, 2018 letter, the Board will remove your request for reconsideration from its January 16-17, 2019 meeting agenda. It will reschedule your appearance for either March 6-7, 2019 in Reno, or April 10-11, 2019 in Las Vegas. Let me know what meeting you would like to attend.

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: Lan Nguyen <lan@pharmacy.nv.gov>
Sent: Saturday, December 22, 2018 5:22 AM
To: David Wuest <dwuest@pharmacy.nv.gov>; Paul Edwards <pedwards@pharmacy.nv.gov>; lan trannguyen <lan@pharmacy.nv.gov>
Subject: NV license renewal- additional proofs

Lan Thi Tran Nguyen

1000 N. Palm Street

La Habra, CA 90631

Tel: (951) 261-1111

Email: lan@pharmacy.nv.gov

December 21, 2018

Nevada Board of Pharmacy

431 W. Plumb Lane

Reno, Nevada 89509

Tel: (775)850-1440

In Re: Additional request for reconsideration of Nevada Pharmacist License Renewal

To: Mr. Dave Wuest, Director of Nevada Board of Pharmacy

Cc: Mr. S. Paul Edwards, General Counsel

Dear Sirs,

As per your phone instructions this morning, I would like to present the adverse arrangements that inflict my emotional, mental, and financial hardship status as the follows:

- 1) NV Board request my appearance on Jan 16-18 in Las Vegas to hear the Board decision for reconsideration when I will be overseas and come back on Jan 18, 2019 (see my flight scheduled attached). I requested for the written decision to be mailed to me to the above address or rescheduled to a later date when I return to the US.
- 2) Mr. Wuest denied refunding the amount of \$860 which was the renewal license fee if the Board decided not to grant my renewal. Mr. Wuest's rationale that the \$860 was charged for my appearance before the Board on Dec 6, 2018. It is non-refundable due to the fine print at the bottom of the renewal application. This is against my will to renew my license in reply to the mail solicitation letter of Ms. Lisa Hedaria, director of finance, whom I provided my felony conviction in writing to explain my license voluntarily surrendered status with the CA Board of pharmacy. After reviewing my NV license status, she provided the required \$860 fee for renewal and stated so long as I mailed the renewed application, money order for the requested fee, and completing the continuing education CE required in the indicated time of the letter then it would be fine (attachment previous mailed to the Board to indicate that I renewed on time).

Ms. Hedaria was well informed of my financial difficulty status, and I would not send the renewal money if my renewal being denied. Then, I called the Board and was informed that I had to appear for the Board to grant the renewal with the Board meeting schedule where I was out of the country. So far, I was not required to do anything but appearance. The forfeiture of my \$860 for the arrangement of my appearance before the board was irrational, unexpected, unagreeable to me because I would definitely disagree to appear on Dec 6, 2018, before the NV Board for being humiliated, disrespected, irrationally outlawed the US laws and regulation, and I would not renew my NV license due to my financial hardship. Furthermore, I also financially suffered for the flight cost on the top of the renewal amount. I need to have my renewal fee back! Because the Board breached the contract, not me.

- 3) The CA Board of pharmacy will accept my licensure transferring because only my CA license was surrendered. So far, NABP confirmed that NV Board required license transfer applicants to maintain their license by original NAPLEX examination. I passed the NABP exam and shall not retake the exam plus my NV license had been in active status since 1988, although I had never practiced pharmacy in Nevada. In contrast to the issue raised by the Board that I required to work in NV for my NV license to be renewed.

- 4) I wish that Mr. Edwards would reply to my phone or email promptly. In addition, I prefer the answer in writing to avoid confusion.

Your consideration to grant my NV license renewal is appreciated.

Respectfully submitted,

Lan Thi Tran Nguyen

12/11/2018

Gmail - Applying for the reconsideration of renewal NV pharmacist license denial



Lan Nguyen <nguyenfiftyfive@gmail.com>

Applying for the reconsideration of renewal NV pharmacist license denial

2 messages

Lan Nguyen <n> Fri, Dec 7, 2018 at 8:28 AM
 To: pedwards@pharmacy.nv.gov, lan trannguyen <>

Lan Thi Tran Nguyen
 N. Palm Street
 La Habra, CA 90631
 Tel: (
 Email:)

December 6, 2018

Nevada Board of Pharmacy
 431 W. Plumb Lane
 Reno, Nevada 89509
 Tel: (775)850-1440

DEC 17 2018

In Re: Application for reconsideration of Nevada Pharmacist License Renewal

First, I would like to express my gratitude for being given the opportunity to meet with the Nevada Board of Pharmacy for the renewal of my Nevada pharmacist license on December 6, 2018. Nevertheless, my renewal was denied for the following reasons:

1. My renewal was over 5 years window time frame for renewal when I renewed it on time, and I received no notice of tardiness from Nevada renewal personnel (proof showing proper date attached)
2. If it was renewed where I would work in California or Nevada after having my license renewal, I replied to have my license transferred from Nevada to California because I was instructed by CA renewal staff that my license was canceled, for I had either to retake the CA pharmacist examination or transfer the result of passing NAPLEX to California plus passing the CA law exam to qualify for CA pharmacist application. For this rational denial, I would work in CA because of insufficient fund relocate to Nevada but to serve Nevada or any other state residents through MTM (Medication Therapy Management which I had the strong background to work 24 years in hospital as a clinical consultant), Telepharmacy, Telemedicine, Telehealth, and home health care. Furthermore, I would keep my NV status active and deal with CA pharmacist license later. The application of section NRS 639-134 (Registration of Pharmacist without examination; reciprocity) cannot be applied to my NV license renewal.
3. What I would do to prevent my past mistake from happening. I would learn more from the Script letter of the CA board, learning how to comply with the new regulation and practice valuable techniques of compliance to prevent current/future of the drug abuse or misuse. Moreover, I would focus on areas that required clinical skills to serve to utilize my strong clinical background (hospital working experience)
4. My past mistake was selling a large amount of Pseudo-ephedrine which would be harmful to the community; therefore my promise to pay back, and contribute to the community with or without pay as a volunteer (pushing wheelchair for patients, the waste of individual skill of contribution) was meaningless. This concerned issue was discriminated, prejudiced, refused to give the second chance to the felon who committed a severe mistake "once", and already served her sentence for that mistake besides the loss of career, family relationship, reputation, and assets. In addition to committing suicide, post-traumatic

12/11/2018

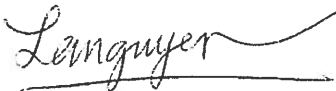
Gmail - Applying for the reconsideration of renewal NV pharmacist license denial

depression, and anxiety residual. This intimidation was unfair, overwhelming, damaged, and worsened my mental health compared to CA Board's request of retaking the examination. This disrespectful humiliation reflected the accusation and conviction of my past mistake that deeply evoked my emotional distress for being nobody, untrustworthy, non-resilience, and triggering the suicidal attempt (this is the end of the world). So far, the punishment of denial my license renewal failed to warrant and safeguard the public safety. Because I would spend the time to review the pharmacy textbook, retake the NAPLEX exam, learn and update the laws of each state, and become a new license in California and Nevada instead of going through the harsh accusation of having high potential to harm the community in the future if holding the active license.

Second, it takes me ten years to learn and atone for my mistake and forgive others for theirs because no one is perfect. The United State of American is the best-civilized nation, the land of opportunity, the place to fulfill desires of dreamers, to support civil rights and human rights regardless of race, nature of origins, to treat people fairly, respectfully, and with dignity.

Third, I would like to have the Board reconsider my argument to practice more in the individual medication profile instead of dispensing drugs, new evidence of compliance, and the updating with the new trends in pharmacy application of advanced technology that has been proven to serve better for public health via medication therapy consultant, reaching out to patient care at home or at remote location, focusing on prevent care, improving individual quality of life.

Respectfully submitted,



Lan Thi Tran Nguyen

Enclosure:

- Proof of compliance to renewal date timeframe
- Copy of NAPLEX innovations to accelerate nation wise pharmacist licensure mobility
- Updating of Centers for Medicare and Medicaid Service (CMS) to promote MTM (Medication Therapy Management), Telepharmacy, Telemedicine, Telehealth, and Home Health Care.

Innovations in Pharmacist Licensure Mobility Accelerate

July 17, 2018

Topics: Pharmacist Licensure

Boards of Pharmacy, NABP Continue 114-Year Partnership of Facilitating License Transfer While Keeping Patients Safe

As other professions move to establish mechanisms for license portability such as legislature-approved compacts, the National Association of Boards of Pharmacy® (NABP®) and its member licensing boards of pharmacy are enhancing their long-established Electronic Licensure Transfer Program® (e-LTP™), which provides license mobility and portability for pharmacists in all United States jurisdictions. The e-LTP process, which currently allows for same-day processing of licensure transfer requests, will be supplemented with new components to support evolving pharmacy practices while maintaining a high level of public protection and patient access to quality pharmacy care.

"We are truly excited to work with our member boards as we continue to find innovative ways to enhance our existing reciprocity system and support the future of pharmacy practice," says NABP President Susan Ksiazek, RPh, DPh. NABP's active member boards of pharmacy include all 50 states plus the District of Columbia and the three US territories of Guam, Puerto Rico, and the Virgin Islands.

Included in the e-LTP process is licensure verification through the NABP Clearinghouse, an essential component of ensuring that pharmacists seeking the authority to practice in multiple states hold a license in good standing. "The Clearinghouse contains vital disciplinary information that, when combined with NABP's national database of education, competence, and licensure information, provides the boards of pharmacy with a robust tool as they make licensure transfer decisions," states Ksiazek. "When protecting patients is foremost in your mind, all of this information is key to determining if a licensure candidate meets the qualifications to practice in your state."

While the current licensure transfer system offers 100% mobility for pharmacists across all 54 US jurisdictions, accounting for the transfer of more than 164,500 pharmacists' licenses over the last 10 years, the proposed enhancements to the e-LTP will focus on the rapidly changing practice and regulatory challenges posed by remote practice models and telepharmacy. The member boards of pharmacy and NABP recognize the importance of seeking additional methods of licensure mobility in the e-LTP process to enhance patient access to pharmacists whose licenses have been verified and validated. As such, at the Association's 114th Annual Meeting held in May 2018, members passed a resolution supporting NABP's efforts to expand the e-LTP while maintaining boards of pharmacy jurisdiction to preserve the needed authority to protect the public health.

NABP is the independent, international, and impartial Association that assists its state member boards and jurisdictions for the purpose of protecting the public health.

RECENT NEWS

12/11/2018

Gmail - Applying for the reconsideration of renewal NV pharmacist license denial

- **Member Boards Express Concern Over Conditions of Bureau of Justice Assistance Grants, Impact on State PMPs***November 21, 2018*
- **Social Media Sites: The New Wild West for Illegal Online Pharmacies***October 1, 2018*
- **Interview With a Board Executive Director***August 10, 2018*
- **NABP's Verified-Accredited Wholesale Distributors® (VAWD®) Program: Protecting the Prescription Drug Supply Chain***August 9, 2018*
- **NABP Joins the Coalition for a Secure and Transparent Internet***July 26, 2018*

2 attachments
 **Nevada1.pdf**
120K

 **Nevada2.pdf**
142K

Lan Nguyen <
To: **Nhu Tran** <

>
>, **Thu Dang** <

>, **Chinh T** <

Mon, Dec 10, 2018 at 9:21 AM
>, **Tam**

[Quoted text hidden]

Virus-free. www.avast.com**2 attachments**
 **Nevada1.pdf**
120K

 **Nevada2.pdf**
142K



user ID for NABP: n... ..

Password:

Ms. Lan Thi Tran Nguyen
NABP e-Profile ID: 1360233

TERMS OF SERVICE

Welcome to the National Association of Boards of Pharmacy® (NABP®) e-Profile registration Web pages. NABP Web site services, including the e-Profile registration services, are the initial NABP services that facilitate your request for an NABP product or additional NABP services, such as meeting registrations, examination registrations, and licensure-related services (collectively, "Services"). NABP sincerely thanks you for your interest in the Association and our programs and Services.

By creating or maintaining an e-Profile, you agree to these terms.

Occasionally, additional terms or requirements may apply to certain Services. These additional terms or requirements will be available or published with the applicable Services. By using the applicable Services, you agree to the additional terms or requirements.

E-PROFILE TERMS

Upon creating your e-Profile, you will receive an e-Profile ID. The e-Profile ID is used to identify you when you request or use NABP programs or Services or when NABP provides Services to you.

The information needed to create and maintain your e-Profile helps to:

- Accurately identify you
- Ensure that any data that you previously provided to NABP, such as a name or a license number, is correctly maintained in your e-Profile
- Keep your e-Profile updated
- Minimize multiple requests for the same data
- Process your requests for Services
- Streamline the licensure or certification process, by assisting pharmacy regulators, such as a state board of pharmacy, or participating pharmacy certification organizations, if you request NABP Services related to licensure or certification.

It is very important that you provide and regularly maintain accurate information in your e-Profile. If you request Services related to licensure or certification, NABP will use your e-Profile data to deliver these Services and will provide e-Profile data to your pharmacy licensing agency(s), or participating pharmacy certification organization(s).

By providing and maintaining your e-Profile data, you affirm that the information entered is accurate, current, complete, and truthful. You agree to promptly update the information in your e-Profile if the information changes. If you wish to change certain e-Profile data, such as your name, you may be required to contact NABP customer service and provide additional information before your e-Profile data can be changed.



COM

Services, it will be requested at that time.

PRIVACY

The NABP Privacy Policy describes how NABP utilizes your information and protects your privacy. Please review the [Privacy Policy \(https://nabp.pharmacy/policies/privacy-policy/\)](https://nabp.pharmacy/policies/privacy-policy/).

By using the Services, you agree that the terms of the Privacy Policy apply to NABP's use of your information.

TERMS OF USE FOR WEBSITE

The NABP Terms of Use describe the terms and conditions governing your use the NABP Web site. Please review the Terms of Use statement.

By using the Services, you agree to the [Terms of Use \(https://nabp.pharmacy/policies/terms-of-use/\)](https://nabp.pharmacy/policies/terms-of-use/) for Website.

CPE MONITOR®

The continuing pharmacy education (CPE) Monitor program are Services to streamline the collection, maintenance, and reporting of CPE credits in the interest of continuing professional development and public health protection.

Please click [here \(https://nabp.pharmacy/cpe-monitor-service/\)](https://nabp.pharmacy/cpe-monitor-service/) for detailed information about the CPE Monitor program.

In order to continue to receive credit for ACPE-accredited CPE, you are also required to register for CPE Monitor Services.

If you do not create an e-Profile and register for CPE Monitor Services:

- You will not be able to earn Accreditation Council for Pharmacy Education (ACPE)-accredited CPE from ACPE-accredited continuing pharmacy education providers (Providers); and
- NABP's report of CPE information to the boards of pharmacy and pharmacy certification organizations will not contain official records of the CPE that you have completed through such recognized Providers.

If you would like NABP to maintain your non-ACPE-accredited CPE activities or credits, you may purchase a subscription from NABP. The subscription Services permit you to upload non-ACPE-accredited CPE activities and credits that may be recognized by the boards of pharmacy or pharmacy certification organizations for purposes of licensure or certification renewal.

Because information that you enter to establish your e-Profile and register for CPE Monitor will be available to the board(s) of pharmacy where you are licensed or registered and may be used by NABP to report CPE information to these board(s) of pharmacy, or participating pharmacy certification organization(s) in a form and manner acceptable to such board(s) or organization(s), it is very important that you provide accurate information, and that you regularly maintain your e-Profile and CPE Monitor data.

By providing and maintaining this data, you affirm that the information entered is accurate, current, complete, and truthful. You agree to promptly update the information in your e-Profile and your CPE Monitor data if the information changes. If NABP has questions about the information in your e-Profile or CPE Monitor data, we may contact you.

By using the CPE Monitor Services, you agree to the CPE Monitor Terms.

☐ *By clicking this box I confirm my acceptance and agreement with these Terms of Service.



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From: Tran Nguyen, Lan Thi

7 N. Palm Street

La Habra, CA 90631

(

n:

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,



Tran-Nguyen, Lan Thi

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)

LICENSE: 09833

IAN THI TRAN-NGUYEN

1 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 EXPIREDSection 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 #:
<u>License cancellation</u>	<u>CA</u>	<u>6/3/2012</u>	<u>SAER 09-00115-CJC</u>
Criminal Action:	State	Date	Case #:
<u>Sentence</u>	<u>CA</u>	<u>06/03/2011</u>	<u>09-00115-CJC</u>
			County
			<u>ORANGE</u>
			Court
			<u>US Central District</u>

Section 2:

Yes No

- Are you the subject of a court order for the support of a child?..... ☐ ☒
- If you marked YES to the question above, are you in compliance with the court order?..... ☐ ☒

Section 3: (Fees apply to either status)

By signing below, you certify that you have completed ALL 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 - ☐ 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 #. 09833 Leave blank if non-applicable

2. 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 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 its agency which provides child welfare services or to a local law enforcement agency.

Original Signature: I. NguyenDate: 07/02/2018



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: bcp.nv.gov

May 11, 2018

TRAN-NGUYEN LAN THI

Lic #9833

N PALM ST

LA HABRA, CALIFORNIA 90631

Dear Pharmacist:

This letter is to remind you that your pharmacist's license with Nevada expired on October 31, 2013. We are providing you this opportunity to bring your license current prior to the permanent expiration date of October 2018. Should you decide to forgo renewing, the license will permanently expire. As of today's date, you have incurred late fees of \$320, bringing the total due to renew to \$860.00.

If your Nevada pharmacist's license was obtained through NAPLEX then once the license is brought into an active status you will gain the option of seeking licensure in other states without having to re-take the NAPLEX. In addition you will then have the option to choose inactive status, in which you will no longer be obligated to abide by Nevada's continuing education requirements.

Often pharmacists contact the board office years later requesting reinstatement due to future job prospects only to be told they are no longer eligible to renew the license and therefore must re-take the NAPLEX to get licensed in another state. The disappointment is palpable from the loss suffered at either having to sit for that exam again or the missed job opportunity. The practice of pharmacy is a time-honored profession and the ability to practice that profession is a privilege not to be taken lightly.

If you would like to bring your license current in Nevada then you may either e-mail your request to us at lhedaria@pharmacy.nv.gov, providing your name and license number above and we will e-mail the form to you or you may fax this letter with a note to fax back the form along with your fax number or, if you cannot receive it either of those methods you may call the board office, asking for my Director of Finance Lisa, at 775-850-1440 to request the form be mailed to you.

Sincerely,

Larry L. Pinson
 Executive Secretary

7/2/2018 - called Lisa to inquire the x form renewal emailed to me and buy a cashier check for \$860 to mail back to her attention and address on the form. - She said I can use my Naplex transfered licensure to apply for the CA license which was cancelled.

7/2/2018

Gmail - NV RPh Renewal form



Lan Nguyen

NV RPh Renewal form

3 messages

Lisa J. Hedaria <lhedaria@pharmacy.nv.gov>
To: "ng"

Mon, Jul 2, 2018 at 10:31 AM

Your form is attached and must be mailed back with a Money Order by the deadline or the form becomes invalid and the license is permanently expired.

Lisa J. Hedaria, Director of Finance/Technology

Nevada State Board of Pharmacy

431 W Plumb Ln

Reno, NV 89509

775-850-1440



This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

2013.TRAN-NGUYEN, L renewal.pdf
212K

Lan Nguyen <nguyenlan@pharmacy.nv.gov>
To: "Lisa J. Hedaria" <lhedaria@pharmacy.nv.gov>

Mon, Jul 2, 2018 at 12:16 PM

Please, review my filled form to see if it is renewable before I mail it in with the required fee before mailing.
Thanks,
Lan Nguyen
(Quoted text hidden)

Renew Nevada licence.pdf
75K

https://mail.google.com/mail/u/0/?ui=2&ik=cabae39ff1&jsver=H8yF-bO9hWE.en.&cbt=gmail_fe_180626.14_p5&view=pt&search=inbox&th=1645c8084... 1/2

7/2/2018

Gmail - NV RPh Renewal form

Lisa J. Hedaria <lhedaria@pharmacy.nv.gov>
To: Lan Nguyen <n

Mon, Jul 2, 2018 at 12:38 PM

You will need to provide a written explanation for the criminal information you listed. As long as you include that with your Money Order and form then you should be fine.

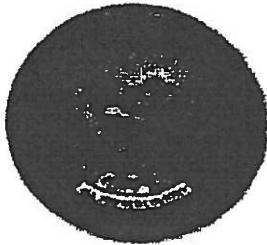
Lisa J. Hedaria, Director of Finance/Technology

Nevada State Board of Pharmacy

431 W Plumb Ln

Reno, NV 89509

775-850-1440



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From: Lan Nguyen (mailto: [redacted]@gmail.com)
Sent: Monday, July 02, 2018 12:16 PM
To: Lisa J. Hedaria <lhedaria@pharmacy.nv.gov>
Subject: Re: NV RPh Renewal form

[Quoted text hidden]



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

NEVADA STATE BOARD OF PHARMACY 2018 – Board Meeting Schedule

NV Board phone # (775) 850-1441

Board Meeting Date	Application Deadline Date	Location
January 10-11	December 15	Las Vegas
March 7-8	February 5	Reno
April 11-12	March 12	Las Vegas
June 6-7	May 7	Reno
July 18-19	June 18	Las Vegas
September 5-6	August 6	Reno
October 10-11	September 10	Las Vegas
December 5-6	November 5	Reno

Wed / Thurs

Time: 2 days or 1 day meeting

Please note this schedule may be altered by the board at a previous meeting.

If you have any questions, please contact the Reno office at (775)850-1440.

NOV 13 /
call

LAS VEGAS LOCATION

Hilton Garden Inn 7830
 S. Las Vegas Blvd, Las Vegas
 NV.

RENO LOCATION

Hyatt Place 1790 E
 1790 E. Plumb Lane
 Reno, NV 89502
 (775) 826-2500

Hyatt Place
 Terrace A



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

July 19, 2018

Lan Thi Tran-Nguyen
N Palm St
La Habra, CA 90631

Dear Ms. Tran-Nguyen:

After review of the information you have provided with regards to your 2013-2019 renewal by Larry Pinson, it has been determined you will be required to personally appear before the board at a regularly scheduled board meeting for their consideration to approve or deny your renewal for a pharmacist license

Please see the enclosed schedule for the board meetings in 2018. Please contact me by the deadline date to schedule the required appearance.

If you have any questions, please feel free to contact us.

Sincerely,

A handwritten signature in cursive script that reads "Candy M. Nally".

Candy M. Nally
Licensing Specialist

enclosure

Lan Thi Tran Nguyen
 : N. Palm Street
 La Habra, CA 90631
 Tel: (
 Email: r

December 21, 2018

Nevada Board of Pharmacy
 431 W. Plumb Lane
 Reno, Nevada 89509
 Tel: (775)850-1440

In Re: Additional request for reconsideration of Nevada Pharmacist License Renewal

To: Mr. Dave Wuest, Director of Nevada Board of Pharmacy
 Cc: Mr. S. Paul Edwards, General Counsel

Dear Sirs,

As per your phone instructions this morning, I would like to present the adverse arrangements that inflict my emotional, mental, and financial hardship status as the follows:

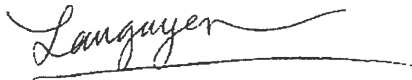
- 1) NV Board request my appearance on Jan 16-18 in Las Vegas to hear the Board decision for reconsideration when I will be overseas and come back on Jan 18, 2019 (see my flight scheduled attached). I requested for the written decision to be mailed to me to the above address or rescheduled to a later date when I return to the US.
- 2) Mr. Wuest denied refunding the amount of \$860 which was the renewal license fee if the Board decided not to grant my renewal. Mr. Wuest's rationale that the \$860 was charged for my appearance before the Board on Dec 6, 2018. It is non-refundable due to the fine print at the bottom of the renewal application. This is against my will to renew my license in reply to the mail solicitation letter of Ms. Lisa Hedaria, director of finance, whom I provided my felony conviction in writing to explain my license voluntarily surrendered status with the CA Board of pharmacy. After reviewing my NV license status, she provided the required \$860 fee for renewal and stated so long as I mailed the renewed application, money order for the requested fee, and completing the continuing education CE required in the indicated time of the letter then it would be fine (attachment previous mailed to the Board to indicate that I renewed on time). Ms. Hedaria was well informed of my financial difficulty status, and I would not send the renewal money if my renewal being denied. Then, I called the Board and was informed that I had to appear for the Board to grant the renewal with the Board meeting schedule where I was out of the country. So far, I was not required to do anything but appearance. The forfeiture of my \$860 for the arrangement of my appearance before the board was irrational, unexpected, unagreeable to me because I would definitely disagree to appear on Dec 6, 2018, before the NV

Board for being humiliated, disrespected, irrationally outlawed the US laws and regulation, and I would not renew my NV license due to my financial hardship. Furthermore, I also financially suffered for the flight cost on the top of the renewal amount. I need to have my renewal fee back! Because the Board breached the contract, not me.

- 3) The CA Board of pharmacy will accept my licensure transferring because only my CA license was surrendered. So far, NABP confirmed that NV Board required license transfer applicants to maintain their license by original NAPLEX examination. I passed the NABP exam and shall not retake the exam plus my NV license had been in active status since 1988, although I had never practiced pharmacy in Nevada. In contrast to the issue raised by the Board that I required to work in NV for my NV license to be renewed.
- 4) I wish that Mr. Edwards would reply to my phone or email promptly. In addition, I prefer the answer in writing to avoid confusion.

Your consideration to grant my NV license renewal is appreciated.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read 'Lan Thi Tran Nguyen', is written over a horizontal line.

Lan Thi Tran Nguyen

12/19/2018

Gmail - SmartFares - Your Reservation Has Been Confirmed



Lan Nguyen <

l.com>

SmartFares - Your Reservation Has Been Confirmed

1 message

confirmation@travelerhelpdesk.com <confirmation@travelerhelpdesk.com>

Reply-To: customerservice@travelerhelpdesk.com

To: nguyenfiftyfive@gmail.com

Xiamen Airline
for Vietnam Traveling

Tue, Nov 27, 2018 at 6:48 PM

Dear Lan Thi Tran Nguyen,
Your reservation is confirmed and tickets have been issued.

SmartFares Reservation Code: **7WEXO2**

Airline Confirmation Code(s):

Traveler(s): Lan Thi Tran Nguyen Ticket Number(s): Document 7317205370256

Depart
Itinerary:
LOS ANGELES INTL, LOS ANGELES CA(LAX) to GAOQI INTL, XIAMEN(XMN)

Xiamen Airlines # 858

DEPART 12/31/2018 11:55 PM

ARRIVE 01/02/2019 09:15 AM

GAOQI INTL, XIAMEN(XMN) to TAN SON NHAT , HO CHI MINH CITY(SGN)

Xiamen Airlines # 8005

DEPART 01/02/2019 07:40 PM

ARRIVE 01/02/2019 10:00 PM

TAN SON NHAT , HO CHI MINH CITY(SGN) to GAOQI INTL, XIAMEN(XMN)

Xiamen Airlines # 8006

DEPART 01/18/2019 07:55 AM

ARRIVE 01/18/2019 11:55 AM

GAOQI INTL, XIAMEN(XMN) to LOS ANGELES INTL, LOS ANGELES CA(LAX)

Xiamen Airlines # 857

DEPART 01/18/2019 06:00 PM

ARRIVE 01/18/2019 06:00 PM

*Additional baggage fees may apply: Xiamen Airlines

Seat Information: Please Click Here

Checking-in/Boarding Passes:

- The airline has issued an e-ticket therefore you can get your boarding pass at the airport on the day of departure either by providing your e-ticket number(s) or by showing a federally issued identification e.g. Passport or a Driver's License.
- You can also print your Boarding Pass(es) 24 hours prior to departure from the Airline's Website by using the Airline Confirmation Code(s) above.
- We recommend arriving at the airport 2.5 hours prior to departure for international flights and 1.5 hours prior to departure for domestic flights.
- As the traveler, you are responsible for all necessary travel documents and making sure that all are current (Passports, Visas, Driver's License). Please visit TSA for any questions regarding this, as well as information on check in procedures and airport security.
- Travel insurance is important - you never know what can happen. Call us toll free at 877-251-8433 to purchase travel insurance coverage if you have not done so already.

Changes and Cancellations:

- Airline tickets are non-refundable, non-changeable and non-cancellable. In certain cases, an airline may allow a ticket to be changed for a fee, plus the increased cost of the new ticket.
- Changes: Call us Toll Free at 877-250-9512. If you are outside the US/Canada please call +1 858-256-7278 to make any kind of changes in the itinerary. Fees will apply due to airline penalties, fare differences, and other factors in order to change the itinerary.
- Cancellations: Call us Toll Free at 877-250-9512. If you are outside the US/Canada please call +1 858-256-7278. Your booking should be cancelled at least 3 hours prior to the scheduled departure time of your flight. Cancellations can only be processed over the phone.

Schedule Changes:

- It is strongly suggested to contact the airline 24 hours prior to your departure to reconfirm your flights, seats and baggage restrictions.

12/21/2018

Gmail - Renewal for pharmacy license/ changing location inquiry



Lan Nguyen

Renewal for pharmacy license/ changing location inquiry

6 messages

Lan Nguyen

Mon, Nov 26, 2018 at 10:11 AM

To: phystatus@dca.ca.gov, picstatus@dca.ca.gov, lan trannguyen

Hello,

I'm a PIC for Du Pharmacy whose pharmacist license was canceled in 2013.

I'de to have the information to about the renewal status of the Du pharmacy in Garden Grove and the change in location requirement along with PIC change.

Lan Nguyen <nguyenfiftyfive@gmail.com>

Mon, Nov 26, 2018 at 10:14 AM

To: phystatus@dca.ca.gov, picstatus@dca.ca.gov

My cell number and Email address:
Your consideration is gratefully appreciated.

Best,

Lan Nguyen

[Quoted text hidden]

Phystatus@DCA <Phystatus@dca.ca.gov>

Tue, Nov 27, 2018 at 2:17 PM

To: Lan Nguyen

The board does not have an active license for Du Pharmacy, therefore, you will not be able to renew or move this pharmacy as there is not an existing license for this pharmacy.



Suelynn Yee, Staff Service Analyst
California State Board of Pharmacy
(916) 574-7945 | FAX (916) 574-8618 | www.pharmacy.ca.gov

Be Aware and Take Care: Talk to your Pharmacist!

From: Lan Nguyen <

>

Sent: Monday, November 26, 2018 10:11 AM

To: Phystatus@DCA <Phystatus@dca.ca.gov>; Picstatus@DCA <picstatus@dca.ca.gov>; lan trannguyen <nguyenfiftyfive@gmail.com>

Subject: Renewal for pharmacy license/ changing location inquiry

Hello,

I'm a PIC for Du Pharmacy whose pharmacist license was canceled in 2013.

12/21/2018

Gmail - Renewal for pharmacy license/ changing location inquiry

I'de to have the information to about the renewal status of the Du pharmacy in Garden Grove and the change in location requirement along with PIC change.

Baltazar, Lupe@DCA <Lupe.Baltazar@dca.ca.gov>

Fri, Dec 14, 2018 at 3:22 PM

To: " " <" >

Hello Ms. Nguyen,

Since you voluntarily surrendered your pharmacist license and the pharmacy license was revoked in 2013, you cannot renew either license.

For both licenses, you will have to submit a new applications and meet current licensure requirements.

You can find the applications at the following link

<https://www.pharmacy.ca.gov/applicants/index.shtml>

Thank you,

Lupe



Lupe Baltazar, Administrative Case Analyst
California State Board of Pharmacy
(916) 574-7921 | FAX (916) 574-8614 | www.pharmacy.ca.gov

Be Aware and Take Care: Talk to your Pharmacist!

On Mon, Nov 26, 2018 at 10:11 AM Lan Nguyen

il.com> wrote:

Hello.

I'm a PIC for Du Pharmacy whose pharmacist license was canceled in 2013.

I'de to have the information to about the renewal status of the Du pharmacy in Garden Grove and the change in location requirement along with PIC change.

image001.png
4K

12/21/2018

Gmail - Renewal for pharmacy license/ changing location inquiry

**Lan Nguyen**

To: Lupe.Baltazar@dca.ca.gov

Fri, Dec 14, 2018 at 4:28 PM

Thank you for your help!

Lan Nguyen

[Quoted text hidden]

Lan Nguyen

To: pedwards@pharmacy.nv.gov, lan trannguyen <

Wed, Dec 19, 2018 at 12:55 PM

Hello Mr.Edward,

I'm forwarding the latest information in regard to my pharmacist license and pharmacy renewal with the CA board of pharmacy for which they confirm to start a new application. According to **NRS 639.139 Denial of application: Procedure for reconsideration**, I would receive the NV Board reply in 30 days starting from Dec 6, 2018. My concern about the NV board reconsideration as the follows:

- 1) What steps should I take to get my NV license, or it will be automatically mailed to my address.
- 2) If the NV Board affirmed their denial of my NV license renewal, will the renewal fee of \$360 mailed to the Board on July 2, 2018, be refunded to me because I'm currently in financial hardship and need the money to pay for the NAPLEX exam.

Your consideration is gratefully appreciated.

Best regard,

Lan Nguyen

12/19/18

[Quoted text hidden]

Shirley Hunting

From: David Wuest
Sent: Monday, December 24, 2018 8:59 AM
To: Lisa J. Hedaria; Shirley Hunting; Yen Long; Brett Kandt
Cc: Paul Edwards
Subject: Fw: NV license renewal- additional proofs
Attachments: NV added rationale renewal.pdf

From: Lan Nguyen <[redacted]@l.com>
Sent: Saturday, December 22, 2018 5:21:49 AM
To: David Wuest; Paul Edwards; lan trannguyen
Subject: NV license renewal- additional proofs

Lan Thi Tran Nguyen
 0 N. Palm Street
 La Habra, CA 90631
 Tel:
 Email:

December 21, 2018

Nevada Board of Pharmacy
 431 W. Plumb Lane
 Reno, Nevada 89509
 Tel: (775)850-1440

In Re: Additional request for reconsideration of Nevada Pharmacist License Renewal

To: Mr. Dave Wuest, Director of Nevada Board of Pharmacy
Cc: Mr. S. Paul Edwards, General Counsel

Dear Sirs,

As per your phone instructions this morning, I would like to present the adverse arrangements that inflict my emotional, mental, and financial hardship status as the follows:

- 1) NV Board request my appearance on Jan 16-18 in Las Vegas to hear the Board decision for reconsideration when I will be overseas and come back on Jan 18, 2019 (see my flight scheduled attached). I requested for the written decision to be mailed to me to the above address or rescheduled to a later date when I return to the US.
- 2) Mr. Wuest denied refunding the amount of \$860 which was the renewal license fee if the Board decided not to grant my renewal. Mr. Wuest's rationale that the \$860 was charged for my appearance before the Board on Dec 6, 2018. It is non-refundable due to the fine print at the bottom of the renewal application. This is against my will to renew my license in reply to the mail solicitation letter of Ms. Lisa Hedaria, director of finance, whom I provided my felony conviction in writing to explain my license

voluntarily surrendered status with the CA Board of pharmacy. After reviewing my NV license status, she provided the required \$860 fee for renewal and stated so long as I mailed the renewed application, money order for the requested fee, and completing the continuing education CE required in the indicated time of the letter then it would be fine (attachment previous mailed to the Board to indicate that I renewed on time).

Ms. Hedaria was well informed of my financial difficulty status, and I would not send the renewal money if my renewal being denied. Then, I called the Board and was informed that I had to appear for the Board to grant the renewal with the Board meeting schedule where I was out of the country. So far, I was not required to do anything but appearance. The forfeiture of my \$860 for the arrangement of my appearance before the board was irrational, unexpected, unagreeable to me because I would definitely disagree to appear on Dec 6, 2018, before the NV Board for being humiliated, disrespected, irrationally outlawed the US laws and regulation, and I would not renew my NV license due to my financial hardship. Furthermore, I also financially suffered for the flight cost on the top of the renewal amount. I need to have my renewal fee back! Because the Board breached the contract, not me.

3) The CA Board of pharmacy will accept my licensure transferring because only my CA license was surrendered. So far, NABP confirmed that NV Board required license transfer applicants to maintain their license by original NAPLEX examination. I passed the NABP exam and shall not retake the exam plus my NV license had been in active status since 1988, although I had never practiced pharmacy in Nevada. In contrast to the issue raised by the Board that I required to work in NV for my NV license to be renewed.

4) I wish that Mr. Edwards would reply to my phone or email promptly. In addition, I prefer the answer in writing to avoid confusion.

Your consideration to grant my NV license renewal is appreciated.

Respectfully submitted,

Lan Thi Tran Nguyen

Paul Edwards

From: Lan Nguyen <nguyenfiftyfive@gmail.com>
Sent: Saturday, December 22, 2018 5:22 AM
To: David Wuest; Paul Edwards; lan trannguyen
Subject: NV license renewal- additional proofs
Attachments: NV added rationale rewal.pdf

Lan Thi Tran Nguyen
 1 N. Palm Street
 La Habra, CA 90631
 Tel: (
 Email: 

December 21, 2018

Nevada Board of Pharmacy
 431 W. Plumb Lane
 Reno, Nevada 89509
 Tel: (775)850-1440

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Your consideration to grant my NV license renewal is appreciated.

Respectfully submitted,

Lan Thi Tran Nguyen

Pharmacy Board

From: Paul Edwards
Sent: Thursday, December 27, 2018 4:46 PM
To: Lan Nguyen
Cc: David Wuest; Pharmacy Board; Shirley Hunting; Brett Kandt
Subject: RE: NV license renewal- additional proofs

Ms. Nguyen,

The Board received your emails. Per your December 21, 2018 letter, the Board will remove your request for reconsideration from its January 16-17, 2019 meeting agenda. It will reschedule your appearance for either March 6-7, 2019 in Reno, or April 10-11, 2019 in Las Vegas. Let me know what meeting you would like to attend.

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



NOT LEGAL ADVICE: This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission. Thank you.

From: Lan Nguyen <>
Sent: Saturday, December 22, 2018 5:22 AM
To: David Wuest <dwuest@pharmacy.nv.gov>; Paul Edwards <pedwards@pharmacy.nv.gov>; lan trannguyen <>
Subject: NV license renewal- additional proofs

Lan Thi Tran Nguyen
 0 N. Palm Street
 La Habra, CA 90631
 Tel:
 Email:

December 21, 2018

Nevada Board of Pharmacy
431 W. Plumb Lane
Reno, Nevada 89509
Tel: (775)850-1440

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Your consideration to grant my NV license renewal is appreciated.

Respectfully submitted,

Lan Thi Tran Nguyen

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 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?..... ☐ 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 numbered questions 1-3) above, provide the following information & letter of explanation

Board Administrative Action:	State	Date:	Case #:
License cancellation	CA	6/3/2012	SACR 09-00115-CJC

Criminal Action:	State	Date:	Case #:	County	Court
SENCE	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 ☒

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)

By signing below, you certify that you have completed ALL required CE Hours due for the 13/19 Renewal period. (Dated from Nov. 1, 11 – Oct. 31, 17: 125hrs per mo.). The exemption period is 2yrs after graduation on only. OR you may check the box for inactive if you did NOT complete CE.

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 charged 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 # 091253 Leave blank if non-applicable

2. 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 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: L. Nguyen Date: 10/21/2012

From: Tran Nguyen, Lan Thi
N. Palm Street
La Habra, CA 90631

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,



Tran-Nguyen, Lan Thi



BE AWARE AND TAKE CARE:
Talk to your pharmacist!
CALIFORNIA STATE BOARD OF PHARMACY

Nevada State Board of Pharmacy

401 W. PLUMB LANE • RENO, NEVADA 89509
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Website: cop.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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[Back](#)

**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

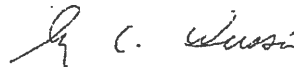
The attached Stipulated Surrender and Revocation of Licenses and Order is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

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
 La Habra, CA 90631

14 Pharmacist License No. RPH 43129

15 DU PHARMACY
 16 10042 Lampson Ave
 Garden Grove, CA 92840

17 Pharmacy License No. PHY 49001

18 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.

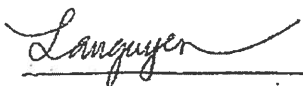
16 6. If Respondent ever applies for licensure or petitions for reinstatement in the State of
17 California, Respondent shall pay the Board, on the basis of joint and several liability, any part of
18 the \$27,433.00 in costs of investigation and enforcement of this case and the civil penalty in the
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

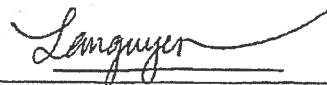
I have carefully read the above Stipulated Surrender and Revocation of Licenses and Order and have fully discussed it with my attorney, Miranda McCroskey. I understand the stipulation and the effect it will have on my Pharmacist License. I enter into this Stipulated Surrender and Revocation of Licenses 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

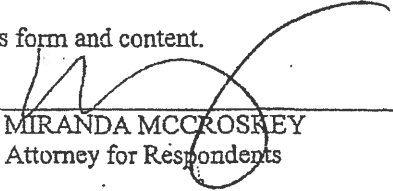
I have carefully read the above Stipulated Surrender and Revocation of Licenses and Order and have fully discussed it with my attorney, Miranda McCroskey. I understand the stipulation and the effect it will have on my Pharmacy License. I enter into this Stipulated Surrender and Revocation of Licenses 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: 4/30/13


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

DESIREE I. KELLOGG
Deputy Attorney General
Attorneys for Complainant

SD2010701042/80752140.doc

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

10
 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.

3. On or about March 24, 2008, the Board of Pharmacy issued Permit No. PHY 49001 to Lan Thi Tran Nguyen to do business as Du Pharmacy (Respondent). Permit No. PHY 49001 was in full force and effect at all times relevant to the charges brought herein and will expire on March 1, 2011. Lan Thi Tran Nguyen is and at all times has been the individual licensed owner and pharmacist-in-charge of Du Pharmacy since March 24, 2008.

JURISDICTION

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.

5. Section 4300(a) of the Code states that "[e]very license issued may be suspended or revoked."

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.

STATUTORY AND REGULATORY PROVISIONS

7. Section 482 of the Code states:

Each board under the provisions of this code shall develop criteria to evaluate the rehabilitation of a person when:

(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 I 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 licensee 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

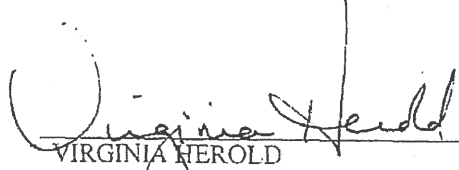
23 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
24 and that following the hearing, the Board of Pharmacy issue a decision:

- 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;

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 DATED: 10/29/10


7 VIRGINIA HEROLD
8 Executive Officer
9 Board of Pharmacy
10 Department of Consumer Affairs
11 State of California
12 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	
iw	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 County	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	
lk	Concord	Ultram	Irving Harper III	Kihel	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	Merced	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
mp	Tulare	Soma	Joseph Kamaka III	Wailuku	HI	0:05:32
mrg	Nevada City	Soma	Samson Orusa	Clarksville	TN	2:31:58
jk	Canyon Country	Soma	Samson Orusa	Clarksville	TN	
gg	El Segundo	Soma	Kareem	Freeport	NY	3:29:03

			Tannous			
jr	Westlake Village	Ultram	Kareem Tannous	Freeport	NY	1:55:07
bp	Van Nuys	Soma	Howard Strassberg	Brooksville	NY	5:08:25
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rc	Carmel Valley	Soma	Gloria Fong	Delaware	DE	
qm	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
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mk	Portola Hills	Soma	Terrill Brown	Visalia	CA	5:12:27
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jp	Thermal	Ultram	Samson Orusa	Clarksville	TN	01:01:25
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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 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	

6

6A

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: ETERNITY CARE INFUSION PHARMACY

Physical Address: 6725 S EASTERN AVE STE 8

City: LAS VEGAS State: NV Zip Code: 89002

Telephone: (702) 374-7344 Fax: IN PROCESS

Toll Free Number: IN PROCESS E-mail: LGMACARAEG@YAHOO.COM

Website: N/A

Managing Pharmacist: CLARE-LANIE MACARAEG License Number: 19507

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: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

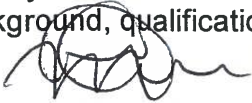
Within the last five (5) years:

- 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

CLARE-LANIE MACARAEG

Print Name of Authorized Person

11/02/18
Date

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 X

List names of 4 largest partners and percentage of ownership:

Name: LAYLANI MACARAEG %: 60

Name: CLARE-LANIE MACARAEG %: 40

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: EGLC LLC

Mailing Address: 824 SLEEPY MOON AVENUE

City, State Zip Code: HENDERSON, NV 89012

Telephone Number: 702-374-7344 Fax Number: N/A

Contact Person: LAYLANI MACARAEG

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 4:00 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: NV 2081774792

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

I, CLARE-LANIE MACARAEG

Responsible Person of THE INFUSION 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

CLARE-LANIE MACARAEG

Print Name of Authorized Person

11/02/18

Date

Managing Pharmacist

 Pharmacist Name: CLARE-LANIE MACARAEG

 License #: 19507

 Pharmacy Name: ETERNITY CARE INFUSION 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

11/02/18
Date

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date

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 PHARMACY
Nature of Pharmacy or Wholesaler
EGC LLC dba ETERNITY CARE INFUSION PHARMACY 6725 S EASTERN AVE STE 8, 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:

Last Name MACARAEG First Name CLARE-LANIE Middle Name GUERRERO

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD SLEEPY MOON AVE City HENDERSON State/Zip NV/89012

Dates 2000 - PRESENT

Present Business Address 70 E HORIZON RIDGE PKWY STE 140 City HENDERSON State/Zip NV/89002

Dates 2018 - PRESENT

STAFF PHARMACIST Present Position with the Pharmacy or Wholesaler

Phone:
Residence

Business 702-750-0475

GUAM, USA

Date of Birth Place of Birth (City, County, State)

24 FEMALE

Age Social Security Number Sex

BROWN BROWN TAN 110 lb 5'2"

Color of Eyes Color of Hair Complexion Weight Build Height

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

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 

A. **Current Marriage** _____ N/A _____
 _____ Date _____ City, County and State _____
 Spouse's full name (Maiden) _____ N/A _____ S.S. No. _____ N/A _____
 Date of Birth _____ N/A _____ Place of Birth _____ N/A _____
 Resident address _____ N/A _____
 _____ Street _____ City _____ State _____ Zip _____
 Telephone: Residence _____ N/A _____ Business _____ N/A _____
 Spouse's employer _____ N/A _____ Occupation _____ N/A _____
 Address of employer _____ N/A _____
 _____ 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
------	------------	-------------	-------------------

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.....

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

NELSON LOPEZ MACARAEG

SLEEPY MOON AVE
HENDERSON, NV 89012PHARMACY TECHNICIAN
RETIRED US NAVY

Mother

LAYLANI GUERRERO MACARAEG

SLEEPY MOON AVE
HENDERSON, NV 89012

PHARMACIST

Father-in-Law

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
---------------	------------	---------	------------

KYLE RYAN GUERRERO MACARAEG

3

SLEEPY MOON AVE
HENDERSON, NV 89012

STUDENT

Spouse

N/A

KADEN GUERRERO MACARAEG

SLEEPY MOON AVE
HENDERSON, NV 89012

STUDENT

Spouse

N/A

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School	FOOTHILL HIGH SCHOOL	HENDERSON, NV	2008-2011
			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	SOUTHWESTERN COLLEGE	CHULA VISTA, CA	2011-2012
University			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	ROSEMAN UNIVERSITY OF HEALTH SCIENCES	HENDERSON, NV	2013-2016
Other			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any ASSOCIATE OF LIBERAL ARTSPHARMD/MBACollege or university where obtained SOUTHWESTERN COLLEGEROSEMAN UNIVERSITY

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
------	--------------	--------	----------	------

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
2000 - PRESENT	SLEEPY MOON AVE	HENDERSON	NV
2000 - PRESENT	ATWATER ST	CHULA VISTA	CA

Applicant's initial a Page 5

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
05/2018-PRESENT	THE INFUSION PHARMACY 70 E HORIZON RIDGE PKWY STE 140 HENDERSON, NV 89002	
Title	Description of Duties	Name of Supervisor
STAFF PHARMACIST	PHARMACIST	LAYLANI MACARAEG
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/2017 - 05/2018	SPECIALTY CARE RX 801 S. RANCHO DR. STE D1-A LAS VEGAS, NV 89106	NEW BUSINESS OPPORTUNITY
Title	Description of Duties	Name of Supervisor
PIC	PHARMACY IN CHARGE	CLARE-LANIE MACARAEG
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
04/2014 - 06/2017	QUALITY HOME INFUSION 801 S. RANCHO DR. STE E7 LAS VEGAS, NV 89106	NEW JOB POSITION
Title	Description of Duties	Name of Supervisor
PHARM INTERN STAFF PHARMACIST	PHARMACIST	LAYLANI MACARAEG
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2014-08/2016	WALGREENS 9300 W SAHARA AVE LAS VEGAS, NV 89117	JOB OPPORTUNITY
Title	Description of Duties	Name of Supervisor
PHARM INTERN	PHARMACY INTERN	ERI BEJITO
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  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	ALEC HUTSON	Home	S GIBSON RD APT 2323, HENDERSON, NV 89012			0 11
Employer	PARAMOUNT MEDICAL BILLER	Business	961 N SMITH DR., PRICE, UT 84501			
Name	GILBERT BUCO	Home	TRIPLE CROWN ST, HENDERSON, NV 89015			18
Employer	TRONOX	Business	245 4TH ST, HENDERSON, NV 89015			
Name	MARY ANN RAQUEL	Home	MCCAIN VALLEY CT, CHULA VISTA, CA 91913			7 6
Employer	HOUSE WIFE	Business				
Name	GARY LIBAN	Home	OLD JANAL RANCH, CHULA VISTA, CA 91915			23
Employer	US RETIRED NAVY	Business				
Name	CHARLIE PALOMO	Home	VARNEY DR, SAN DIEGO, CA 92114			23
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

REAL ESTATE SALESMAN, NEVADA, 2017-PRESENT

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



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 11/02/18

Applicant's initial [Signature]

STATE OF NEVADA

ss.

COUNTY OF CLARK

I, CLARE-LANIE GUERRERO MACARAEG, 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.



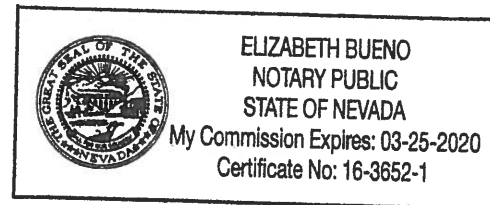
Original Signature of Applicant

Subscribed and Sworn to before me this 06 day of

November, 2018



Notary Public



(seal)

Applicant's initial



ADDITIONAL INFORMATION

This image shows a full page of a handwriting practice worksheet. It consists of numerous horizontal dashed lines spaced evenly across the page, providing a guide for letter height and placement. The lines are light gray and extend from the left margin to the right margin. There are no other markings, text, or illustrations on the page.

Applicant's initial.



PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date.....

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

Nature of License

EGLC LLC dba ETERNITY CARE INFUSION PHARMACY 6725 S EASTERN AVE STE 8, LAS VEGAS NV 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	First Name	Middle Name
MACARAE G	LAYLANI	GUERRERO

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

N/A

Present Residence Address-Street or RFD	City	State/Zip
SLEEPY MOON AVE	HENDERSON	NV/89012

Dates 2000 - PRESENT

Present Business Address	City	State/Zip
70 E HORIZON RIDGE PKWY STE 140	HENDERSON	NV/89002

PHARMACIST-IN-CHARGE	Dates
	2018 - PRESENT

Occupation	Phone: Residence

Business
702-750-0475

PHILIPPINES

Date of Birth	Place of Birth (City, County, State)

46

FEMALE

Age	Social Security Number	Sex

BROWN

BROWN

TAN

160 LB

5'2"

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height

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

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

If naturalized, certificate No..... Date 12/29/1998

Place US DISTRICT COURT SAN DIEGO, CA (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial.....

MARITAL INFORMATION-Continued

A. **Current Marriage** 08/06/1993 GUAM, USA
Date City, County and State
Spouse's full name (Maiden) NELSON LOPEZ MACARAEG S.S. No.
Date of Birth 7 Place of Birth PHILIPPINES
Resident address SLEEPY MOON AVE HENDERSON NV 89012
Street City State Zip
Telephone: Residence Business 702-750-0475
Spouse's employer LGCM LLC Occupation PHARMACY TECHNICIAN
Address of employer 70 E HORIZON RIDGE PKWY STE 140 HENDERSON NV 89002
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
M/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
CLARE-LANIE GUERRERO MACARAEG		GUAM, USA	SLEEPY MOON AVE, HENDERSON, NV 89012
KYLE RYAN GUERRERO MACARAEG		HENDERSON, NV	-- , SLEEPY MOON AVE, HENDERSON, NV 89012
KADEN GUERRERO MACARAEG		HENDERSON, NV	SLEEPY MOON AVE, HENDERSON, NV 89012

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 8

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	SATURNINO TIBAR GUERRERO		MANILA, PHILIPPINES	BUSINESS MAN
Mother	ELINITA NAGA GUERRERO		MANILA, PHILIPPINES	BUSINESS WOMAN
Father-in-Law	PHILLIP NERI MACARAEG		E 64TH ST LONG BEACH, CA 90805	RETIRED
Mother-in-Law	CORAZON LOPEZ MACARAEG		E 64TH ST LONG BEACH, CA 90805	NURSE ASSISTANT

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
SEE ATTACHMENT				
Spouse				
Spouse				
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	N/A			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School	DMMHS	PHILIPPINES	1982-1987	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	PHILIPPINE WOMEN UNIVERSTY (PWU)	PHILIPPINES	1987-1991	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	NON TRADITIONAL PHARMD PROGRAM MIDWESTERN UNIVERSITY	HENDERSON, NV	2000-2001	Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any BACHELOR OF PHARMACY 1991 ASSOCIATE OF SCIENCE NURSING 1997College or university where obtained PWU SOUTHERSTERN COLLEGEApplicant's initial SP

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 SP

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
2000-PRESENT	SLEEPY MOON AVE	HENDERSON	NV
2000-PRESENT	ATWATER ST	CHULA VISTA	CA
1996-2000	1629 - D MIRA COSTA CIR	CHULA VISTA	CA
1995-1996	DORIANA ST	PARADISE VALLEY	CA
1994-1995	4TH STREET	CHULA VISTA	CA
1993-1994		TAMUNING	GUAM, USA
1993-PRESENT	INTERVILLE SUBDIVISION	QUEZON CITY	PHILIPPINES

Applicant's initial

88

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
05/2018-PRESENT	THE INFUSION PHARMACY 70 E HORIZON RIDGE PKWY STE 140 HENDERSON, NV 89002	
Title	Description of Duties	Name of Supervisor
PIC	PHARMACY OWNER/MANAGER	SELF
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
09/2013-05/2018	QUALITY HOME INFUSION 801 S. RANCHO DR. STE E7 LAS VEGAS, NV 89106	NEW BUSINESS OPPORTUNITY
Title	Description of Duties	Name of Supervisor
PIC	PHARMACY MANAGER	ROB BROWN
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
05/2008-02/2011	SPECTRUM PHARMACY 15 CACTUS GARDEN DR BLDG C HENDERSON 89014	MOVED TO SAN DIEGO
Title	Description of Duties	Name of Supervisor
PHARMACIST	CLINICAL AND GRAVEYARD PHARMACIST	STEVE CARLTON
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
03/2006-02/2010	KMART PHARMACY, HENDERSON, NV	PREGNANCY
Title	Description of Duties	Name of Supervisor
PHARMACIST	PER DIEM PHARMACIST	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
11/2006-03/2007	CVS, HENDERSON, NV	NEW JOB
Title	Description of Duties	Name of Supervisor
PHARMACIST	STAFF PHARMACIST	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/1998-12/2006	RITE AID PHARMACY	RITE AID CLOSED DOWN
Title	Description of Duties	Name of Supervisor
PHARMACY MANAGER	PHARMACIST	KEVIN STAPLES
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/1997-08/1998	KAISER PERMANENTE, SAN DIEGO, CA	MOVED TO LAS VEGAS
Title	Description of Duties	Name of Supervisor
PHARM INTERN	PHARMACIST INTERN	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
03/1996-12/1997	PHARMERICA/CAPSTONE CLINICAL PHARMACY, SAN DIEGO, CA	NEW JOB
Title	Description of Duties	Name of Supervisor
PHARM TECH	PHARMACY TECHNICIAN	RON

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

SEE PAGE 10

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	Years Known
Name AILEEN DIAZ	Home	10TH PLACE, NE LAKE STEVENS, WA 98258				18
Employer EVERETT PUBLIC SCHOOL	Business	3900 BROADWAY, EVERETT, WA 98201				
Name GILBERT BUCO	Home	1 TRIPLE CROWN ST, HENDERSON, NV 89015				18
Employer TRONOX	Business	245 4TH ST, HENDERSON, NV 89015				
Name MARY ANN RAQUEL	Home	5 MCCAIN VALLEY CT, CHULA VISTA, CA 91913				6
Employer HOUSEWIFE	Business					
Name GARY LIBAN	Home	OLD JANAL RANCH, CHULA VISTA, CA 91915				23
Employer RETIRED US NAVY	Business					
Name CHARLIE PALOMO	Home	VARNEY DR, SAN DIEGO, CA 92114				23
Employer RETIRED US NAVY	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 SALESMAN, NEVADA, 2008-2011 & 2017-PRESENT

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 88

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 11/02/18

Applicant's initial

STATE OF NEVADA

SS.

COUNTY OF CLARK

I, LAYLANI GUERRERO MACARAEG, 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,

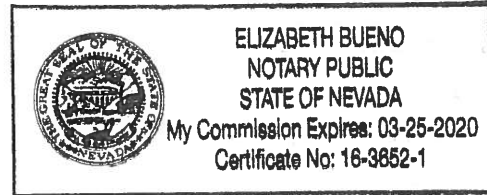
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.


Original Signature of Applicant

Subscribed and Sworn to before me this 06 day of

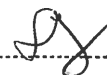
November, 2018

E. J. Bueno
Notary Public



(seal)

Applicant's initial



Page 9

ADDITIONAL INFORMATION

ITEM 8. EMPLOYMENT

01/1993-09/1994	PACIFIC HEALTHCARE PHARMACY, GUAM, USA	MOVED TO SAN DIEGO
PHARM TECH	PHARMACY TECHNICIAN	DORIS QURIMIT
04/1992-12/1992	BLISS PHARMACY, MANILA, PHILIPPINES	MOVED TO GUAM, USA
PHARMACY OWNER	PHARMACY MANAGER	SELF
05/1991-03/1992	MERCURY DRUG, MANILA, PHILIPPINES	STARTED OWN BUSINESS
PHARMACIST	STAFF PHARMACIST	

Applicant's initial



ATTACHEMENT

ITEM 3. FAMILY INFORMATION, SECTION D. BROTHERS AND SISTERS:

		NAME	BIRTH DATE	ADDRES	OCCUPATION
1	SIBLING	Eduardo Guerrero		Galbadon, Philippines	deceased
	SPOUSE	Letlet Guerrero		Galbadon, Philippines	Housewife
2	SIBLING	Olivia Monteclavo		Galbadon, Philippines	Housewife
	SPOUSE	Tomas Monteclavo		Galbadon, Philippines	Business man
3	SIBLING	Leonida Acosta		Caviti, Philippines	Housewife
	SPOUSE	Asis Acosta		Caviti, Philippines	Business man
4	SIBLING	Alfonso Guerrero		Manila, Philippines	Driver
	SPOUSE	N/A	N/A	N/A	N/A
5	SIBLING	Ronaldo Guerrero	Jan 1965	Palawan, Philippines	Business man
	SPOUSE	Ling Ling Guerrero	?	Palawan, Philippines	Business Owner
6	SIBLING	Gerardo Guerrero		Manila, Philippines	deceased
	SPOUSE	Imelda Guerrero		Manila, Philippines	Housewife
7	SIBLING	Hernane Guerrero		Manila, Philippines	Business Owner
	SPOUSE	Rowena Guerrero		Manila, Philippines	Housewife
8	SIBLING	Caroline Guerrero		Manila, Philippines	Teacher
	SPOUSE	N/A	N/A	N/A	N/A
9	SIBLING	Airies Misola		Ilo-Ilo, Philippines	Business Owner
	SPOUSE	Ariel Misola	16-Aug	Ilo-Ilo, Philippines	Engineer
10	SIBLING	Nestor Jr. Guerrero		Oman	Computer Teacher
	SPOUSE	N/A	N/A	N/A	N/A
11	SIBLING	Leonora Viar		Manila, Philippines	Accountant
	SPOUSE	Ver Viar		Manila, Philippines	Businessman
12	SIBLING	Joel Guerrero		Manila, Philippines	Pharmacist
	SPOUSE	Rose Angel Guerrero		Manila, Philippines	Pharmacist
13	SIBLING	Noel Guerrero	3	Hong Kong, China	Special Ed Teacher
	SPOUSE	Isidra Guerrero		Manila, Philippines	Special Ed Teacher
14	SIBLING	Marvin Guerrero		Manila, Philippines	Computer Programmer
	SPOUSE	Julia Guerrero		Manila, Philippines	Hostess

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

☞ Date _____

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 _____ PHARMACY
 Nature of License
EGLC LLC dba ETERNITY CARE INFUSION PHARMACY 6725 S EASTERN AVE STE 8, LAS VEGAS NV 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	MACARAEG	First Name	CLARE-LANIE	Middle Name	GUERRERO
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)					
N/A					
Present Residence Address-Street or RFD	SLEEPY MOON AVE	City	HENDERSON	State/Zip	NV/89012
Dates 2000 - PRESENT					
Present Business Address	70 E HORIZON RIDGE PKWY STE 140	City	HENDERSON	State/Zip	NV/89002
Dates 2018 - PRESENT					
OWNER/STAFF PHARMACIST				Phone:	
Occupation				Residence	
				Business	702-750-0475
GUAM, USA					
Date of Birth	Place of Birth (City, County, State)				
24	FEMALE				
Age	Social Security Number				Sex
BROWN	BROWN	TAN	110 lb	5'2"	
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height

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

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 cm

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

Spouse's full name (Maiden) N/A ^{Date} N/A City, County and State N/A
 S.S. No. N/A

Date of Birth N/A Place of Birth N/A

Resident address N/A
 Street City State Zip

Telephone: Residence N/A Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A
 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
------	--------	------	-------	-----	-----------

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
------	------------	-------------	-------------------

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 cm

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 NELSON LOPEZ MACARAEG		SLEEPY MOON AVE HENDERSON, NV 89012	REMANUFACTURER TECHNICIAN PHARMACY TECHNICIAN RETIRED US NAVY
Mother LAYLANI GUERRERO MACARAEG		SLEEPY MOON AVE HENDERSON, NV 89012	PHARMACIST
Father-in-Law N/A			
Mother-in-Law N/A			

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
KYLE RYAN GUERRERO MACARAEG		SLEEPY MOON AVE HENDERSON, NV 89012	STUDENT
Spouse N/A			
KADEN GUERRERO MACARAEG		SLEEPY MOON AVE HENDERSON, NV 89012	STUDENT
Spouse N/A			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School	FOOTHILL HIGH SCHOOL	HENDERSON, NV	2008-2011
College University	SOUTHWESTERN COLLEGE	CHULA VISTA, CA	2011-2012
Other	ROSEMAN UNIVERSITY OF HEALTH SCIENCES	HENDERSON, NV	2013-2016

Type of degree obtained, if any ASSOCIATE OF LIBERAL ARTS PHARMD/MBACollege or university where obtained SOUTHWESTERN COLLEGE ROSEMAN UNIVERSITYApplicant's initial an

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
------	--------------	--------	----------	------

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
2000 - PRESENT	SLEEPY MOON AVE	HENDERSON	NV
2000 - PRESENT	12 WATER ST	CHULA VISTA	CA

Applicant's initial 

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
05/2018-PRESENT	THE INFUSION PHARMACY 70 E HORIZON RIDGE PKWY STE 140 HENDERSON, NV 89002	
Title	Description of Duties	Name of Supervisor
STAFF PHARMACIST	PHARMACIST	LAYLANI MACARAEG
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/2017 - 05/2018	SPECIALTY CARE RX 801 S. RANCHO DR. STE D1-A LAS VEGAS, NV 89106	NEW BUSINESS OPPORTUNITY
Title	Description of Duties	Name of Supervisor
PIC	PHARMACY IN CHARGE	CLARE-LANIE MACARAEG
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
04/2014 - 06/2017	QUALITY HOME INFUSION 801 S. RANCHO DR. STE E7 LAS VEGAS, NV 89106	NEW JOB POSITION
Title	Description of Duties	Name of Supervisor
PHARM INTERN STAFF PHARMACIST	PHARMACIST	LAYLANI MACARAEG
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2014-08/2016	WALGREENS 9300 W SAHARA AVE LAS VEGAS, NV 89117	JOB OPPORTUNITY
Title	Description of Duties	Name of Supervisor
PHARM INTERN	PHARMACY INTERN	ERI BEJITO
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 _____



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	ALEC HUTSON	Home	S GIBSON RD APT 2323, HENDERSON, NV 89012			11
Employer	PARAMOUNT MEDICAL BILLER 961 N SMITH DR., PRICE, UT 84501					
Name	GILBERT BUCO	Home	TRIPLE CROWN ST, HENDERSON, NV 89015			18
Employer	TRONOX	Business	245 4TH ST, HENDERSON, NV 89015			
Name	MARY ANN RAQUEL	Home	MCCAIN VALLEY CT, CHULA VISTA, CA 91913			9 6
Employer	HOUSE WIFE	Business				
Name	GARY LIBAN	Home	1 OLD JANAL RANCH, CHULA VISTA, CA 91915			23
Employer	US RETIRED NAVY	Business				
Name	CHARLIE PALOMO	Home	VARNEY DR, SAN DIEGO, CA 92114			23
Employer	US RETIRED NAVY	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 SALESMAN, NEVADA, 2017-PRESENT

12. 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.

Applicant's initial



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 11/02/18

Applicant's initial an

STATE OF NEVADA

SS.

COUNTY OF CLARK

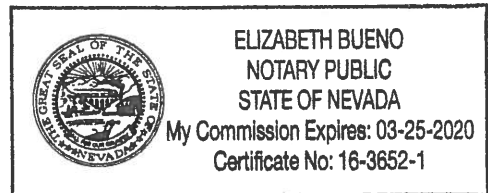
I, CLARE-LANIE GUERRERO MACARAEG, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge 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 06 day of
 November, 2018
 Elizabeth Bueno
 Notary Public



(seal)

Applicant's initial



ADDITIONAL INFORMATION

[illegible]

Applicant's initial_



6B

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: Hemostasis and Thrombosis Center of NV Pharmacy

Physical Address: 8352 W. Warm Springs Suite 200

City: Las Vegas State: Nevada Zip Code: 89113

Telephone: 702-960-5991 (current office) Fax: 702-832-1128 (current office)

Toll Free Number: 866-586-1472 E-mail: alison.bartko@htcnv.org

Website: www.htcnv.org

Managing Pharmacist: Alison Bartko R.Ph License Number: 14735

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ ☐ Other: Specialty 340B non-profit

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: _____

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.

Alison Bartko R.Ph.

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

Alison Bartko R.Ph

Print Name of Authorized Person

1/09/2019

Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: NevadaParent Company if any: Hemostasis and Thrombosis Center of NVMailing Address: 778 Starr Apple LaneCity: Las Vegas State: NV Zip: 89178Telephone: 702-960-5991 (current office) Fax: 702-832-1128 (current office)Contact Person: Alison Bartko R.Ph

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 Business Addressb) N/A
Name Business Addressc) N/A
Name Business Addressd) N/A
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: N/A %: **Hours of Operation for the pharmacy:**Monday thru Friday 9:00 am 4:00 pm Saturday PRN am pmSunday PRN am pm 24 Hours On-call PRNA 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, Alison Bartko R.Ph

Responsible Person of The Hemostasis and Thrombosis Center

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

Alison Bartko R.Ph

Print Name of Authorized Person

1/9/2019

Date

Managing Pharmacist

Pharmacist Name: Alison Bartko R.Ph

License #: 14735

Pharmacy Name: Hemostasis and Thrombosis Center of NV 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.

Alison Butko RPL
Signature

1/9/2019
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, **HEMOSTASIS AND THROMBOSIS CENTER OF NEVADA**, as a non-profit corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 14, 2017, 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 January 3, 2019.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20190103-1640




Date: January 9, 2019

To: Nevada Board of Pharmacy

Re: List of Officers and Directors

Jerry Fox -President
Julie Usgaard - Secretary
Stuart Richey - Treasurer
Kelli Walters Perlono -Director

Signed,


Alison M. Bartko R.Ph

Hemostasis & Thrombosis Center of Nevada
6450 Medical Center St. Las Vegas NV 89148
2904 W. Horizon Ridge Pkwy., Ste. 200 Henderson NV 89052
6880 S. McCarran Blvd., Ste. 4 Reno NV 89509
P: 702-960-5991/ F: 702-832-1128
HTCNV.org

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 12/27/2018

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 Specialty 340B Pharmacy

Nature of Pharmacy or Wholesaler
Hemostasis and Thrombosis Center of NV Pharmacy, 8352 W. Warm Springs Ste. 200, Las Vegas, NV 89113
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 Bartko	First Name Alison	Middle Name Bartko
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) Alison Bozick		
Present Residence Address-Street or RFD Purple Wisteria St	City Las Vegas, NV	State/Zip 89131
Present Business Address 6450 Medical Center Street	City Las Vegas, NV	State/Zip 89148
Present Position with the Pharmacy or Wholesaler 340B Coordinator		Phone: Residence _____ Business <u>702-960-5991</u>
Date of Birth	Place of Birth (City, County, State) Youngstown, Mahoning, Ohio	
Age 43	Social Security Number	Sex Female
Color of Eyes Brown	Color of Hair Brown	Complexion Medium
Weight 190	Build Medium	Height 5'6"

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 amb

A. **Current Marriage** 02/19/2000 Youngstown, Mahoning, Ohio
 Date City, County and State
 Spouse's full name (Maiden) John Joseph Bartko S.S. No.
 Date of Birth Place of Birth Cleveland, OH
 Resident address Purple Wisteria Street Las Vegas NV 89131
 Street City State Zip
 Telephone: Residence Business
 Spouse's employer Optum Services Inc. @ Mountain's Edge Hospital Occupation Pharmacist
 Address of employer 8656 W. Patrick Lane Las Vegas NV 89148
 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

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
Abigail Bartko		Las Vegas, NV	Purple Wisteria, LV NV 89131
Emily Bartko		Las Vegas, NV	Purple Wisteria, LV, NV 89131
Aaron John Bartko		Las Vegas, NV	Purple Wisteria, LV, NV 89131

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

AMB

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			
Robert Bozick		Donald Nelson Ave, Las Vegas, NV 89131	Welder/pipe fitter
Mother			
Andrea (Kiktavy) Bozick		Donald Nelson Ave., Las Vegas, NV 89131	Cashier, Walgreens
Father-in-Law			
James L. Bartko		Mallo Place, Parma Hts., OH 44130	Machinist, USG Corp
Mother-in-Law			
Marianne (Hawran) Bartko (Deceased)		Mallo Place, Parma Hts., OH 44130	Secretary, Elks Lodge

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
Robert Bozick		Bernard Ave., Venice CA 90291	Unknown
Spouse			
N/A			
Spouse			
Spouse			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	St. Joseph's	Austintown, OH	1981-1989	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Ursuline High School	Youngstown, OH	1989-1993	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	University of Toledo	Toledo, OH	1993-1997	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... BS of PharmacyCollege or university where obtained..... University of ToledoApplicant's initial amb

5 MILITARY INFORMATION:

329

- 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 AMB

- 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
12/2015-present	Purple Wisteria St	Las Vegas	NV
7/2014-12/2015	7708 Natures Song St.	Las Vegas	NV
7/2004-7/2014	8908 Glenistar Gate Ave	Las Vegas	NV
11/2000- 7/2004	1564 Ivygate Ave	Las Vegas	NV
7/1999-11/2000	80 S. Gibson Ave #1616	Henderson	NV
12/1998-7/1999	27011 Oakwood Circle Apt 208S	Olmsted Twp.	OH
1/1998-12/1998	14275 Bridle Trail	Strongsville	OH
8/1995-12/1997	1800 N. McCord Rd	Toledo	OH
9/1993 - 8/1995	University of Toledo - Dormitory	Toledo	OH

Applicant's initial

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8. EMPLOYMENT:

331

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 10/13 - 12/18	Name/Mailing Address of Employer/Business Accredo, 1335 E Sunset., Ste J, LV,NV 89113	Number of Employed Hours 10,000 +
Title Pharmacist	Description of Duties Order entry, filling, checking & packing prescription orders. Counseling patients & caregivers on medications. Working with providers and their staff to initiate specialty therapies for patients.	Name of Supervisor Adam Portik
Month and Year 8/09 - 10/13	Name/Mailing Address of Employer/Business Express Scripts (formerly Medco), 6255 Annie Oakley Dr, LV, NV 89120	Number of Employed Hours 8000 +
Title Pharmacist	Description of Duties Counseling patients & caregivers on their mail order prescriptions. Process verbal orders from providers.	Name of Supervisor Corey Johnson
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 AMP

9. CHARACTER REFERENCES:

332

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 Stephen Wright	Home					10
Employer Accredo	Business	1335 East Sunset Rd., LV NV 89119 702-895-8990				
Name Carol Rajchel	Home	Leys Burnett,	LV NV	89044	7	18
Employer Dignity Health	Business	Type text here				
Name Jill Hecker	Home	W 95th St, Apt 8EF, NY, NY 10025				29
Employer N/A	Business					
Name Jeff Bossio	Home	Kirkton St., Henderson, NV 89012				7
Employer Express Scripts	Business					
Name Erin Reissig	Home	Spearhead Dr., Brecksville, OH 44141				23
Employer N/A	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

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14. Have you ever been refused a business or industry license or related finding or 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 12/23/18

Applicant's initial AMB Page 8

COUNTY OF Clark

I, Alison M. Bartko, 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,

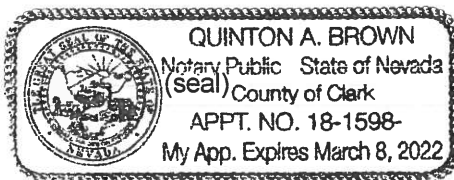
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Alison M. Bartko

Original Signature of Applicant

Subscribed and Sworn to before me this 27th day ofDecember 2018Quinton Brown

Notary Public



Applicant's initial

AMB

Page 9

6C

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: PharmaScript, Inc.

Physical Address: 6170 N. Durango Drive, Suite 250

City: Las Vegas State: Nevada Zip Code: 89149

Telephone: 702-701-8781 Fax: 702-701-8782

Toll Free Number: (844) 635-3221 E-mail: mike@pharma-script.com

Website: www.pharma-script.com

Managing Pharmacist: ~~Pending~~ Gregory Blackburn License Number: 11281

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: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

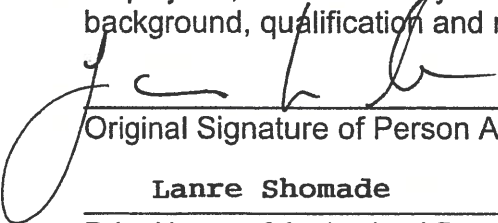
Within the last five (5) years:

- 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

Lanre Shomade

Print Name of Authorized Person


Date 1/31/2019

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Illinois

Parent Company if any: Premier Point Home Health, Inc.

Mailing Address: 4701 N. Sheridan Road

City: Chicago State: Illinois Zip: 60640

Telephone: 773-275-8390 Fax: 773-275-8395

Contact Person: Lanre Shomade

For any corporation non publicly traded, disclose the following:

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

a)	Name	Business Address	60640
	Premier Point Home Health, Inc.	4701 N. Sheridan Road, Chicago, IL	

b)	
Name	Business Address

[illegible][illegible]

- 2) Provide the number of shares issued by the corporation. One (1)

- 3) What was the price paid per share? Unknown

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 1:00 pm

Saturday closed am _____ pm _____

Sunday closed am _____ pm _____

24 Hours

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

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

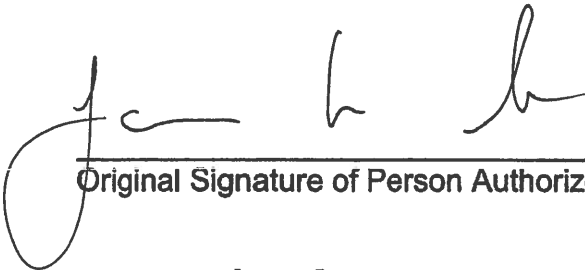
I, Lanre Shomade

Responsible Person of PharmaScript, 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

Lanre Shomade

Print Name of Authorized Person

01/31/2019

Date

Managing Pharmacist

Pharmacist Name: Gregory John BlackburnIL 051-032909
License # NV 11281Pharmacy Name: PharmaScript, 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: _____	Date: _____ Case #: _____
And/or Criminal Action:	State: _____	Date: _____ Case #: _____
County	_____	Court: _____

55

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

1-28-2019

 Date

**PharmaScript Inc.
Application for Nevada Pharmacy License**

Officer/Director/Stockholder Listing

Officer/s

Name	Title	RPH #	Address
Lanre A. Shomade	President and Secretary	N/A	4701 N. Sheridan Road Chicago, IL 60640

Director/s

Name	Title	RPH #	Business Address
Lanre A. Shomade	Director	N/A	4701 N. Sheridan Road Chicago, IL 60640

Stockholder/s

Name	Title	Business Address	FEIN	Percent Stock Owned
Premier Point Home Health, Inc.	Sole Stockholder	4701 N. Sheridan Road Chicago, IL 60640	26-0210977	100%

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary
for Commercial Recordings



OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division

202 N. Carson Street
Carson City, NV 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138

Robyn Hansen
1993 E. Ashley Mesa Lane
Sandy, UT 84092

Job:C20190124-2886
January 24, 2019

Special Handling Instructions:**Charges**

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Cert of Existence (good standing - short form)	20180344926-69	8/2/2018 4:00:19 PM	1	\$50.00	\$50.00
Total					\$50.00

Payments

Type	Description	Amount
Credit	04080G|5483910824576329003059	\$50.00
Total		\$50.00

Credit Balance: \$0.00

Job Contents:

Web Certificate of Good Standing 1
Short

Robyn Hansen
1993 E. Ashley Mesa Lane
Sandy, UT 84092

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, **PHARMASCRIP, INC.**, as a corporation duly organized under the laws of Illinois and existing under and by virtue of the laws of the State of Nevada since August 2, 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 January 24, 2019.

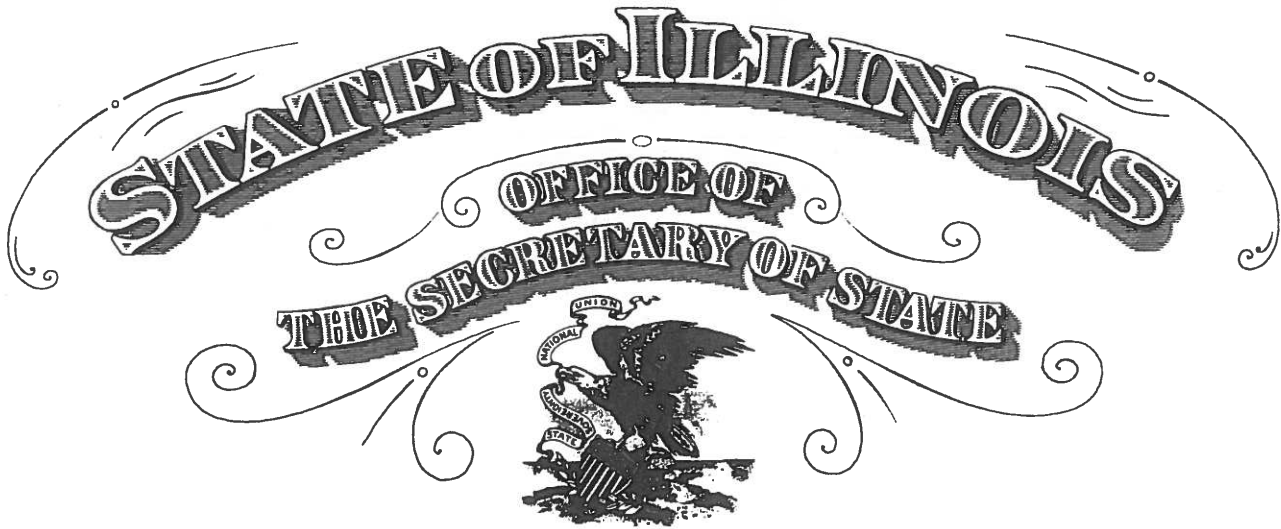
Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20190124-2886

File Number

6991-345-8



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

PHARMASCRIP INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 08, 2014, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 24TH day of JANUARY A.D. 2019 .

Jesse White

SECRETARY OF STATE

Authentication #: 1902402312 verifiable until 01/24/2020

Authenticate at: <http://www.cyberdriveillinois.com>

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 01/31/2019

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 Pharmacy

Nature of License
PharmaScript, Inc. 6170 N. Durango Drive, Suite 250, Las Vegas, NV 89149
Name and Address of Establishment for Which License Is Requested
N/A

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Shomade, Lanre A

Last Name	First Name	Middle Name
<u>None</u>		

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

N. Fairfield Avenue, Chicago, IL 60645

Present Residence Address-Street or RFD	Dates	City	State/Zip
<u>4701 N. Sheridan Road</u>	<u>02/2013-</u>	<u>Chicago, IL</u>	<u>60640</u>

Present Business Address	Dates	City	State/Zip
<u>Administrator</u>	<u>05/2007-present</u>		

Occupation	Dates	City	State/Zip
<u>Administrator</u>	<u>05/2007-present</u>		

Phone:
Residence
Business

<u>773-275-8390</u>

Place of Birth (City, County, State)
<u>Lagos, Nigeria</u>

Date of Birth	Sex
<u>56</u>	<u>Male</u>

Age	Social Security Number	Sex
<u>56</u>		<u>Male</u>

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
<u>Brown</u>	<u>Bald</u>	<u>Brown</u>	<u>240lbs.</u>		<u>6'4"</u>

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MARITAL INFORMATION-Continued

N/A A. Current Marriage.....

Spouse's full name (Maiden)..... Date..... 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.....

N/A 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
Amore N. Shomade		Chicago, IL	N. Fairfield Avenue Chicago, IL 60645

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 LTS

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

Bashiru Adio Shomade	April 1931		Deceased
----------------------	------------	--	----------

Mother

Tito Mary Shomade	January 1937	Nigeria	Retired
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Father-in-Law

Mother-in-Law

N/A 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
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Spouse

Spouse

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar				
School				Yes <input type="checkbox"/> No <input type="checkbox"/>
High				
School				Yes <input type="checkbox"/> No <input type="checkbox"/>
College	DeVry University	Chicago, IL	1990-1994	
University	Keller Graduate			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	School of Management	Chicago, IL	2005-2006	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any **B.S. Computer Information Systems and MBA**College or university where obtained **DeVry University & Keller Graduate School of Management**Applicant's initial **MS**

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 WAS 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

- 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
1990-2018	5920 N. Kenmore Avenue, #216,	Chicago, IL	Cook Cty
2018-present	N. Fairfield Avenue,	Chicago, IL	Cook Cty

Applicant's initial VMS

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
May 2007	Premier Point Home Health, Inc. 4701 N. Sheridan Rd., Chicago, IL	Currently employed
Title	Description of Duties	Name of Supervisor
Administrator	Manage overall business activities	Self
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
April 2006	Resurrection Health Care Chicago, IL	To start home health company
Title	Description of Duties	Name of Supervisor
Project Coordinator	Analyze data for CEO/EVP	John Walton
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1998	Bankers Life 7 Casualty Co. Chicago, IL	Company downsizing
Title	Description of Duties	Name of Supervisor
Programmer Analyst	Application Development	Jim Summers
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 LAS 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 Deidre Onwukwe Home		N. Moody	Chicago	IL 60639		11yrs.
Employer Self-employed Business						
Name Lea Burrack Home						10yrs.
Employer Ins. Broker Business	1525 Thornfield Ln., #8	Roselle	IL	60417		8yrs.
Name Jim Alexander Home	430 Green Briar Dr.	Crete	IL	60417		8yrs.
Employer Consultant Business						
Name Ted McGinn Home						7yrs.
Employer Attorney Business	1933 N. Meacham Rd., #600	Schawnburg	IL			
Name Brenda Pisone Home						15yrs.
Employer Consultant Business	271 Snowhill Ave.	Kettering	OH	45429		

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.

PharmaScript, Inc., 5437 N. Broadway Ave., Chicago, IL 60640 12/2015-present
Pharmacy license by the IL DPFR, DME license by the IL DOPH
Premier Point Home Health, Inc. 4701 N. Sheridan Rd., Chicago, IL 05/2007-present
Home Health Agency license by the IL DOPH

Applicant's initial UAS 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 01/29/2019

Applicant's initial LTS

STATE OF Illinois

ss.

COUNTY OF Cook

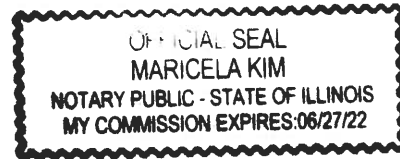
I, Lanre Shomade, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation 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.

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 30 day ofJanuary, 2019

Maricela Kim
Notary Public



(seal)

Applicant's initial LS

ADDITIONAL INFORMATION

[illegible]

Applicant's Initial LAS

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

 Date 01/31/2019

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

Nature of Pharmacy or Wholesaler

PharmaScript, Inc. 6170 N. Durango Drive, Suite 250, Las Vegas, NV 89149
 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:

Blackburn Gregory John
 Last Name First Name Middle Name

None
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD City State/Zip

None None None
 Present Business Address City State/Zip

Processing to New Position None
 Present Position with the Pharmacy or Wholesaler

 Phone:
 Residence None
None Moline, Rock Island County, Illinois
 Date of Birth Place of Birth (City, County, State)

65 None None
 Age Social Security Number Sex

Blue Brown/Gray White 275 Stocky 6'0
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars - Right forearm & Appendix
 Scars, tattoos or distinguishing marks and/or characteristics N/A

 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 GB

MARITAL INFORMATION-Continued

A. **Current Marriage**.....
 Date..... City, County and State.....
 Spouse's full name (Maiden)..... 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
Latona K. Blackburn		2010	Final	Las Vegas, NV
		Galushung, IL	2/14/1983	

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

Name	Street	City	State	Zip	Telephone
Grata Dugan	Unknown	Deavenport, Ia		52807	Unknown

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
Kurt Blackburn		Hinsdale, IL	Spring Creek DR
John Blackburn		Silvas, IL	Pruning Gusseln
Anthony Downing		Silvas, IL	W. Russell Rd
			Las Vegas, NV 89113

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 GB

FAMILY INFORMATION-Continued

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

Name 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

Edward S. Blackburn	Deceased	Retired	
---------------------	----------	---------	--

Mother

Jeanne L. Blackburn	Moline, IL	Housewife	
---------------------	------------	-----------	--

Father-in-Law

Edward Lazzari	Deceased	Retired	
----------------	----------	---------	--

Mother-in-Law

Eva Campbell	Deceased	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
---------------	------------	---------	------------

David Blackburn		Florida	Retired
-----------------	--	---------	---------

Spouse

Jamie Blackburn		5W 5th St #8 Boca Raton, FL	33486
-----------------	--	-----------------------------	-------

Spouse

Jessy Blackburn	Unk 1956	Gray Lake	Retired
-----------------	----------	-----------	---------

Spouse

Deceased	324 Banbury Ln	Gray Lake, IL	60030
----------	----------------	---------------	-------

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
----------------	----------	----------------	----------

Grammar School	Garfield	Moline, IL	1952 - 1964	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
----------------	----------	------------	-------------	---

High School	Moline Sr High	Moline, IL	1968 - 1971	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
-------------	----------------	------------	-------------	---

College	University of Illinois			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---------	------------------------	--	--	---

Other	College of Pharmacy			Yes <input type="checkbox"/> No <input type="checkbox"/>
-------	---------------------	--	--	--

John Deane JR High	Moline, IL	1965 - 1968	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
--------------------	------------	-------------	---

Type of degree obtained, if any

High School Diploma

College or university where obtained

BS in Pharmacy

Applicant's initial CS

5 MILITARY INFORMATION:

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

Branch Army Date of entry-active service 9/24/1972

Date of separation 9/23/1974 Type of discharge Honorable

Rating at separation SP 4 Serial number 100-100-100-100

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 USA State Illinois Date registered 1971

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>None</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

Applicant's initial SP

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
Bankruptcy	Self	Nov 2018

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
-----------------------------	-------------------	------	-----------------

Dec 1992-2011 2100 Preakness Pass Las Vegas, NV 89117

2011-2015 2014-Madagascar Ln Las Vegas, NV 89117

2015-2018 14510 Gomeyne Blvd, Biloxi, MS 39535
Unit 1602

Current

2018 December Blazing Fire Ct
Las Vegas, NV 89117

Moved from 12/2018

14510-Gomeyne Blvd Unit 1602 Biloxi, MS 39535

Applicant's initial RS

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.

12612 Challenger Pkwy Ste 365

August 2015 Loyal Source Orlando, FL 40 Hrs
 Month and Year, Name/Mailing Address of Employer/Business Number of Employed Hours

Pharmacist	Inpatient
Title	Description of Duties

32826

Number of Employed Hours

Title	Description of Duties
-------	-----------------------

Name of Supervisor

Club Staffing 5901 Broken Sound Pkwy NW Boca Raton, FL

[illegible]

Number of Employed Hours

5-2015 to August 2015

Jay

Title	Description of Duties
-------	-----------------------

Name of Supervisor

[illegible]

Title	Description of Duties	Name of Supervisor
9-1998 to March 2014	Veteran Affairs	40 fto

Title	Description of Duties
1. [Redacted]	[Redacted]
2. [Redacted]	[Redacted]
3. [Redacted]	[Redacted]
4. [Redacted]	[Redacted]
5. [Redacted]	[Redacted]
6. [Redacted]	[Redacted]
7. [Redacted]	[Redacted]
8. [Redacted]	[Redacted]
9. [Redacted]	[Redacted]
10. [Redacted]	[Redacted]
11. [Redacted]	[Redacted]
12. [Redacted]	[Redacted]
13. [Redacted]	[Redacted]
14. [Redacted]	[Redacted]
15. [Redacted]	[Redacted]
16. [Redacted]	[Redacted]
17. [Redacted]	[Redacted]
18. [Redacted]	[Redacted]
19. [Redacted]	[Redacted]
20. [Redacted]	[Redacted]
21. [Redacted]	[Redacted]
22. [Redacted]	[Redacted]
23. [Redacted]	[Redacted]
24. [Redacted]	[Redacted]
25. [Redacted]	[Redacted]
26. [Redacted]	[Redacted]
27. [Redacted]	[Redacted]
28. [Redacted]	[Redacted]
29. [Redacted]	[Redacted]
30. [Redacted]	[Redacted]

Name of Supervisor

6900 North Pecos Rd North Las Vegas, NV 89086

[illegible]

Title	Description of Duties
Supervisor	Gaug Steel Laminated

Name of Supervisor: _____

Inpatient Supervisor & Clinical Pharmacist

[illegible]

Title	Description of Duties
-------	-----------------------

Name of Supervisor _____

[illegible]

Title	Description of Duties
-------	-----------------------

Name of Supervisor _____

[illegible]

Title	Description of Duties
-------	-----------------------

Name of Supervisor _____

[illegible]

Title	Description of Duties
-------	-----------------------

Name of Supervisor _____

[illegible]

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:

Attached on Back

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	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
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

RPH IL 051-032 969 Since Aug, 1979

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



Frank McCoy RPH Co-Worker

Attn: Pharmacy

301 Fisher Street

Keesler AFB, MS 39534

6

Roland Mullins RPH Co-Worker

Attn: Pharmacy301 Fisher Street

Keesler AFB, MS 39534

Alya McNeal RPH Co-Worker

Attn: Pharmacy301 Fisher Street

Keesler AFB, MS 39534

7

Gary Carter Friend

1 Lemoyne Blvd.

Biloxi, Ms 39535

Vicki Miller Friend

2 US Highway 67

Milan, Il. 61265

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 ☐

Brother: David Blackburn Rx Sales Representative
 Spouse: Latanya Blackburn Rx Sales Representative

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler?

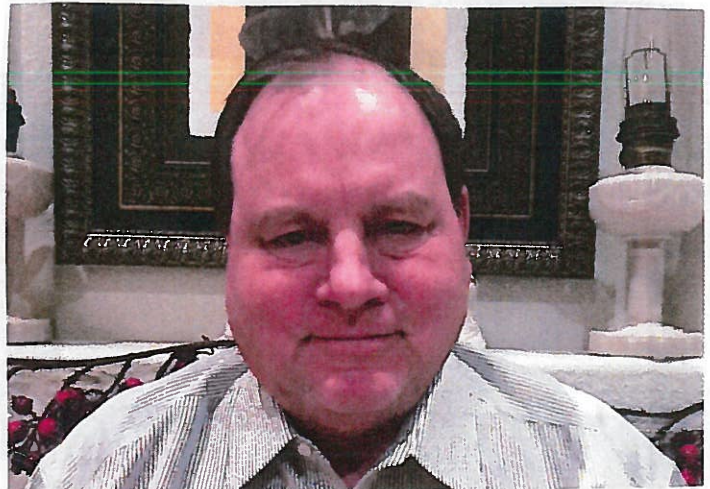
Yes ☒ No ☐

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 1/29/2019

Applicant's initial LD

STATE OF Nevada

ss.

COUNTY OF Clark

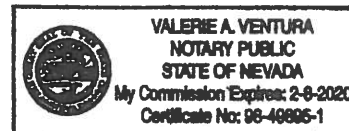
I, Gregory J. Blackburn, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge 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.

Gregory J. Blackburn
Original Signature of Applicant

Subscribed and Sworn to before me this 29th day of

January 2019
Valerie A. Ventura
Notary Public



(seal)

Applicant's initial GB

Loyal Source & Club Staffing provided
 Inpatient Pharmacist at Keesler AFB at
 4502 M St. Biloxi, Ms 39530. Active Duty
 managed the contract Inpatient Pharmacist.
 Left position March 15, 2018 to another
 job offer.

6D

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: PREFERRED PHARMACY
 Physical Address: 2202 W. CHARLESTON BLVD #13
 City: LAS VEGAS State: NV Zip Code: 89102
 Telephone: 702 384 3784 Fax: 702 701 8939
 Toll Free Number: N/A E-mail: SARIF.CHOR@YAHOO.COM
 Website: N/A
 Managing Pharmacist: LALBHAI PATEL License Number: 16527

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: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

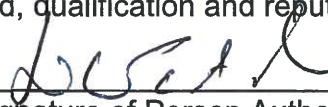
Within the last five (5) years:

- 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

LALBHAI PATEL
Print Name of Authorized Person

1/31/2019
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: 3525 S. FORT APACHE #165City: LAS VEGAS State: NV Zip: 89147Telephone: 702 233 2010 Fax: 702 233 2009Contact Person: LALBHAI PATEL

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation? NV 89104a) LALBHAI PATEL 2208 S. NELLIS #5A LAS VEGAS
Name Business Addressb) SHIVANI PATEL 3525 S. FORT APACHE #165 NV 89147 LAS VEGAS
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address2) Provide the number of shares issued by the corporation. 1003) What was the price paid per share? \$ 1.00

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 9 am 5:30 pmSaturday 9 am 2 pmSunday Φ am Φ 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 – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, LALBHAI PATEL

Responsible Person of JAY MATAJI INC OBA PREFERRED 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

LALBHAI PATEL

Print Name of Authorized Person

1/31/2019

Date

Managing Pharmacist

 Pharmacist Name: LALBHAI PATEL

 License #: 16527

 Pharmacy Name: PREFERRED 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.

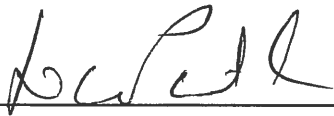
	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of 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)

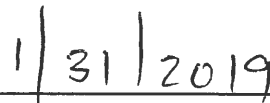
1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada 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



APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

 Date 1/31/2019

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 PREFERRED PHARMACY
2202 W. CHARLESTON BLVD #13 LAS VEGAS NV 89102
 Nature of Pharmacy or Wholesaler
 Name and Address of Business for Which Designated Representative Is Requested
KENS PHARMACY
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

PATEL LALBHAI NATVARLAL
 Last Name First Name Middle Name

N/A
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

DESERT DAISY CT LAS VEGAS NV 89178
 Present Residence Address-Street or RFD City State/Zip

2208 S. NELLIS #5A LAS VEGAS NV 89104
 Present Business Address Dates City State/Zip

PHARMACY MANAGER 3/8/2014 - PRESENT
 Present Position with the Pharmacy or Wholesaler Dates

INDIA 702 701 8943
 Phone: Residence Business
KADI, GUJARAT
 Place of Birth (City, County, State)

40 MALE
 Date of Birth Sex

BLACK BLACK FAIR 170 LBS MEDIUM 5' 10"
 Age Social Security Number Build Height

BLACK BLACK FAIR 170 LBS MEDIUM 5' 10"
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics SKIN TAG ON LEFT JAW
CLOSE TO LEFT EAR

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

If naturalized, certificate No. 6/19/2003
 Date

Place BOSTON MASSACHUSETTS (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial LP

MARITAL INFORMATION-Continued

A. **Current Marriage** 6/23/2005 LAS VEGAS, CLARK, NV
 Date City, County and State
 Spouse's full name (Maiden) SHIVANI INDRAVADAN S.S. No. _____
 Date of Birth _____ Place of Birth GOZARIA, INDIA
 Resident address DESERT DAISY CT LAS VEGAS NV 89178
 Street City State Zip
 Telephone: Residence _____ Business 702 233 2010
 Spouse's employer TRUE CARE PHARMACY Occupation PHARMACY MANAGER
 Address of employer 3525 S. FORT APACHE #165 LAS VEGAS NV 89147
 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
SIYA PATEL		LAS VEGAS, NV	DESERT DAISY CT LAS VEGAS NV 89178
SAI PATEL		LAS VEGAS, NV	DESERT DAISY CT LAS VEGAS NV 89178

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 BP

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			
NATVARLAL PATEL		DECEASED	
Mother			
MANIBEN PATEL		DESERT DAISY CT LAS VEGAS NV 89178	HOUSE WIFE
Father-in-Law			
INDRAVADAN PATEL		WARMINSTER AVE LAS VEGAS NV 89178	RETIRED
Mother-in-Law			
JYOTSANA PATEL		WARMINSTER AVE LAS VEGAS NV 89178	HOUSE WIFE

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
VILESH PATEL		DESERT DAISY CT LAS VEGAS NV 89178	PHARM. TECH
Spouse			
KAMINI PATEL		DESERT DAISY CT LAS VEGAS NV 89178	RESPIRATORY THERAPIST
KUMUDBEN PATEL		W. DIABLO DR LAS VEGAS NV 89113	EYEBROW THREADER
Spouse			
ANILKUMAR PATEL		W. DIABLO DR LAS VEGAS NV 89113	TECH-IN-TRAINING
SUSUMBEN PATEL		PROUD STATUE AVE LAS VEGAS NV 89148	EYEBROW THREADER
Spouse			
HIRISHBHAI PATEL		PROUD STATUE AVE LAS VEGAS NV 89148	TECH-IN-TRAINING
PRATIKSHA PATEL		MORENO MOUNTAIN AVE LAS VEGAS NV 89178	HOUSE WIFE
Spouse			
TUSHAR PATEL		MORENO MOUNTAIN AVE LAS VEGAS NV 89178	FRONT DESK CLERK

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	KUMARSHALA, KADI, INDIA		06/1984 - 03/1991	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	S.V. HIGH SCHOOL, KADI, INDIA		06/1991 - 03/1996	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	MASSACHUSETTS COLLEGE OF PHARMACY	BOSTON, MA	06/2000 TO 05/2004	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 - DCollege or university where obtained MASSACHUSETTS COLLEGE OF PHARMACYApplicant's initial LD

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒Branch N/A Date of entry-active service N/ADate of separation N/A Type of discharge N/ARating 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.) N/A

B. Have you registered for the draft?

Yes ☐ No ☒County N/A State N/A Date registered N/A**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>N/A</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? N/A city, county and state N/A

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? N/A city, county and state N/A

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>N/A</u>				

Applicant's initial LS

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
-----------------------------	-------------------	------	-----------------

07/2009 - CURRENT	DESERT SAIGY CT	LAS VEGAS	NV 89178
05/2004 - 07/2009	5567 ALEMAN DR	LAS VEGAS	NV 89113
05/2000 - 05/2004	2B HORADAN WAY	ROXBURY	MA 02120
08/1999 - 05/2000	UNIVERSITY OF UTAH DORMS	SALT LAKE CITY	UT 84111
06/1996 - 08/1999	5599 ALEMAN DR	LAS VEGAS	NV 89113
BIRTH - 06/1996	BHAUPURA KOTHIVALO VAS	KADI	INDIA

Applicant's initial

60

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
03/2014 - PRESENT	TRUE CARE PHARMACY 2208 S. NELLIS BLVD #5A LV, NV 89104	9440 HRS
Title	Description of Duties	Name of Supervisor
PHARMACY MANAGER	MANAGING PHARMACY	LALBHAI PATEL
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
04/2012 - 10/2013	WALMART @ DECATUR & CHARLESTON	2880 HRS
Title	Description of Duties	Name of Supervisor
PHARMACY MANAGER	MANAGING PHARMACY	SHANIQUEA MOODY
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
HEENA PATEL	DUFFLE PLACE	PISCATAWAY	NJ	08854	()	17 YRS
WALGREENS						
DHAVAL CHOKSHI	SALTER ST SOUTH	WINDSOR	CT	06074	()	16 YRS
WALGREENS						
BHAVIK PATEL	3 ROBERT J PORTER DR	EL CENTRO	CA	92243	()	16 YRS
PREFERRED PHARMACY						
MICHELLE MEDEL	3 COUNTRY WINE CT	LAS VEGAS	NV	89129	()	20 YRS
CIRCUS CIRCUS						
MANISH PATEL	GARDEN LANE	WAKE FIELD	MA	01880	()	16 YRS
CVS						

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

PHARMACY - NEVADA 2011 TO PRESENT

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.

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:

N/A

Applicant's initial

LP

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 1/31/2019

Applicant's initial LS

STATE OF NEVADA

ss.

COUNTY OF CLARK

I, LALBHAI PATEL, 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,

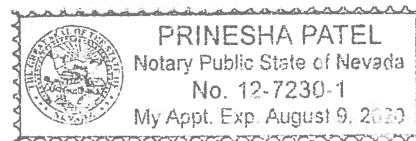
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.



Original Signature of Applicant

Subscribed and Sworn to before me this 1 day ofFeb 12 2019


Notary Public



(seal)

Applicant's initial LP

[illegible]

Applicant's initial.

5

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 1/31/2019

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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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 PREFERRED PHARMACY
2202 W. CHARLESTON BLVD #13 LAS VEGAS NV 89102
 Name and Address of Establishment for Which License Is Requested
KENS PHARMACY
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name PATEL First Name LALBHAI Middle Name NATVARLAL
 N/A
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
1 DESERT DAISY CT LAS VEGAS NV 89178
 Present Residence Address-Street or RFD City State/Zip
2208 S. NELLIS #5A LAS VEGAS NV 89104
 Present Business Address City State/Zip
PHARMACY MANAGER 03/08/2014 - PRESENT
 Occupation Dates
 INDIA
KADI, GUJARAT
 Date of Birth Place of Birth (City, County, State)
40 MALE
 Age Sex
BLACK BLACK FAIR 170 LBS MEDIUM 5' 10"
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics SKIN TAG ON LEFT JAW
CLOSE TO LEFT EAR

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

If naturalized, certificate No. 06/19/2003 Date

Place BOSTON, MASSACHUSETTS (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial L

MARITAL INFORMATION-Continued

A. **Current Marriage** 06/23/2005 LAS VEGAS, CLARK, NEVADA
Date City, County and State
 Spouse's full name (Maiden) SHIVANI INDRAVADAN PATEL S.S. No.
 Date of Birth _____ Place of Birth GUZARIA, INDIA
 Resident address DESERT DAISY CT LAS VEGAS NV 89178
Street City State Zip
 Telephone: Residence _____ Business 702 233 2010
 Spouse's employer TRUE CARE PHARMACY Occupation PHARMACY MANAGER
 Address of employer 3525 S. FORT APACHE #165 LAS VEGAS NV 89147
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
SIYA PATEL	-	LAS VEGAS, NV	DESERT DAISY CT LAS VEGAS NV 89178
SAI PATEL	-	LAS VEGAS, NV	DESERT DAISY CT LAS VEGAS NV 89178

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 L

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			
JATVARLAL PATEL		DECEASED	
Mother			
MANIBEN PATEL		DESERT DAISY CT LAS VEGAS NV 89178	HOUSE WIFE
Father-in-Law			
INDRAVASAN PATEL		WARMINSTER AVE LAS VEGAS NV 89178	RETIRED
Mother-in-Law			
JYOTSANA PATEL		WARMINSTER AVE LAS VEGAS NV 89178	HOUSEWIFE

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
JILESH PATEL	3	2. DESERT DAISY CT VEGAS NV 89178	PHARM TECH.
Spouse			
LAMINI PATEL	1	DESERT DAISY CT VEGAS NV 89178	RESPIRATORY THERAPIST
KUMUBEN PATEL	1	W. DIABLO DR LAS VEGAS NV 89113	EYEBROW THREADER
Spouse			
JNILKUMAR PATEL	1	W. DIABLO DR LAS VEGAS NV 89113	TECH-IN-TRAINING
KUSUMBEN PATEL	1	PROUD STATUE AVE LAS VEGAS NV 89148	EYEBROW THREADER
Spouse			
SIRISHBHAI PATEL	1	PROUD STATUE AVE LAS VEGAS NV 89148	TECH-IN-TRAINING
PRATIKSHA PATEL	1	MORENO MOUNTAIN AVE LAS VEGAS NV 89178	HOUSE WIFE
Spouse			
TUSHAR PATEL	1	MORENO MOUNTAIN AVE LAS VEGAS NV 89178	FRONT DESK CLERK

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	KUMARSHALA, KADI, INDIA		06/1984 - 03/1991	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	S.V. HIGH SCHOOL, KADI, INDIA		06/1991 - 03/1996	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	MASSACHUSETTS	BOSTON, MA	06/2000 TO	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	COLLEGE OF PHARMACY		05/2004	Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any PHARM - DCollege or university where obtained MASSACHUSETTS COLLEGE OF PHARMACYApplicant's initial L

5 MILITARY INFORMATION:

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

Branch N/A Date of entry-active service N/ADate of separation N/A Type of discharge N/ARating 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.) N/A

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

County N/A State N/A Date registered N/A**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>N/A</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? N/A city, county and state N/A
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? N/A city, county and state N/A
- 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>N/A</u>				

Applicant's initial LP

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
-----------------------------	-------------------	------	-----------------

07/2009-CURRENT ' DESERT DAISY CT LAS VEGAS NV 89178

05/2004-07/2009 5567 ALEMAN DR LAS VEGAS NV 89113

05/2000-05/2004 2B HORANAN WAY ROXBURY MA 02120

08/1999-05/2000 UNIVERSITY OF UTAH DORMS SALT LAKE CITY UT 89112

06/1996-08/1999 5599 ALEMAN DR LAS VEGAS NV 89113

BIRTH-06/1996 BHAUPURA KOTHIVALO VAS, KADI INDIA

Applicant's initial.....LS

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
03/2014-PRESENT	TRUE CARE PHARMACY 2208 S NELLIS BLVD # 5A LAS VEGAS, NV 89104	N/A
Title	Description of Duties	Name of Supervisor
PHARMACY MANAGER	PERFORMED A FULL RANGE OF PHARMACIST DUTIES	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
04/2012-10/2013	WALMART @ DECATUR & CHARLESTON	OPENED MY OWN PHARMACY
Title	Description of Duties	Name of Supervisor
PHARMACY MANAGER	MANAGING PHARMACY	SHANIQUEA MOODY
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
05/2004-04/2012	WALGREENS @ TROPICANA & DURANGO	NEEDED A CHANGE
Title	Description of Duties	Name of Supervisor
PHARMACY MANAGER	MANAGING PHARMACY	HOLLY PRIEVO
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/2000-05/2004	WALGREENS IN NEEDHAM, MASSACHUSETTS	GRADUATED
Title	Description of Duties	Name of Supervisor
PHARMACY INTERN	PHARMACY INTERN DUTY	LINDA LONDON
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
08/1999-6/2000	UNEMPLOYED	N/A
Title	Description of Duties	Name of Supervisor
FULL TIME STUDENT	SCHOOLING	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
11/1996-08/1999	CIRCUS CIRCUS HOTEL & CASINO	SCHOOL
Title	Description of Duties	Name of Supervisor
STOCKER	ORDERED & STOCKED STUFF ANIMALS	MICHELLE MEDEL
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.....



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
HEENA PATEL	Home	DUFFLE PLACE				17 YR
WALGREENS	Business	PISCATAWAY	NJ	08854	(
DHAVAL CHOKSHI	Home	3 SALTER ST SOUTH				16 YR
WALGREENS	Business	WINDSOR	CT	06074		
BHAVIK PATEL	Home	3 ROBERT J PORTER DR				16 YR
PREFERRED PHARMACY	Business	EL CENTRO	CA	92243		
MICHELLE MEDEL	Home	3 COUNTRY WINE CT				20 YR
CIRCUS CIRCUS	Business	LAS VEGAS	NV	89129		
MANISH PATEL	Home	GARDEN LANE				16 YR
TARGET	Business	WAKE FIELD	MA	01880	(
		N/A				

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
353 NEVADA STATE BANK	LAS VEGAS	NV	LALBHAI PATEL SHIVANI PATEL
356 NEVADA STATE BANK	LAS VEGAS	NV	LALBHAI PATEL SHIVANI PATEL
619 NEVADA STATE BANK	LAS VEGAS	NV	LALBHAI PATEL SHIVANI PATEL

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

PHARMACY - NEVADA 2011 - CURRENT

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

LP

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 ☒

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 1/31/2019

Applicant's initial LP

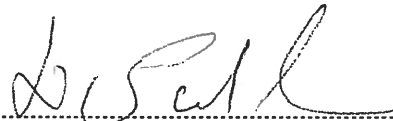
STATE OF NEVADA

SS.

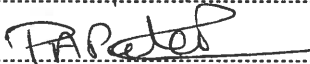
COUNTY OF CLARK

I, LALBHAI PATEL, 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,

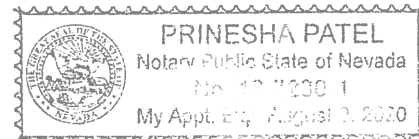
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, 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 1 day ofFeb 1 2019


Notary Public



(seal)

Applicant's initial LP

[illegible]

Applicant's initial.

5

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

✓ Date 1/31/2019

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 PREFERRED PHARMACY
Nature of License
2202 W. CHARLESTON BLVD LAS VEGAS NV 89102
Name and Address of Establishment for Which License Is Requested
KENS PHARMACY
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

PATEL SHIVANI LALBHAI
Last Name First Name Middle Name

NIA
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

DESERT DAISY CT LAS VEGAS NV 89178
Present Residence Address-Street or RFD City State/Zip

3525 S. FORT APACHE #165 LAS VEGAS NV 89147
Present Business Address Dates City State/Zip

PHARMACY MANAGER 11/15/2011 TO PRESENT
Occupation Dates

Phone: _____
 Residence _____
 Business 702-233-2010

INDIA
GOZARIA-GUJARAT
Date of Birth Place of Birth (City, County, State)

36 1 FEMALE
Age Social Security Number Sex

BLACK BLACK FAIR 175 M 5'6"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics NIA

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

If naturalized, certificate No. _____ Date 11/13/2009

Place LAS VEGAS, NEVADA (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial SP

A. **Current Marriage** 6/23/2005 LAS VEGAS, CLARK, NEVADA
Date City, County and State
 Spouse's full name (Maiden) PATEL LALBHAI NATVARLAL S.S. No.
 Date of Birth _____ Place of Birth KADI, INDIA
 Resident address 1 DESERT DAISY COURT LAS VEGAS NEVADA 89178
Street City State Zip
 Telephone: Residence _____ Business 702-701-8943
 Spouse's employer TRUE CARE PHARMACY Occupation PHARMACIST
 Address of employer 2208 S. NELLIS BLVD STE 5A LAS VEGAS NEVADA 89104
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
SIYA LALBHAI PATEL		LAS VEGAS	1 DESERT DAISY CT, LAS VEGAS NEVADA 89178
SAI LALBHAI PATEL		LAS VEGAS	DESERT DAISY CT, LAS VEGAS NEVADA 89178

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 SP

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			
INDRAVADAN PATEL		WARMINSTER AVE LAS VEGAS, NV 89178	UNEMPLOYED
Mother			
JUDTSANA PATEL		WARMINSTER AVE LAS VEGAS, NV 89178	HOUSE-WIFE
Father-in-Law			
NATVARLAL PATEL		PASSED AWAY (EXPIRED)	
Mother-in-Law			
MANIBEN PATEL		DESERT DAISY CT LAS VEGAS, NV 89178	HOUSE-WIFE

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
SHARAN PATEL		WARMINSTER AVE LAS VEGAS, NV 89178	TECHNICIAN
Spouse			
N/A			
SHEENA PATEL		WARMINSTER AVE LAS VEGAS, NV 89178	UNEMPLOYED
Spouse			
TARANG PATEL		ELLENDALE PL LOS ANGELES CA 90007	STUDENT

Spouse _____

Spouse _____

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	ST. KABIR	AHMEDABAD/INDIA	6/1986-6/1997	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	NIR. HIGH SCHOOL	AHMEDABAD/INDIA	6/1997-6/1999	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	S. K. PATEL	KHERVA/INDIA	9/1999-6/2003	Yes <input type="checkbox"/> No <input type="checkbox"/>
University	COLLEGE OF PHARMACY			
Other	NOVA SOUTHEASTERN UNIVERSITY	FLORIDA/USA	7/2004	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any PHARM DCollege or university where obtained NOVA SOUTHEASTERN UNIVERSITYApplicant's initial SP

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.) N/A

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

County N/A State N/A Date registered N/A

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? N/A city, county and state N/A
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? N/A city, county and state N/A
- 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 SP

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
-----------------------------	-------------------	------	-----------------

7/2009-PRESENT DESERT DAISY CT LAS VEGAS NEVADA

11/2006-6/2009 5567 ALEMAN DRIVE LAS VEGAS NEVADA

7/2004-10/2006 2600 S UNIVERSITY DR #323 DAVIE FLORIDA

01/2004-6/2004 1 RICHARDS ROAD HOPATCONG NEW JERSEY

06/1982-12/2003 14/B VASANT VIHAR SOCIETY PART-2 AHMEDABAD GUJARAT

Applicant's initial SP

8. EMPLOYMENT:

399

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 12/2011-PRESENT	Name/Mailing Address of Employer/Business TRUE CARE PHARMACY | 3525 S. FORT APACHE RD #165 LV, NV 89178	Reason for Leaving N/A
Title PHARMACIST	Description of Duties PERFORMED A FULL RANGE OF PHARMACIST DUTIES	Name of Supervisor SHIVANI
Month and Year 4/2010 - 11/2011	Name/Mailing Address of Employer/Business UNEMPLOYED	Reason for Leaving N/A
Title N/A	Description of Duties N/A	Name of Supervisor N/A
Month and Year 6/2009 - 3/2010	Name/Mailing Address of Employer/Business FOOD 4 LESS | 3250 E. FLAMINGO RD LV, NV 89121	Reason for Leaving COMPANY CLOSED
Title PHARMACIST	Description of Duties PERFORMED A FULL RANGE OF PHARMACIST DUTIES	Name of Supervisor YONOH KIM
Month and Year 9/2008 - 3/2009	Name/Mailing Address of Employer/Business CVS | 100 S. HWY 160 PAHRUMP NV 89048	Reason for Leaving LONG COMMUTE
Title PHARMACIST	Description of Duties PERFORMED A FULL RANGE OF PHARMACIST DUTIES	Name of Supervisor MATT BOUCHARD
Month and Year 2/2008 - 8/2008	Name/Mailing Address of Employer/Business TOOK TIME OFF TO STUDY FOR NAPLEX/NV LAW EXAM	Reason for Leaving N/A
Title N/A	Description of Duties N/A	Name of Supervisor N/A
Month and Year 03/2007 - 1/2008	Name/Mailing Address of Employer/Business RITE AID PHARMACY | 5675 S. RAINBOW BLVD LV, NV 89113	Reason for Leaving COMPANY CLOSED
Title PHARMACY INTERN	Description of Duties PERFORMED FULL RANGE OF PHARMACIST DUTIES UNDER PHARMACIST'S SUPERVISION	Name of Supervisor DERICK BLEDSOE
Month and Year 01/2005 - 11/2006	Name/Mailing Address of Employer/Business NOVA SOUTHEASTERN UNIVERSITY | 3100 RAY FERRELL JR BLVD FORT LAUDERDALE FL 33314	Reason for Leaving GRADUATED
Title COMPUTER LAB TECHNICIAN	Description of Duties MONITOR COMPUTER LAB ASSISTED STUDENTS WITH COMPUTER USE	Name of Supervisor JOSUE
Month and Year 06/1999 - 12/2004	Name/Mailing Address of Employer/Business UNEMPLOYED / FULL TIME STUDENT	Reason for Leaving N/A
Title N/A	Description of Duties N/A	Name of Supervisor N/A

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

Applicant's initial SP 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
CHETAN PATEL	Home	14 QUARTER HORSE LN				12 YR
		LAS VEGAS NV 89178				
Employer	Business	N/A				
KASHMIRA PATEL	Home	4 LOST PROSPECT CT				12 YR
		LAS VEGAS NV 89178				
Employer	Business	N/A				
TUSHAR PATEL	Home	1 MORENO MOUNTAIN AVE				12 YR
		LAS VEGAS NV 89178				
Employer	Business	N/A				
JASVANT PATEL	Home	1 METRO TRAIL				13 YR
		HOPATCONG NJ 07843				
Employer	Business	N/A				
HEENA PATEL	Home	5 DUFFLE PLACE				12 YR
		PISCATAWAY NJ 08854				
Employer	Business	N/A				

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
353	NEVADA STATE BANK	LAS VEGAS NV	SHIVANI PATEL / LALBHAI PATEL
356	NEVADA STATE BANK	LAS VEGAS NV	SHIVANI PATEL / LALBHAI PATEL
619	NEVADA STATE BANK	LAS VEGAS NV	SHIVANI PATEL / LALBHAI PATEL

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

PHARMACY — NEVADA 2011 TO CURRENT

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 SP

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 ☒ ⁴⁰¹

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 ☒

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 1/15/2019

Applicant's initial SP

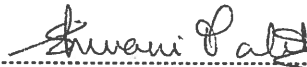
STATE OF Nevada

SS.

COUNTY OF Clark

I, SHIVANI PATEL, 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,

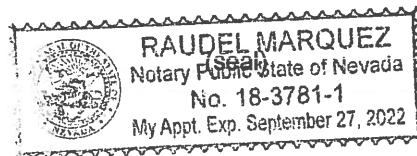
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.



Original Signature of Applicant

Subscribed and Sworn to before me this 1 day ofFeb. 2019.


Notary Public

Applicant's initial SP

ADDITIONAL INFORMATION

Lined area for additional information.

7

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: NOVOCOL PHARMACEUTICAL OF CANADA, INC.

Physical Address: 25 WOLSELEY COURT

City: CAMBRIDGE State: ONTARIO Zip Code: N1R 6X3

Telephone Number: 519-623-4800 Fax Number: 519-623-4290

Toll Free Number: N/A

E-mail: epenrose@septodont.com Website: www.septodont.ca

Facility Manager: ERIC PENROSE

Professional qualifications and experience of facility manager: VP of Quality Assurance, 15+ years experience at Novocol Pharmaceutical of Canada, Inc.

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: Dental Anaesthesia and Dental Medical Devices

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☒ No ☐

(If yes, provide a copy of your FDA registration)

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 regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Henry Schein Inc.

Address: 135 Duryea Road, Melville, NY, 11747, USA

Name: Patterson Dental Supply, Inc.

Address: 1031 Mendota Heights Road, Saint Paul, MN 55120

Name: Quala Dental Products

Address: ADC, 402 BNA Drive, Suite 500, Nashville, TN 37217

Name: Hi-Tech Pharmacal

Address: Hi-Tech Pharmacal Co., Inc., Amityville, NY 11701

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

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 ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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 ☒

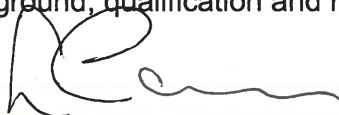
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

ERIC PENROSE

Print Name of Authorized Person

2019.01.14

Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Ontario, Canada
 Parent Company if any: Septodont, Inc.
 Mailing Address: 205 Granite Run Drive, Suite 150
 City: Lancaster State: PA Zip: 17601
 Telephone: +1 (717) 286-0100 Fax: 717-560-3480
 Contact Person: PAUL MONDOCK

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>PAUL MONDOCK</u>	<u>205 GRANITE RUN DR., SUITE 150, LANCASTER, PA 17601, USA.</u>
Name	Business Address
b) <u>OLIVIER SCHILLER</u>	<u>SEPTODONT, 58 RUE DU PONT DE CRÉTEL, SAINT-MAUR-DES-FOSSES, 94107 FRANCE.</u>
Name	Business Address
c) _____	_____
Name	Business Address
d) _____	_____
Name	Business Address

- 2) Provide the number of shares issued by the corporation. N/A
- 3) What was the price paid per share? N/A.

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

Include with the application for a non publicly traded corporationList of officers and directors

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

<https://www.accessdata.fda.gov/scripts/cda/rlb/gettable.htm>

[Drug Establishments Current...](#)
[Nevada Statute & Regulations](#)
[Google](#)
[View](#) [Favorites](#) [Tools](#) [Help](#)
[Previous](#) [Next](#) [Options](#)
[Legend drug](#)
FDA
U.S. FOOD & DRUG
ADMINISTRATION
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Drug Establishments Current Registration Site

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[New Search](#)
[Search Results for novocol](#)
[CSV](#) [Excel](#)

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Novocol Pharmaceutical of Canada, Inc.	3002807/57	201719960	MANUFACTURE:	25 Wobesley Crt, Cambridge, Ontario N1R 6X3, Canada (CAN)	12/31/2019

Showing 1 to 1 of 1 entries

Data Current through: Monday, Jan 21, 2019

[Return to Drug Firm Annual Registration Status Home Page](#)

 Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players
 Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Pycckий | Kreyol Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | عربي | English

FDA
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8

8A

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: Henry Schein, Inc.

Physical Address: 875 E. Patriot Blvd. Suite #202
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as above

City: Reno State: NV Zip Code: 89511

Telephone: 775-853-1230 Fax: 775-853-1479

E-mail: mittchell.cobb@henryschein.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Mitchell A. Cobb

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

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases**
<input type="checkbox"/> Respiratory Equipment**
<input type="checkbox"/> Life-sustaining equipment**
<input type="checkbox"/> Diabetic Supplies | <input type="checkbox"/> Assistive Equipment
<input type="checkbox"/> Parenteral and Enteral Equipment**
<input type="checkbox"/> Orthotics and Prosthesis
Other: <u>RX Medical Devices(non-drug only)& Podiatry to physicians</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: _____

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

N/A		

- 1) 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 ☐
- 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☒ No ☐
- 3) Are any of the owners health professionals? If yes, please check the box and list name. No

<input type="checkbox"/> Practitioner	Name: _____
<input type="checkbox"/> Advanced Practitioner of Nursing	Name: _____
<input type="checkbox"/> Physician's Assistant	Name: _____
<input type="checkbox"/> Physical Therapist	Name: _____
<input type="checkbox"/> Occupational Therapist	Name: _____
<input type="checkbox"/> Registered Nurse	Name: _____
<input type="checkbox"/> Respiratory Therapist	Name: _____

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

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner, 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 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 questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Mitchella Cobb

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

Mitchell Cobb

Print Name of Authorized Person

Date

1/30/19

Board Use Only

Received: _____

Amount: 500.00

APPLICATION FOR NEVADA MDEG LICENSE**OWNERSHIP IS A PUBLICLY TRADED CORPORATION**State of Incorporation: DelawareParent Company if any: Henry Schein, Inc.Corporation Name: Henry Schein, Inc.Mailing Address: 135 Duryea RoadCity: Melville State: NY Zip: 11747Telephone: 276-688-4121 Fax: 276-688-2063License Contact Person: Lisa McKee ext. 2434590**Ownership Information – Complete Section 1 or 2****Do not use N/A in this section – Section 1 or 2 must be completed.**Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

- | | |
|--|-----------------|
| 1. <u>The Vanguard Group, Inc.</u> | %: <u>10.67</u> |
| 2. <u>Longview Partners LLP</u> | %: <u>8.96</u> |
| 3. <u>Generation Investment Management LLP</u> | %: <u>8.90</u> |
| 4. <u>Fidelity Management & Research Company</u> | %: <u>5.59</u> |

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

Date of Incorporation: 12/23/1992Registration number issued: 2320192Stock Exchange: NASDAQ - HSIC**Include with the application for a publicly traded corporation**

- ✓ List of officers and directors. Please see Attached
- ✓ 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. Please see Attached



Henry Schein, Inc. • 135 Duryea Road • Melville, NY 11747

HENRY SCHEIN, INC

Fein: 113136595

Officers & Directors

Stanley M. Bergman	Chairman Chief Executive Officer Chairman of the Board
James P. Breslawski	President Vice Chairman of the Board
Steven Paladino	Executive Vice President Chief Financial Officer Board of Directors
Mark E. Mlotek	Executive Vice President Board of Directors
Michael S. Ettinger	SR Vice President Secretary Board of Directors
Gerald A. Benjamin	Board of Directors

Incorporated Delaware 1992

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

☑ Date 1/30/19

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, 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.

All applicants are advised that this application to be a MDEG administrator 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 non drug Rx medical/podiatry devices warehouse & ship to practices
 Nature of MDEG
Henry Schein, Inc. 875 E. Patriot Blvd. Ste #202 Reno, NV. 89511
 Name and Address of Business for Which MDEG Administrator Is Requested
Henry Schein West Coast Medical Equipment
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Cobb Mitchell Allen
 Last Name First Name Middle Name

none
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Falcon Ridge Ct. Sparks Nv. 89436
 Present Residence Address-Street or RFD City State/Zip

875 E Patriot Blvd ste 202 9/2016-Present Reno Nv. 89511
 Present Business Address Dates City State/Zip

N/A
 Present Position with the MDEG Dates

Phone: 775 853 1230 Fax: 775-853-1479

Email address: mitchell.cobb@henryschein.com

5/10/1950 Reno, Washoe, Nv.
 Date of Birth Place of Birth (City, County, State)

58 M
 Age Social Security Number Sex

blue brown 220 5'9"
 Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics none

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.)

EMPLOYMENT:

419

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

March 2006	Henry Schein 875 E Patriot	≈ 26,000
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Facility mgr.	Ship & receive, inventory control	Mark Benson
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

- 1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
- 2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
- 3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents. *N/A*

a) Board Administrative Action: State: _____
b) Date: _____
Case Number: _____

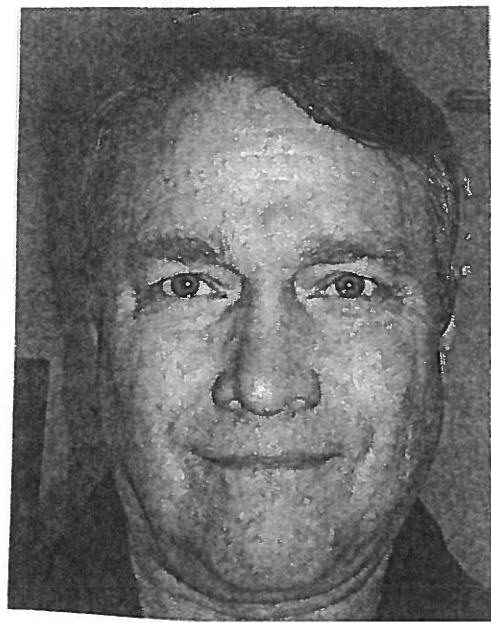
c) Criminal Action: State: _____
Date: _____
Case Number: _____
County: _____
Court: _____

4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes ☒ No ☐

5 .Will you be employed fulltime with the MDEG? Yes ☒ No ☐

6 .Will you be present at the site of the MDEG during its normal operating hours? Yes ☒ No ☐

5 or 6 please provide a written letter of explanation. *N/A*



ATTACH PHOTOGRAPH
TAKEN WITHIN LAST
30 DAYS HERE

Date of photograph *1/30/19*

I, Mitchell A. Cobb, 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 MDEG 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 Revised Statutes and Regulations.

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 MDEG in the State of Nevada.

Mitchell A. Cobb

.....
Original Signature of Applicant

8B

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 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 ownership

MDEG Name: RIDER MOBILITY INC.

Physical Address: 7320 SMOKE RANCH RD. BUILDING B SUITE G LAS VEGAS, NV 89128

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

Mailing Address: 7320 SMOKE RANCH RD. BUILDING B SUITE G

City: LAS VEGAS State: NV Zip Code: 89128

Telephone: 702-272-0230 Fax: 702-272-0289

E-mail: kirsten@ridermobility.com Website: www.ridermobility.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 AM to 5 PM Tue: 9 AM to 5 PM Wed: 9 AM to 5 PM Thu: 9 AM to 5 PM

Fri: 9 AM to 5 PM Sat: CLOSED to CLOSED Sun: CLOSED to CLOSED Holidays: CLOSED to CLOSED

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: KIRSTEN WENDER

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

<input type="checkbox"/> Medical Gases** <input type="checkbox"/> Respiratory Equipment** <input type="checkbox"/> Life-sustaining equipment** <input type="checkbox"/> Diabetic Supplies	<input checked="" type="checkbox"/> Assistive Equipment <input type="checkbox"/> Parenteral and Enteral Equipment** <input type="checkbox"/> 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: KIRSTEN WENDER Telephone: 702-445-2675

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

1174094163	_____	_____
_____	_____	_____
_____	_____	_____

- 1) 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 ☒

- 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☒ No ☐

- 3) Are any of the owners health professionals? If yes, please check the box and list name.

<input type="checkbox"/> Practitioner	Name: _____	N/A
<input type="checkbox"/> Advanced Practitioner of Nursing	Name: _____	N/A
<input type="checkbox"/> Physician's Assistant	Name: _____	N/A
<input type="checkbox"/> Physical Therapist	Name: _____	N/A
<input type="checkbox"/> Occupational Therapist	Name: _____	N/A
<input type="checkbox"/> Registered Nurse	Name: _____	N/A
<input type="checkbox"/> Respiratory Therapist	Name: _____	N/A

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

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner, 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 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 questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

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

KIRSTEN WENDER
 Print Name of Authorized Person

01/09/2019
 Date

Board Use Only

Received: _____

Amount: 500.00

APPLICATION FOR NEVADA MDEG LICENSE**OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION**State of Incorporation: NVParent Company if any: N/ACorporation Name: RIDER MOBILITY INC.Mailing Address: 7320 SMOKE RANCH ROAD SUITE GCity: LAS VEGAS State: NV Zip: 89128Telephone: 702-272-0230 Fax: 702-272-0289Contact Person: KIRSTEN WENDER

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>KIRSTEN WENDER</u>	<u>5516 GREEN FERRY AVE. LAS VEGAS, NV 89131</u>
	Name	Address

b)	<u>KYLE WENDER</u>	<u>5516 GREEN FERRY AVE. LAS VEGAS, NV 89131</u>
	Name	Address

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

d)	<u></u>	<u></u>
	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/A

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

N/A

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 01/09/2019

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, 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.

All applicants are advised that this application to be a MDEG administrator 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 NEVADA MDEG LICENSE (NON PUBLICLY TRADED CORPORATION) DURABLE MEDICAL EQUIPMENT SUPPLI

Nature of MDEG

RIDER MOBILITY INC. 7320 SMOKE RANCH RD. BUILDING B SUITE G LAS VEGAS, NV 89128

Name and Address of Business for Which MDEG Administrator Is Requested

N/A

If applicable, Name Under Which It Is Now Operated

fW

1. PERSONAL INFORMATION:

WENDER KIRSTEN ALLISON
 Last Name First Name Middle Name

VALAINIS
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

GREEN FERRY AVE. LAS VEGAS NV 89131
 Present Residence Address-Street or RFD City State/Zip

7320 SMOKE RANCH RD. SUITE G 01/01/2019 - PRESENT LAS VEGAS NV 89128
 Present Business Address Dates City State/Zip

COO 11/08/2018 - PRESENT
 Present Position with the MDEG Dates

Phone: 702-445-2675 Fax: 702-272-0289

Email address: KIRSTEN@RIDERMOBILITY.COM

LAS VEGAS, NV
 Date of Birth Place of Birth (City, County, State)

26 FEMALE
 Age Social Security Number Sex

HAZEL BLONDE 145 5'10"
 Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics MOLE ON LOWER RIGHT CHEEK

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.)

KW

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

NOV 2012 - APRIL 2015	ACADEMY MEDICAL EQUIPMENT, INC. 2400 N Tenaya Las Vegas, NV 89128	3100
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
DME BILLING SPECIALIST	BILLED CLAIMS TO INSURANCE / ACCOUNTS RECEIVABLE ENFORCED MEDICARE MEDICAID COMPLIANCE	MAXINE PAUL 702-303-4220
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
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I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked ☐ I have ☐ to questions 1, 2 and/or 3, please include the following information **and** provide a written explanation and/or documents.

a) Board Administrative Action: State: N/A
b)

Date: N/A

Case Number: N/A

c) Criminal Action: State: N/A

Date: N/A

Case Number: N/A

County: N/A

Court: N/A

4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes ☒ No ☐

5 .Will you be employed fulltime with the MDEG? Yes ☒ No ☐

6 .Will you be present at the site of the MDEG during its normal operating hours? Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.

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.....
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Date of photograph 01/09/2019

I, KIRSTEN WENDER, 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 MDEG 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 Revised Statutes and Regulations.

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 MDEG in the State of Nevada.

Kirsten Wender

Original Signature of Applicant

KW

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 01/09/2019

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 NEVADA MDEG LICENSE (NON PUBLICLY TRADED CORPORATION) DURABLE MEDICAL EQUIPMENT

Nature of License
RIDER MOBILITY INC. 7320 SMOKE RANCH RD. BUILDING B SUITE G LAS VEGAS, NV
 Name and Address of Establishment for Which License Is Requested
N/A
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	WENDER	First Name	KIRSTEN	Middle Name	ALLISON
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) N/A					
Present Residence Address-Street or RFD		City	State/Zip		
GREEN FERRY AVE.		LAS VEGAS	NV 89131		
7/1/2016 - PRESENT Dates					
Present Business Address		City	State/Zip		
7320 SMOKE RANCH RD. SUITE G		LAS VEGAS	NV 89128		
12/28/2018 - PRESENT Dates					
Occupation		Phone:			
ASSISTIVE TECHNOLOGY PROFESSIONAL		Residence			
		Business		702-272-0230	
Date of Birth		Place of Birth (City, County, State)			
		LAS VEGAS, CLARK, NV			
Age	Social Security Number		Sex		
26			FEMALE		
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
HAZEL	BLONDE	WHITE	145	FIT	5'10"

Scars, tattoos or distinguishing marks and/or characteristics MOLE ON LOWER RIGHT CHEEK

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 KW

MARITAL INFORMATION-Continued

A. **Current Marriage** _____ LAS VEGAS, CLARK, NV

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
KYLE BEAUGUE WENDER S.S. No. _____

Date of Birth _____ Place of Birth _____ CLOVIS, CA

Resident address _____ Street _____ City _____ State _____ Zip _____
3 GREEN FERRY AVE. LAS VEGAS NV 89131

Telephone: Residence _____ Business 702-272-0230

Spouse's employer _____ SELF Occupation ASSISTIVE TECHNOLOGY PROFESSIONAL

Address of employer _____ N/A
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	N/A	N/A	N/A	N/A

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

Name	Street	City	State	Zip	Telephone
N/A	N/A	N/A	N/A	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
ISABELLA WENDER	1/1/1999	CLOVIS, CA	GREEN FERRY AVE. LAS VEGAS, NV 89131
ELIJAH WENDER	1/1/1999	LAS VEGAS, NV	GREEN FERRY AVE. LAS VEGAS, NV 89131

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 KW

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	ERIK VALAINIS		1 GAULT CT. NORTH LAS VEGAS, NV 89032	ASSISTIVE TECHNOLOGY PROFESSIONAL
Mother	MAXINE FIELD		5 N. CONQUISTADOR ST. LAS VEGAS, NV 89149	DIRECTOR OF SALES @ NUMOTION
Father-in-Law	JOHN LOUIS WENDER JR		1 E. PALO ALTO AVE. FRESNO, CA 93710	INSURANCE BROKER
Mother-in-Law	CHRISTINA DAVIES		FILBERT AVE. CLOVIS, CA 93611	SUBSTITUTE TEACHER

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
	JAMIE POST	3	1 PATRICK HENRY AVE. LAS VEGAS NV 89149	MEDICAL RECORDS DOCUMENT COORDINATOR
Spouse	FRANCISCO ABREGO	1	1 N. DURANGO DR. #3025 LAS VEGAS NV 89149	DRIVER
	SKYLAR POST		PEGGOTTY AVE LAS VEGAS, NV 89130	ASSISTIVE TECHNOLOGY PROFESSIONAL
Spouse	SARAH HERRERA		1 PEGGOTTY AVE LAS VEGAS, NV 89130	HOMEMAKER
	ERIN VALAINIS		1 N. CONQUISTADOR ST. LAS VEGAS, NV 89149	RN
Spouse	N/A			
	TEDDY CONCEPCION		16 PATRICK HENRY AVE. LAS VEGAS NV 89149	COSMETOLOGY STUDENT
Spouse	N/A			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	MERRYHILL ELEMENTARY SCHOOL	LAS VEGAS, NV	2002-2003	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	FAITH LUTHERAN JR SR HIGHSCHOOL	LAS VEGAS, NV	2003-2010	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	COLLEGE OF SOUTHERN NEVADA		2010-2011	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other	TOBLER ELEMENTARY SCHOOL 1997-2002			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any N/ACollege or university where obtained N/AApplicant's initial KW

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 N/A State N/A Date registered N/A

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	N/A	N/A	N/A	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	N/A	N/A

Applicant's initial KW 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	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
NOV 1992 - MAY 2010	6412 STORMY CREEK RD.	LAS VEGAS, NV	89108
FEB 2000 - OCT 2011	9041 EAGLE HILLS DR.	LAS VEGAS NV	89131
OCT 2011 - APRIL 2012	2470 C ST. APT #5	SAN DIEGO, CA	92102
APRIL 2012 - JAN 2015	436 W ALAMOS AVE. UNIT #1	CLOVIS, CA	93612
JAN 2015 - JULY 2016	2559 SAMPLE AVE.	CLOVIS, CA	93611
JULY 2016 - PRESENT	GREEN FERRY AVE.	LAS VEGAS, NV	89131

Applicant's initial

KW

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
NOV 2012 - APRIL 2015	ACADEMY MEDICAL EQUIPMENT, INC. 2400 N Tenaya Las Vegas, NV 89128	PREGNANCY
Title	Description of Duties	Name of Supervisor
BILLING SPECIALIST	BILLED CLAIMS TO INSURANCE / ACCOUNTS RECEIVABLE	MAXINE PAUL
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
APR 2012 - NOV 2012	G7 MEDICAL SUPPLY 230 W Fallbrook Ave #107, Fresno, CA 93711	COMPANY WAS ACQUIRED
Title	Description of Duties	Name of Supervisor
BILLING SPECIALIST	BILLED CLAIMS TO INSURANCE / ACCOUNTS RECEIVABLE	TRAVIS GODDEN
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
APR 2009 - NOV 2010	GYRO TIME RESTAURANT 7660 W Cheyenne Ave. Las Vegas, NV 89129	SCHOOL
Title	Description of Duties	Name of Supervisor
MANAGER	REPORT CASH, SUPERVISE EMPLOYEES, COOK, CLOSE RESTAURANT	MIKE PISTONE
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
	N/A	
Title	Description of Duties	Name of Supervisor
	N/A	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
	N/A	
Title	Description of Duties	Name of Supervisor
	N/A	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
	N/A	
Title	Description of Duties	Name of Supervisor
	N/A	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
	N/A	
Title	Description of Duties	Name of Supervisor
	N/A	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
	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..... *KW*.....
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 <u>DIANA ESCALERA</u>	Home	<u>1 MARSH CT. LAS VEGAS, NV 89128</u>			<u>4</u>	<u>10 YEARS</u>
Employer <u>ATLAS SOFTWARE</u>	Business	<u>2400 N TENAYA SUITE 150 LAS VEGAS NV 89128 (855) 221-4860</u>				
Name <u>ERANDI ACALA</u>	Home	<u>1 PINO DR. LAKESIDE CA 92040</u>			<u>1</u>	<u>7 YEARS</u>
Employer <u>NUMOTION</u>	Business	<u>8195 Mercury Ct #120, San Diego, CA 92111 (858) 571-6544</u>				
Name <u>COLE JOHNSON</u>	Home	<u>11 SAMPLE AVE. CLOVIS CA, 93611</u>			<u>5</u>	<u>7 YEARS</u>
Employer <u>NUMOTION</u>	Business	<u>4010 N Chestnut Diagonal suite #106, Fresno, CA 93726</u>				
Name <u>TIM STOCKTON</u>	Home	<u>13 CORD WAY SACRAMENTO CA 95828</u>			<u>1</u>	<u>7 YEARS</u>
Employer <u>NUMOTION</u>	Business	<u>1650 Tribute Rd, Sacramento, CA 95815 (916) 489-3651</u>				
Name <u>JACOB CONNELL</u>	Home	<u>1 THOR MOUNTAIN LN. LAS VEGAS, NV 89166</u>			<u>1</u>	<u>14 YEARS</u>
Employer <u>AMR</u>	Business	<u>7201 W Post Rd, Las Vegas, NV 89113 (702) 384-3400</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
N/A	N/A	N/A	N/A

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 KW

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 ☒

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 01/09/2019

Applicant's initial KW

STATE OF NEVADA ss.

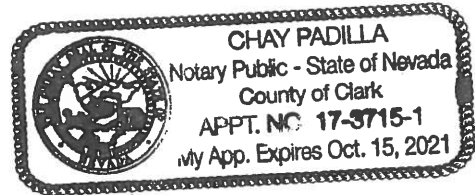
COUNTY OF CLARK

I, KIRSTEN WENDER, 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.

Kirsten Wender
Original Signature of Applicant

Subscribed and Sworn to before me this 10 day of
January 2019 By Kirsten Wender
[Signature]
Notary Public



(seal)

Applicant's initial KW
Page 9

kw

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 01/08/2019

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 NEVADA MDEG LICENSE (NON PUBLICLY TRADED CORPORATION) DURABLE MEDICAL EQUIPMENT SUPPLIER

Nature of License
RIDER MOBILITY INC. 7320 SMOKE RANCH RD. BUILDING B SUITE G LAS VEGAS, NV 89128
Name and Address of Establishment for Which License Is Requested
N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	WENDER	First Name	KYLE	Middle Name	BEAUGUE
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) N/A					
Present Residence Address-Street or RFD		City	State/Zip		
GREEN FERRY AVE.		LAS VEGAS	NV 89131		
7/1/2016 - PRESENT Dates					
Present Business Address		City	State/Zip		
7320 SMOKE RANCH RD. SUITE G		LAS VEGAS	NV 89128		
12/28/2018 - PRESENT Dates					
Occupation				Phone:	
ASSISTIVE TECHNOLOGY PROFESSIONAL				Residence	
				Business	
				702-272-0230	
Date of Birth		Place of Birth (City, County, State)			
		CLOVIS, CA			
Age	Social Security Number			Sex	
32				MALE	
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
BROWN	BROWN	WHITE	200	FIT	6'0

Scars, tattoos or distinguishing marks and/or characteristics CAULIFLOWER EAR, LONG HAIR


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  Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** 05/17/2014 LAS VEGAS, CLARK, NV
 Date City, County and State
 Spouse's full name (Maiden) KIRSTEN ALLISON VALAINIS S.S. No. _____
 Date of Birth _____ Place of Birth LAS VEGAS, NV
 Resident address GREEN FERRY AVE. LAS VEGAS NV 89131
 Street City State Zip
 Telephone: Residence _____ Business 702-272-0230
 Spouse's employer SELF Occupation DME SUPPLIER / PART TIME PHOTOGRAPHER
 Address of employer N/A
 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	N/A	N/A	N/A	N/A

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

Name	Street	City	State	Zip	Telephone
N/A	N/A	N/A	N/A	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
ISABELLA WENDER		CLOVIS, CA	GREEN FERRY AVE. LAS VEGAS, NV 89131
ELIJAH WENDER		LAS VEGAS, NV	GREEN FERRY AVE. LAS VEGAS, NV 89131

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 AW 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	JOHN LOUIS WENDER JR		E. PALO ALTO AVE. FRESNO, CA 93710	INSURANCE BROKER
Mother	CHRISTINA DAVIES		2 FILBERT AVE. CLOVIS, CA 93611	SUBSTITUTE TEACHER
Father-in-Law	ERIK VALAINIS		2 GAULT CT. NORTH LAS VEGAS, NV 89032	ASSISTIVE TECHNOLOGY PROFESSIONAL
Mother-in-Law	MAXINE FIELD		N. CONQUISTADOR ST. LAS VEGAS, NV 89149	DIRECTOR OF SALES @ NUMOTION

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
	DANIELLE WENDER	9	FILBERT AVE. CLOVIS, CA 93611	OFFICE MANAGER
Spouse	FRED EDWARDS		FILBERT AVE. CLOVIS, CA 93611	FIREMAN
	CHARITY WENDER	1	FILBERT AVE. CLOVIS, CA 93611	ESTHETICIAN
Spouse	TRAVIS GODDEN		2 FILBERT AVE. CLOVIS, CA 93611	BUSINESS OWNER
	SHANNA WENDER	3	LOS ALTOS AVE. CLOVIS, CA 93611	MEDICAL RECORDS DIRECTOR
Spouse	ERIC DAVIES	2	LOS ALTOS AVE. CLOVIS, CA 93611	EMT
	KARIN WENDER		ATHENS AVE. CLOVIS, 93611	HOMEMAKER
Spouse	BRETT PRIETO		ATHENS AVE. CLOVIS, 93611	LANDSCAPE CONTRACTING

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	CLOVIS EAST HIGH SCHOOL	CLOVIS, CA		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	FRESNO CITY COLLEGE	FRESNO, CA		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other	N/A			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Type of degree obtained, if any N/ACollege or university where obtained N/A

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 N/A State N/A Date registered N/A

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
05/07/2008	22	Disorderly Conduct: Under Influence of Alcohol	FRESNO, CA	05/07/2008	Fresno County Jail

I was leaving a bar after celebrating my birthday, a man made some obscene remarks to my sister, so I pushed him, and a police officer witnessed it. I was immediately arrested.

- 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	N/A	N/A

Applicant's initial *JW* 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	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
MAY 1986 - MAR 2003	8313 E. HEDGES AVE.	CLOVIS, CA	93727
MAR 2003 - AUG 2009	2042 FILBERT AVE.	CLOVIS, CA	93611
AUG 2009 - APRIL 2012	2470 C ST. APT #5	SAN DIEGO, CA	92102
APRIL 2012 - JAN 2015	436 W ALAMOS AVE. UNIT #1	CLOVIS, CA	93612
JAN 2015 - JULY 2016	2559 SAMPLE AVE.	CLOVIS, CA	93611
JULY 2016 - PRESENT	GREEN FERRY AVE.	LAS VEGAS, NV	89131

Applicant's initial

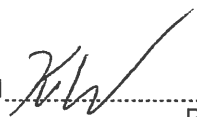


8. EMPLOYMENT:

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
AUG 2018 - DEC 2018	INVACARE	STARTING MY OWN DME COMPANY
Title	Description of Duties	Name of Supervisor
SALES REP	MARKETING DME PRODUCT TO SUPPLIERS AND MEDICAL PROFESSIONALS	JOE BLUM
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
SEP 2017 - MAY 2018	NUMOTION	PERSONAL
Title	Description of Duties	Name of Supervisor
ATP	EVALUATE PATIENTS FOR WHEELCHAIRS	MAXINE PAUL
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
NOV 2012 - AUG 2017	ACADEMY MEDICAL EQUIPMENT, INC. FRESNO & LAS VEGAS	COMPANY WAS ACQUIRED
Title	Description of Duties	Name of Supervisor
ATP	EVALUATE PATIENTS FOR WHEELCHAIRS	TRAVIS GODDEN
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
APR 2012 - NOV 2012	G7 MEDICAL SUPPLY	COMPANY WAS ACQUIRED
Title	Description of Duties	Name of Supervisor
SERVICE MANAGER	MANAGE SERVICE DEPARTMENT AND REPAIR OF WHEELCHAIRS	TRAVIS GODDEN
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
AUG 2009 - APRIL 2012	ACADEMY MEDICAL EQUIPMENT, INC. SAN DIEGO	MOVED TO NEW CITY
Title	Description of Duties	Name of Supervisor
TECHNICIAN	REPAIR AND DELIVER WHEELCHAIRS TO PATIENT HOMES	STEVE PZISKIN
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JUN 2008 - JUL 2009	G7 MEDICAL SUPPLY	MOVED TO NEW CITY
Title	Description of Duties	Name of Supervisor
TECHNICIAN	REPAIR AND DELIVER WHEELCHAIRS TO PATIENT HOMES	COLE JOHNSON
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
MAR 2006 - JUN 2008	TAHOE JOE'S RESTAURANT	G7 WAS HIRING
Title	Description of Duties	Name of Supervisor
WAITER	TAKE ORDERS & SERVE PATRONS	CLINT CROUCH
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  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 DIANA ESCALERA	Home	3 MARSH CT. LAS VEGAS, NV 89128			()	10 YEARS
Employer ATLAS SOFTWARE	Business	2400 N TENAYA SUITE 150 LAS VEGAS NV 89128 (855) 221-4860				
Name ERANDI ACALA	Home	4 PINO DR. LAKESIDE CA 92040			() 2	10 YEARS
Employer NUMOTION	Business	8195 Mercury Ct #120, San Diego, CA 92111 (858) 571-6544				
Name COLE JOHNSON	Home	SAMPLE AVE. CLOVIS CA, 93611			() 7	15 YEARS
Employer NUMOTION	Business	4010 N Chestnut Diagonal suite #106, Fresno, CA 93726				
Name TIM STOCKTON	Home	3 CORD WAY SACRAMENTO CA 95828			()	5 YEARS
Employer NUMOTION	Business	1650 Tribute Rd, Sacramento, CA 95815 (916) 489-3651				
Name CHRIS MOYLE	Home	E TENAYA FRESNO CA 93710			()	20 YEARS
Employer FRESNO FIRE DEPT	Business	911 H. Street Fresno, CA 93721 (559) 621-4199				

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
N/A	N/A	N/A	N/A

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

KW

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 ☒

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 01/09/2019

Applicant's initial *KL*

STATE OF _____ NEVADA _____
 _____ ss.

COUNTY OF _____ CLARK _____

I, _____ KYLE WENDER _____, 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,

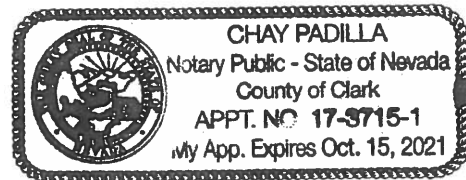
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their 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 10 day of

January 2019 By Kyle Wender

 Notary Public



(seal)

Applicant's initial _____

ADDITIONAL INFORMATION

This image shows a full page of a handwriting practice worksheet. It consists of numerous horizontal dashed lines spaced evenly across the page, providing a guide for letter height and placement. The lines are light gray and extend from the left margin to the right edge of the page. There are no margins, text, or other markings present.

Applicant's initial.

Page 10

9

10

10A

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.00002
☐ 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: Atlas Pharmaceuticals, LLC

Physical Address: 711 East Carefree Hwy., Ste. 107

City: Phoenix State: AZ Zip Code: 85085

Telephone: 844-661-1829 Fax: 623-582-7970

Toll Free Number: 844-661-1829 (Required per NAC 639.708)

E-mail: licensing@atlasdrugs.net Website: www.atlasdrugs.com

Supervising Pharmacist: Jerry Depa Nevada License #: 12508 ✓

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): 64-1861454

Please provide the name of the facility as registered with the FDA and the registration number:

Atlas Pharmaceuticals, LLC; 3013030904

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: Jerry DepaNevada License Number: 12508A 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

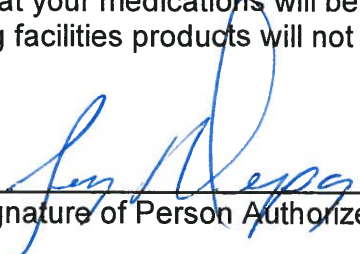
I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized Outsourcing Facility may be grounds for the revocation of this permit.

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

Jerry Depa

Print Name of Authorized Person

1-4-19
Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY**Page 4****OWNERSHIP IS A PUBLICLY TRADED COMPANY**State of Incorporation: N/A

Parent Company if any: _____

Corporation Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

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

Date of Incorporation: _____

Registration number issued: _____

Stock Exchange: _____

Include with the application for a 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.

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY**Page 5****OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**State of Incorporation: DelawareParent Company if any: EVP Pharmaceuticals, Inc.Address: 711 East Carefree Hwy., Suite 140City: Phoenix State: AZ Zip: 85085Telephone: 617-314-4404 Fax: N/AContact Person: Georgia Wraight

For any corporation non publicly traded, disclose the following:

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

a) Please see attached

Name

Address

b) N/A

Name

Address

c) N/A

Name

Address

d) N/A

Name

Address

2) Provide the number of shares issued by the corporation. Please see attached3) What was the price paid per share? Please see attached4) What date did the corporation actually receive the cash assets? Please see attached5) Provide a copy of the corporation's stock register evidencing the above information
Please see attached**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

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY

Page 6

OWNERSHIP IS A PARTNERSHIP

General _____ Limited _____

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____

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>
_____	_____	_____
_____	_____	_____

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY

Page 7

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: N/A

Business Name: _____

Current Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____



ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
<http://www.azpharmacy.gov>

462

Receipt Date: 09/18/2018
Receipt Number: 201838867
Receipt Amount \$: 1000.00

Resident Manufacturer/503B Outsourcer

503B, Compounding - Non-Sterile, Compounding - Sterile

Issued to :

Atlas Pharmaceuticals, LLC
711 EAST CAREFREE HWY SUITE 207
PHOENIX, AZ 85085

PERMIT NO
M001042

EXPIRES
10/31/2020

Atlas Pharmaceuticals
711 EAST CAREFREE HWY SUITE 107
PHOENIX, AZ 85085

Kam Gandhi
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749



WALLET CARD

NAME : Atlas Pharmaceuticals, LLC
LICENSE NUMBER : M001042
EXPIRES : 10/31/2020

<http://www.azpharmacy.gov>

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C. R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.



1:5
341/656
ATLAS PHARMACEUTICALS
711 EAST CAREFREE HWY., STE. 207
PHOENIX, AZ 85085-8508



10027283.2/002314

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RA0529959	06-30-2019	\$3047

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,4,5	MANUFACTURER	05-08-2018

ATLAS PHARMACEUTICALS
711 EAST CAREFREE HWY., STE. 107
PHOENIX, AZ 85085-8508

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 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 IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RA0529959	06-30-2019	\$3047

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,4,5	MANUFACTURER	05-08-2018

ATLAS PHARMACEUTICALS
711 EAST CAREFREE HWY., STE. 107
PHOENIX, AZ 85085-8508

Sections 304 and 1008 (21 USC 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 IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

**Arizona State Board of Pharmacy**

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007

Mailing Address: P.O. Box 18520, Phoenix, AZ 85005

P) 602-771-2727 F) 602-771-2749 www.azpharmacy.gov

VERIFICATION OF ARIZONA LICENSURE

This is to certify the status of the permit of:

Name: Atlas Pharmaceuticals LLC
711 East Carefree Hwy, Suite107
Phoenix, Arizona 85085

Permit No.: M001042

Permit Type: Manufacturer-503B Outsourcer

Original Issue Date: August 9, 2017

Expiration Date: October 31, 2020

Status: Open

Disciplinary Action: None



A handwritten signature in blue ink that reads "Sonia Carrillo".

Sonia Carrillo

Program Project Specialist

Arizona State Board of Pharmacy

November 23, 2018

Ownership Ledger

EVP Pharmaceuticals, Inc. f/k/a Eaton Veterinary Pharmaceutical, Inc.

Report Date: 6/18/2018

Cert. No.	Name	Type	Date of Issuance	Basis of Issuance	Date of Disposition	Basis of Disposition	Outstanding	Number
1	Robert L. Eaton	Common Stock	5/8/2012	Original Issue	5/10/2012	Transfer to certificate(s) 3, Balance cancelled	No	12,090,000
2	Sabrina A. Eaton	Common Stock	5/8/2012	Original Issue	5/10/2012	Transfer to certificate(s) 4, Balance cancelled	No	12,090,000
3	Robert L. Eaton	Common Stock	5/10/2012	Transfer from certificate(s) 1	7/14/2017	Transfer to certificate(s) 5	No	6,890,000
4	Sabrina A. Eaton	Common Stock	5/10/2012	Transfer from certificate(s) 2	7/14/2017	Transfer to certificate(s) 5	No	6,890,000
5	Direct Vet Marketing, Inc.	Common Stock	7/14/2017	Transfer from certificate(s) 3, 4			Yes	13,780,000
Total Outstanding:								13,780,000

Ownership Ledger

EVP Pharmaceuticals, Inc. f/k/a Eaton Veterinary Pharmaceutical, Inc.

Report Date: 6/18/2018

Cert. No.	Name	Type	Date of Issuance	Basis of Issuance	Date of Disposition	Basis of Disposition	Outstanding	Number
PA-1	Ampersand 2011 Limited Partnership	Series A Convertible Preferred Stock	5/10/2012	Original Issue	7/14/2017	Transfer to certificate(s) A-3	No	6,890,000
PA-2	Huntington Capital Fund II, L.P.	Series A Convertible Preferred Stock	5/10/2012	Original Issue	7/14/2017	Transfer to certificate(s) A-3	No	2,296,667
PA-3	Direct Vet Marketing, Inc.	Series A Convertible Preferred Stock	7/14/2017	Transfer from certificate(s) A-1, A-2			Yes	9,186,667
Total Outstanding:								9,186,667



711 East Carefree Hwy., Ste. 207
Phoenix, AZ 85085
844-661-1829

January 4, 2019

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

Re: Change of Ownership - Atlas Pharmaceuticals, LLC

Dear Board:

Attached please find the application for a Change in Ownership for Atlas Pharmaceuticals, LLC ("Atlas").

As you can see from the attached corporate organizational chart and organizational document, Atlas is a wholly owned subsidiary of EVP Pharmaceuticals, Inc. EVP Pharmaceuticals, Inc. is a wholly owned subsidiary of Direct Vet Marketing, Inc. Direct Vet Marketing, Inc. will become a wholly owned subsidiary of a newly formed publicly traded company, Covetrus, Inc. which will be listed on the NASDAQ stock exchange as the result of a corporate merger involving a division of Henry Schein.

The change in ownership is happening above the parent level of Atlas. Neither Atlas, nor its immediate parent, EVP Pharmaceuticals, Inc., or its grandparent, Direct Vet Marketing, Inc. are changing. The only change is that the ultimate corporate parent at the great-grandparent level will now be a publicly traded company.

We are providing this application in accordance with your rules in advance of Covetrus, Inc. completing its public registration. We will continue to update the board as information on Covetrus, Inc. becomes publicly available.

If the Board does not consider this to be a change of ownership, or does not require this application, please notify us immediately, and disregard the application and check.

If you have any questions regarding the application or the corporate organizational changes, please contact Summer Roper licensing@atlaspharmaceuticals.net.

Thank you for your prompt attention to this matter.

Respectfully,

Georgia Wraight,
President, Treasurer and Secretary



Atlas Pharmaceuticals, LLC
 711 East Carefree Hwy., Ste. 107
 Phoenix, AZ 85085
 844-661-1829
 EIN: 64-1861454

Atlas Pharmaceuticals, LLC is 100% wholly owned by EVP Pharmaceuticals, Inc.

Atlas Pharmaceuticals, LLC Officer:
 Georgia Wraight, President, Secretary, Treasurer
 711 East Carefree Hwy., Ste. 207
 Phoenix, AZ 85085
 844-661-1829

Parent Company Ownership Information:

EVP Pharmaceuticals, Inc.
 711 East Carefree Hwy., Ste. 140
 Phoenix, AZ 85085
 877-518-4589
 EIN: 26-4027812

EVP Pharmaceuticals, Inc. is 100% wholly owned by Direct Vet Marketing, Inc.

EVP Pharmaceuticals, Inc. Officer:
 Georgia Wraight, President, Secretary, Treasurer
 711 East Carefree Hwy., Ste. 140
 Phoenix, AZ 85085
 877-518-4589

Grandparent Company Ownership Information:

Direct Vet Marketing, Inc.
 7 Custom House, Ste. 5
 Portland, ME 04101
 888-280-2221
 EIN: 27-2669147

Direct Vet Marketing, Inc. is 100% wholly owned by Covetrus, Inc.

Direct Vet Marketing, Inc. Officer:
 Benjamin Shaw, CEO
 7 Custom House, Ste. 5
 Portland, ME 04101
 Business Number: 888-280-2221

Great Grandparent Ownership Information:

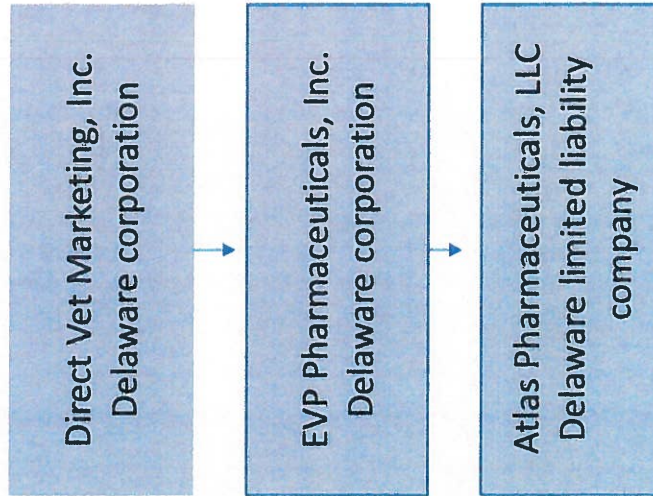
Covetrus, Inc.
 7 Custom House, Ste. 5
 Portland, ME 04101
 888-280-2221
 EIN: 83-2881992

Covetrus, Inc. publicly traded on the NASDAQ as of February 2019

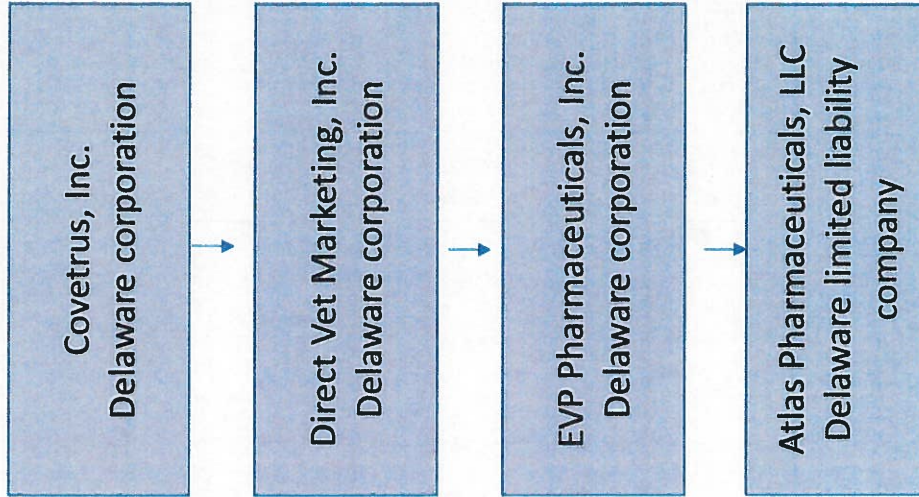
Covetrus, Inc., Officer:
 Benjamin Shaw, CEO
 7 Custom House, Ste. 5
 Portland, ME 04101
 Business Number: 888-280-2221

ATLAS PHARMACEUTICALS, LLC

CORPORATE STRUCTURE BEFORE FEBRUARY 2019



CORPORATE STRUCTURE AFTER FEBRUARY 2019



Corporate Officer Information:

Georgia Wright, President, Treasurer, Secretary

DOB:

Social Security Number:

Residential Address:

Onondaga Lane
Medfield, MA 02052

Contact Number:

0% Interest

January 4, 2019

Direct Vet Marketing, Inc.
List of Officers & Directors

David Shaw, Chairman

Benjamin Shaw, CEO, President, Treasurer, Secretary

Edward McNamara, Director

Ravi Sachdev, Director

Betsy Atkins, Director

Convetrus,
List of Officers & Directors

Benjamin Shaw, CEO

Philip A. Laskawy, Director

Deborah Ellinger, Director

Sandra Helton, Director

Steven Paladino, Director
Holds a New York State CPA License; License Number: 051206

Mark Manoff, Director
Holds a New York State CPA License; License Number: 047607-1

Benjamin Wolin, Director

10B

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: BSO, LLC DBA Belmar Select Outsourcing

Physical Address: 12860 W. Cedar Dr. Suite 211

City: Lakewood State: CO Zip Code: 80228

Telephone: 877-267-3410 Fax: 877-267-3409

Toll Free Number: 877-267-3410 (Required per NAC 639.708)

E-mail: dave@belmarselectoutsourcing.com Website: www.belmarselectoutsourcing.com

Supervising Pharmacist: Samuel Eskenazi Nevada License #: In Process 20093

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): FEI: ~~3011976853~~ 61-1770640Please provide the name of the facility as registered with the FDA and the registration number:
BSO, LLC 3011976853Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
Belmar Select Outsourcing

Please provide the name and Nevada license number of the supervising pharmacist:

Name: Samuel Eskenazi Nevada License Number: License Issuance in ProcessA 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 ☐
See attached .F
- 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.

See Attached A

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

David W. Hill

Print Name of Authorized Person

1-15-2019

Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY**Page 4****OWNERSHIP IS A PUBLICLY TRADED COMPANY**State of Incorporation: Not Applicable

Parent Company if any: _____

Corporation Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

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

Date of Incorporation: _____

Registration number issued: _____

Stock Exchange: _____

Include with the application for a 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.

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Colorado

Parent Company if any: BSO, LLC

Address: 12860 W. Cedar Dr. Suite 211

City: Lakewood State: CO Zip: 80228

Telephone: 877-267-3410

Fax: 877-267-3409

Contact Person: David W. Hill

For any corporation non publicly traded, disclose the following:

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

Name	Address	Shares
a) David W. Hill	12860 W. Cedar Dr. Suite 211 Lakewood, CO 80228	(91 Shares)

b) Theresa Weisenbach	12860 W. Cedar Dr. Suite 211 Lakewood, CO 80228	(9 Shares)
Name	Address	

c) _____

Name	Address
------	---------

d) _____

Name	Address
------	---------

- 2) Provide the number of shares issued by the corporation. 100
- 3) What was the price paid per share? 1.00
- 4) What date did the corporation actually receive the cash assets? 12/2015
- 5) Provide a copy of the corporation's stock register evidencing the above information

We do not have a stock register

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

David W. Hill, CEO & Managing Member
Theresa Weisenbach, VP, Secretary and Treasurer, Member

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY**Page 6****OWNERSHIP IS A PARTNERSHIP**

General _____

Limited _____

Partnership Name: Not Applicable

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____

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>
_____	_____	_____
_____	_____	_____

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____



Lookup Detail View

Licensee Information

This serves as primary source verification of the license.*

**Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by 24-34-102 C.R.S.*

Name	Public Address
BSO, LLC DBA Belmar Select Outsourcing	Lakewood, CO 80228-1971

Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
MFR.0001037	Original	Manufacturer	Active	12/21/2015	11/01/2018	10/31/2020

Board/Program Actions

Discipline
There is no Discipline or Board Actions on file for this credential.

Generated on: 1/4/2019 9:14:31 AM



1:5
400/656
BSO LLC
12860 W CEDAR DR STE 211
DBA: BELMAR SELECT OUTSOURCING
LAKEWOOD, CO 80228-1971



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RB0492772	07-31-2019	\$3047
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3N	MANUFACTURER	07-11-2018
BSO LLC 12860 W CEDAR DR STE 211 DBA: BELMAR SELECT OUTSOURCING LAKEWOOD, CO 80228-1971		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 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 IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
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 WASHINGTON D.C. 20537

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OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

BSO LLC

is a

Limited Liability Company

formed or registered on 06/16/2015 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20151391668 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/31/2018 that have been posted, and by documents delivered to this office electronically through 11/01/2018 @ 10:37:51 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 11/01/2018 @ 10:37:51 in accordance with applicable law. This certificate is assigned Confirmation Number 11203895 .



Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



(F)

12860 W. Cedar Drive, Suite 211
Lakewood, CO 80228

Tel: (877) 267-3410 | (303) 963-5488
Fax: (877) 267-3409 | (720) 465-9399

info@belmarselectoutsourcing.com

12/27/2018

Board Name
Street Address
City, State & Zip

Re: VA Consent Order

Board Secretary,

Attached you will find a copy of the Consent Order which Belmar Select Outsourcing entered into with the Virginia State Board of Pharmacy on December 20, 2018. This notice is being provided to your Board in accordance with our obligations and duties as a permit holder in your state.

The order stems from the lapse of the Virginia Pharmacist license of a previous employee and Pharmacist-In-Charge during a period of 2017. At that time, BSO was unaware of the lapse, and immediately provided remedy upon discovery. Since that time, additional systems have been in place to prevent a recurrence.

If your State Board requires any additional information, please do not hesitate to contact me.

Respectfully,

Samuel Eskenazi RPh
Quality Compliance Pharmacist
BSO LLC d/b/a Belmar Select Outsourcing



COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions

Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367- 4400
FAX (804) 527- 4475

Board of Pharmacy

804/367-4456

804-527-4472 (fax)

December 20, 2018

Samuel Eskenazi Pharmacist-in-Charge
Bso Llc DbA Belmar Select Outsourcing
12860 W. Cedar Run Dr. Suite 211
Lakewood, CO 80228

CERTIFIED MAIL

Return Receipt Required

Certified Article Number

9414 7266 9904 2091 9203 23

SENDER'S RECORD

RE: Case Number 185226

Dear Mr. Eskenazi:

Enclosed is a certified true copy of the Consent Order entered by the Virginia Board of Pharmacy ("Board"), which resolves this matter.

Should you have any questions or concerns regarding this matter, please contact our office at (804)367-4456.

Sincerely,

Caroline D. Juran, RPh, DPh
Executive Director

cc: Anne Joseph, Deputy Director, Administrative Proceedings Division
Claire Foley, Adjudication Specialist
Pamela Twombly, Enforcement Division (Case Number 185226)
Susan Brooks, Operations Manager, Administrative Proceedings Division
Rachel G. Pontikes, Attorney
David E. Brown, D.C., Director, Department of Health Professions
Barbara Allison-Bryan, M.D., Chief Deputy Director, Department of Health Professions

DEC 19 2018

DHF

BEFORE THE VIRGINIA BOARD OF PHARMACY

IN RE: BSO LLC d/b/a BELMAR SELECT OUTSOURCING
Permit Number: 0236-000011
Case Number: 185226

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Pharmacy ("Board") and Samuel Eskenazi, Pharmacist-in-Charge, as evidenced by their signatures hereto, in lieu of proceeding to an informal conference, enter into the following Consent Order affecting BSO LLC d/b/a Belmar Select Outsourcing's permit to conduct a non-resident outsourcing facility in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. On September 13, 2016, the Board issued Permit Number 0236-000011 to BSO LLC d/b/a Belmar Select Outsourcing to conduct a non-resident outsourcing facility in the Commonwealth of Virginia. Said permit is scheduled to expire on 9/30/2019. At all times relevant hereto, said permit was in full force and effect.

2. BSO LLC d/b/a Belmar Select Outsourcing violated Virginia Code §§ 54.1-3316(7) and 54.1-3434.5(B) in that between January 1, 2017 and July 28, 2017, BSO LLC shipped medications into Virginia while Lamar Jones, Pharmacist-in-Charge during the above referenced time period, did not have an active Virginia pharmacist license.

CONSENT

BSO LLC d/b/a Belmar Select Outsourcing, by affixing the signature of a representative hereon to this Order, agrees to the following:

**BSO LLC d/b/a Belmar Select Outsourcing
CONSENT ORDER
Page 2 of 3**

1. BSO LLC d/b/a Belmar Select Outsourcing has been advised to seek advice of counsel prior to signing this document and is represented by Rachael G. Pontikes, Esq.;
2. BSO LLC d/b/a Belmar Select Outsourcing is fully aware that without its consent, no legal action can be taken against it or its permit except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;
3. BSO LLC d/b/a Belmar Select Outsourcing acknowledges that it has the following rights, among others: the right to an informal fact-finding conference before the Board; and the right to representation by counsel;
4. BSO LLC d/b/a Belmar Select Outsourcing waives its right to an informal conference;
5. BSO LLC d/b/a Belmar Select Outsourcing admits to the Findings of Fact and Conclusions of Law contained herein and waives its right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;
6. BSO LLC d/b/a Belmar Select Outsourcing consents to the entry of the following Order affecting its right to conduct a non-resident outsourcing facility in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Pharmacy hereby ORDERS as follows:

1. BSO LLC d/b/a Belmar Select Outsourcing, is assessed a MONETARY PENALTY of \$2,000.00. This penalty shall be paid to the Board by certified check or money order made payable to the Treasurer of Virginia within 30 days from the date of entry of this Order. Failure to pay the full monetary penalty by the due date may cause the matter to be sent for collection and constitutes grounds for an administrative proceeding and further discipline.

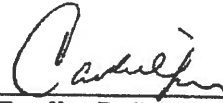
BSO LLC d/b/a Belmar Select Outsourcing
 CONSENT ORDER
 Page 3 of 3

2. BSO LLC d/b/a Belmar Select Outsourcing shall comply with all laws and regulations governing the practice of pharmacy in the Commonwealth of Virginia.

3. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the practice of pharmacy shall constitute grounds for further disciplinary action.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.


FOR THE BOARD



Caroline D. Juran, RPh, DPh
 Executive Director
 Virginia Board of Pharmacy

ENTERED: 12/20/18

SEEN AND AGREED TO:



Samuel Eskenazi, Pharmacist-in-Charge
 BSO LLC d/b/a Belmar Select Outsourcing

State of Colorado
 COMMONWEALTH OF VIRGINIA
 COUNTY/CITY OF Jefferson County / Lakewood, CO, TO WIT:

State of Colorado
 Subscribed and sworn to before me, a notary public in and for the Commonwealth of Virginia at large, on this

17 day of December, 2018.

DILLON JOHN BAKAS
 NOTARY PUBLIC
 STATE OF COLORADO
 NOTARY ID 20174041777
 MY COMMISSION EXPIRES 10/06/2021

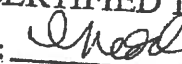
My commission expires:

Registration No.:



Notary Public

10-06-2021

CERTIFIED TRUE COPY
 BY: 
 VIRGINIA BOARD OF PHARMACY

10C

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: Central Admixture Pharmacy Services, Inc.

Physical Address: 7935 Dunbrook Road # C

City: San Diego State: CA Zip Code: 92126

Telephone: 858-578-1380 Fax: 858-578-7568

Toll Free Number: 888-578-1381 (Required per NAC 639.708)

E-mail: Lauren.Sylvia@CAPSpharmacy.com Website: www.capspharmacy.com

Supervising Pharmacist: Sidney Nguyen Nevada License #: 17947 ✓

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): 2032871Please provide the name of the facility as registered with the FDA and the registration number:
Central Admixture Pharmacy Services, Inc.Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
N/APlease provide the name and Nevada license number of the supervising pharmacist:
Name: Sidney Nguyen Nevada License Number: 17947A 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

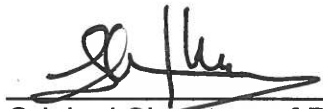
I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized Outsourcing Facility may be grounds for the revocation of this permit.

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

Thomas J. Wilverding, President

Print Name of Authorized Person

11/19/2018

Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY**Page 4****OWNERSHIP IS A PUBLICLY TRADED COMPANY**

N/A

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

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

Date of Incorporation: _____

Registration number issued: _____

Stock Exchange: _____

Include with the application for a 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.

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY**Page 5****OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**State of Incorporation: DelawareParent Company if any: B. Braun of America Inc.Address: 824 Twelfth AvenueCity: Bethlehem State: PA Zip: 18018Telephone: 919-806-4448 Fax: 205-945-1908Contact Person: Thomas J. Wilverding

For any corporation non publicly traded, disclose the following:

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

a) B. Braun of America Inc. 100% 824 Twelfth Ave., Bethlehem, PA 18018
Name Addressb) _____
Name Addressc) _____
Name Addressd) _____
Name Address2) Provide the number of shares issued by the corporation. 9,993,750 Shares of Common Stock3) What was the price paid per share? \$.0010 par value per share4) What date did the corporation actually receive the cash assets? December 5, 19905) Provide a copy of the corporation's stock register evidencing the above information
Company does not keep a stock register.**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

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY

Page 6

N/A

OWNERSHIP IS A PARTNERSHIP

General _____

Limited _____

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____

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>
_____	_____	_____
_____	_____	_____

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY

Page 7

N/A

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: _____

Business Name: _____

Current Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Central Admixture Pharmacy Services, Inc.
("CAPS")

OFFICERS:

Name: Thomas J. Wilverding

Title: President

Business Address: 2530 Meridian Parkway, Suite 200, Durham, NC 27713

Business Telephone: 919-806-4448

Name: Bruce A. Heugel

Title: Treasurer (Chief Financial Officer)

Business Address: 824 Twelfth Avenue, Bethlehem, PA 18018

Business Telephone: 610-997-4050

Name: Michael A. Koch

Title: Sr. Vice President, Professional Services

Business Address: 16800 Aston Street, Suite 150, Irvine, CA 92606

Business Telephone: 949-660-2701

Name: Cathy L. Codrea

Title: Secretary

Business Address: 824 Twelfth Avenue, Bethlehem, PA 18018

Business Telephone: 610-997-4581

Parent Company

B. Braun of America Inc

824 Twelfth Avenue, Bethlehem, PA 18018

State of Incorporation: PA

State of Incorporation for CAPS: DE

CAPS Federal ID # 33-0439686

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTRAL ADMIXTURE PHARMACY SERVICES, 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 NINTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTRAL ADMIXTURE PHARMACY SERVICES, INC." WAS INCORPORATED ON THE FIFTH DAY OF DECEMBER, A.D. 1990.

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



2248466 8300

SR# 20187568089

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

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

Authentication: 203871304

Date: 11-09-18



Outsourcing Facility License

BOARD OF PHARMACY
1625 NORTH MARKET BLVD., SUITE N-219
SACRAMENTO, CA 95834
(916) 574-7900

LICENSE NO. OSF 103
RECEIPT NO. 00150777

VALID UNTIL AUGUST 01, 2019

CENTRAL ADMIXTURE PHARMACY SERVICES INC
7935 DUNBROOK RD STE B-G
SAN DIEGO CA 92126

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.

20/18

20/18 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHOSF (02/28/1



Nevada State Board of Pharmacy

VERIFY LICENSE

Facility Name	License Number#	City	State	Country	Action
CENTRAL ADMIXTURE PHARMACY SERVICES, INC.	WH01364	San Diego	CA	United States	

License Number : WH01364
Name : CENTRAL ADMIXTURE PHARMACY
SERVICES, INC.
License Type : Wholesaler
License Status : Active
License Date : 04/24/2006
Expiration Date : 10/31/2020



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID	CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537 Sections 304 and 1008 (21 USC 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 IT IS NOT VALID AFTER THE EXPIRATION DATE.
RC0318712	08-31-2019	\$3047	
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE	
2,2N,3N 4,L1	MANUFACTURER	07-19-2018	
CENTRAL ADMIXTURE PHARMACY CENTRAL ADMIXTURE PHARMACY SERVICES INC 7935 DUNBROOK RD., STE B-G SAN DIEGO, CA 92126			

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RC0318712	08-31-2019	\$3047
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3N 4,L1	MANUFACTURER	07-19-2018
CENTRAL ADMIXTURE PHARMACY CENTRAL ADMIXTURE PHARMACY SERVICES INC 7935 DUNBROOK RD., STE B-G SAN DIEGO, CA 92126		

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.



SIDNEY NGUYEN
18122 CHIEFTAIN CT
SAN DIEGO, CA 92127

Date : 10/25/2017
Amount : \$180.00
License # : 17947

Trim ID Card to fit your wallet



License #
17947
Active

PHARMACIST

Expires: 10/31/2019

SIDNEY NGUYEN
18122 CHIEFTAIN CT
SAN DIEGO, CA 92127

IDENTIFICATION ONLY

DOES NOT MEET POSTING REQUIREMENTS

STATE OF NEVADA
STATE BOARD OF PHARMACY
Pharmacist

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

Expires: 10/31/2019
Status: Active

License Type : Pharmacist
License# : 17947
1st License Date: 2010-10-25

SIDNEY NGUYEN
18122 CHIEFTAIN CT
SAN DIEGO, CA 92127

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

CENTRAL ADMIXTURE PHARMACY SERVICES, INC.**CITATIONS**

Central Admixture Pharmacy Services, Inc.
160 W. Forrest Avenue
Englewood, NJ 07631

8/16/2016 (Current) – New Jersey Board of Pharmacy

Failed to submit Central Prescription Handling Agreements with New York hospital customers to the Board. Cooperation Agreements (as agreed upon by the NJ DAG, as an alternative to the Central Prescription Handling Agreement) have been submitted to the Board. Currently awaiting confirmations from Board of resolution citation.

7/15/14 – New Jersey Board of Pharmacy

\$2,000 – Fined for exceeding the technician ratio of 2:1. \$2,000 fine was paid and corrective action letter was submitted to the Board. Matter Closed.

\$5,000 – Fined for failure to submit Central Prescription Handling Agreements with New Jersey hospital customers to the Board. \$5,000 fine was paid and Central Prescription Handling Agreements were submitted to the Board. Matter Closed.

Central Admixture Pharmacy Services, Inc.
10370 Slusher Drive, Unit 6
Santa Fe Springs, CA 90670

2/27/2015 – California Board of Pharmacy

Pharmacy License citation: \$2,500 – Fined for violation of Tech/Pharmacist Ratio. \$2,500 fine paid. Matter closed.

Sterile Compounding License citation: Violation of Tech/Pharmacist Ratio. No fine. Matter closed.

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: Central Admixture Pharmacy Services, Inc.

Address: 7935 Dunbrook Road # C

City: San Diego State: CA Zip: 92126

I hereby authorize the CA Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant _____

**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

Has this license been encumbered in any way? <input type="checkbox"/> Yes <input 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 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 type="checkbox"/> No				
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Has applicant met all licensing requirements of your state? (If no, please explain) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Signature of State Official	Title	State	Date	State Seal

(over)



BOARD OF PHARMACY

ISSUANCE DATE
AUGUST 9, 2017
EXPIRATION DATE
AUGUST 1, 2019
CURRENT DATE / TIME
NOVEMBER 21, 2018
2 03 25 PM

LICENSING DETAILS FOR: OSF 103

NAME: CENTRAL ADMIXTURE PHARMACY SERVICES INC

LICENSE TYPE: OUTSOURCING FACILITY

LICENSE STATUS: CLEAR 

ADDRESS

7935 DUNBROOK RD STE B-G
SAN DIEGO CA 92126
SAN DIEGO COUNTY

CLEAR - A "CLEAR" LICENSE ENTITLES THE INDIVIDUAL OR FIRM TO PERFORM ALL DUTIES AUTHORIZED TO THE SPECIFIC TYPE OF LICENSE. UNLESS (1) A PHARMACIST HAS RENEWED HIS OR HER LICENSE ON INACTIVE STATUS, OR (2) UNLESS THE LICENSE HAS BEEN RESTRICTED BY A DISCIPLINARY ORDER OF THE BOARD. WHEN THE WORD "PROBATION" APPEARS UNDER "CLEAR" BOARD DISCIPLINARY RESTRICTIONS ARE LISTED AT THE BOTTOM OF THE SCREEN

CENTRAL ADMIXTURE PHARMACY SERVICES INC

LICENSE NUMBER: OSF 103 **LICENSE TYPE:** OUTSOURCING FACILITY

LICENSE STATUS: CLEAR **EXPIRATION DATE:** AUGUST 1, 2019

SECONDARY STATUS: N/A

CITY: SAN DIEGO **STATE:** CALIFORNIA **COUNTY:** SAN DIEGO **ZIP:** 92126

11

11A

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: MedRx Infusion Clinical Pharmacy

Physical Address: 415 - 417 N. Oak street, Inglewood CA 90302

Mailing Address: 415 - 417 N. Oak Street

City: Inglewood State: CA Zip Code: 90302

Telephone: 310) 671-2600 Fax: 310) 671-2601

Toll Free Number: (844) 671-2600 (Required per NAC 639.708)

E-mail: info @ medrxinfusion.com Website: medrxinfusion.com

Managing Pharmacist: Lloyd, Warren Christopher License Number: 41161

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

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.

Simon Javaheri

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

SIMON JAVAHERI

Print Name of Authorized Person

Date

01/31/2019

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: CALIFORNIA

Parent Company if any: _____

Corporation Name: MEDRX INFUSION CLINICAL PHARMACY LLC

Mailing Address: 417 N. OAK STREET

City: INGLEWOOD State: CA Zip: 90302

Telephone: 310 671 2600 Fax: 310 671 2601

Contact Person: SIMON JAVAHERI

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

Date of Incorporation: 01/23/2013

Registration number issued: 201302310357

Stock Exchange: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours on call

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

Must be included with the application for a 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.

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: CALIFORNIA, LIMITED LIABILITY COMPANY

Parent Company if any: _____

Mailing Address: 417 N. OAK STREETCity: INGLEWOOD State: CA Zip: 90302Telephone: 310 671 2600 Fax: 310 671 2601

Contact Person: _____

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) N/A
Name Addressc) N/A
Name Addressd) N/A
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: N/A %: _____Name: N/A %: _____**Hours of Operation for the pharmacy:**Monday thru Friday 9 am 5 pm

Saturday _____ am _____ pm

Sunday _____ am _____ pm

24 Hours On Call

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

Must be included 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

SIMON JAVAHERI

ALEX STEINE

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIPGeneral _____ Limited xPartnership Name: MEDRX INFUSION CLINICAL PHARMACY LLCMailing Address: 417 N. OAK STREETCity: INGLEWOOD State: CA Zip Code: 90302Telephone Number: 310 671 2600 Fax Number: 310 671 2601

Contact Person: _____

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>CLIFFWOOD MEDRX PARTNERS LLC</u>	<u>LLC</u>	<u>60</u>
<u>MEDRX PARTNERS LLC</u>	<u>LLC</u>	<u>40</u>

List names of 4 largest partners and percentage of ownership:

Name: ALEX STEINE %: 20%
 Name: PEDRAM SHABATIAN %: 42%
 Name: MARLEN ZHORNITSKY %: 20%
 Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____
 Name: _____ %: _____
 Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm Saturday _____ am _____ pm
 Sunday _____ am _____ pm 24 Hours on call

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, SIMON JAVANERI

Responsible Person of LOS ANGELES, CALIFORNIA

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.

Simon Javaneri

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

SIMON JAVANERI

Print Name of Authorized Person

1/31/2019
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF CALIFORNIA)
) ss.
LOS ANGELES COUNTY)

I, SIMON JAVIER, 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 CO CEO for MEDRX INFUSION CLINICAL ^{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, SIMON JAVIER, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Simon Javier
 Name

SUBSCRIBED AND SWORN TO
 before me, a notary public this
 ___ day of ___, 20__.

 NOTARY PUBLIC

**See Attached
 California
 Certificate**

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 1st day of February,
Month

20 19, by Simon Javaheri and
Name of Signer (1)

— N/A —, proved to me on the basis of
Name of Signer (2)

satisfactory evidence to be the person(s) who appeared before me.


Signature of Notary Public



For other required information (Notary Name, Commission No. etc.)

Seal

OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this jurat to an unauthorized document 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 _____

Additional Information

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: _____

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: MEDRX INFUSION CLINICAL PHARMACY, LLC

FILE NUMBER: 201302310357
FORMATION DATE: 01/23/2013
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
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 January 29, 2019.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA
Secretary of State



Board of Pharmacy



Retail Pharmacy Permit

LICENSE NO. PHY 51821

ISSUE DATE OCTOBER 31, 2014

MEDRX INFUSION CLINICAL PHARMACY

415-417 N OAK ST
INGLEWOOD CA 90302

The above is licensed with the State Board of Pharmacy as a Limited Liability Company.

LIMITED LIABILITY COMPANY

PHARMACIST IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov



Retail Pharmacy Permit

BOARD OF PHARMACY
1625 NORTH MARKET BLVD., SUITE N-219
SACRAMENTO, CA 95834
(916) 574-7900

LICENSE NO. PHY 51821
RECEIPT NO. 82110043

VALID UNTIL OCTOBER 01, 2019

MEDRX INFUSION CLINICAL PHARMACY
415-417 N OAK ST
INGLEWOOD CA 90302

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, shareholder (more than 10 percent share change) administrator or pharmacist-in-charge.
This permit is valid only at the address shown.



Board of Pharmacy



Sterile Compounding License

LICENSE NO. LSC 100692

ISSUE DATE DECEMBER 30, 2014

MEDRX INFUSION CLINICAL PHARMACY

415-417 N OAK ST
INGLEWOOD CA 90302

The above is licensed with the State Board of Pharmacy as a Limited Liability Company.

LIMITED LIABILITY COMPANY

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

Sterile Compounding License

LICENSE NO. LSC 100692
RECEIPT NO. 00151269

VALID UNTIL OCTOBER 01, 2019

MEDRX INFUSION CLINICAL PHARMACY
415-417 N OAK ST
INGLEWOOD CA 90302

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, shareholder (more than 10 percent share change), administrator or pharmacist-in-charge.
This permit is valid only at the address shown.

3/27/18

3/27/18 The official status of this license can be verified at www.pharmacy.ca.gov

NON-TRANSFERABLE --- POST IN PROMINENT VIEW ---

11B

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 02851**)
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: MILLER'S OF WYCKOFF

Physical Address: 678 WYCKOFF AVE

Mailing Address: _____

City: WYCKOFF State: NJ Zip Code: 07481

Telephone: 201-891-3333 Fax: 201-891-6392

Toll Free Number: 888-891-3334 (Required per NAC 639.708)

E-mail: PROUGH@YOURLIKOR.COM Website: YOURLIKOR.COM
MILLERS PHARMACY.COM

Managing Pharmacist: DAVID M. MILLOR License Number: (NJ) 28RT01608500

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

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.

Philip J. Kroun IV
Original Signature of Person Authorized to Submit Application, no copies or stamps

PHILIP J. KROUN IV
Print Name of Authorized Person

11-23-18
Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: DELAWARE
 Parent Company if any: YOURLIFE RX, INC.
 Mailing Address: 3529 CROST ST
 City: ST. AUGUSTINE State: FL Zip: 32092
 Telephone: 717-856-3433 Fax: —
 Contact Person: PHIL KBOUGH

For any corporation non publicly traded, disclose the following:

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

a) BARUCH HALPERN 9601 COLLINS AVE, BAL HARBOUR, FL 33414
 Name Address
 b) PHIL KBOUGH 3529 CROST ST, ST. AUGUSTINE, FL 32092
 Name Address
 c) —
 Name Address
 d) —
 Name Address

- 2) Provide the number of shares issued by the corporation. 950,000

- 3) What was the price paid per share? \$0.0001

- 4) What date did the corporation actually receive the cash assets? 12-20-17

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

List any physician shareholders and percentage of ownership.

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

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 8 pm Saturday 9 am 4 pm
 Sunday CLOSED am — 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: —

Must be included 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

SEE ATTACHMENT

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, PHILIP J. KEOUGH IV
Responsible Person of YOUR LIBRARY, INC DBA MULLERS OR MYCHARD
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.

Philip J. Keough IV
Original Signature of Person Authorized to Submit Application, no copies or stamps

PHILIP J. KEOUGH IV
Print Name of Authorized Person

12-4-18
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF _____)
) ss.
 _____ COUNTY)

I, PHIL KEOLAH, 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 CEO/PRESIDENT for MILLERS OR MYCKORP (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, PHIL KEOLAH, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Philip Keolah
 Name

SUBSCRIBED AND SWORN TO
 before me, a notary public this
4 day of DECEMBER 2018.

Renata M. Weiss
 NOTARY PUBLIC



NEVADA STATE BOARD OF PHARMACY

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 11/04/2016

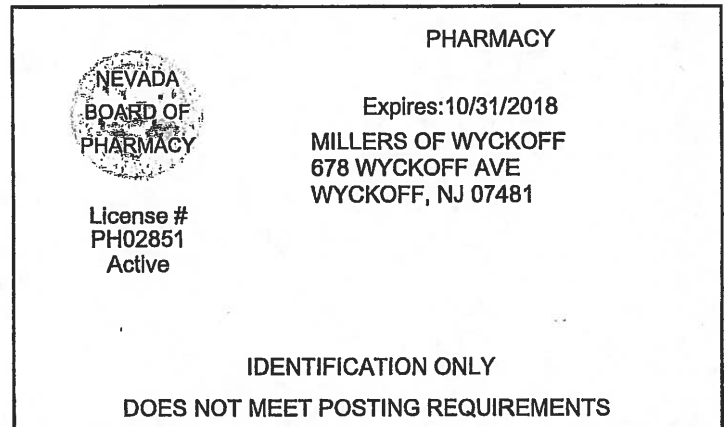
Amount: 500.00

License #: PH02851

MILLERS OF WYCKOFF
678 WYCKOFF AVE
WYCKOFF, NJ 07481

(ID Card)

Trim ID Card to fit your wallet



STATE OF NEVADA
STATE BOARD OF PHARMACY



License Type: PHARMACY

License #: PH02851

DEA #: BM4899615

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

Expires: 10/31/2018

STATUS: Active

MILLERS OF WYCKOFF
678 WYCKOFF AVE
WYCKOFF, NJ 07481

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

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

MILLERS OF WYCKOFF INC
DAVID M MILLER
678 WYCKOFF AVE
WYCKOFF NJ 07481-1430

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

06/06/2018 TO 06/30/2019
VALID


Signature of Licensee/Registrant/Certificate Holder

28RS00529600
LICENSE/REGISTRATION/CERTIFICATION #


ACTING DIRECTOR



NEW JERSEY DIVISION OF CONSUMER AFFAIRS

Paul R. Rodrí
Acting Dir
Rea

License Information

Accurate as of November 23, 2018 12:13 PM

[Return to Search Results](#)

Name: MILLERS OF WYCKOFF INC

Address: WYCKOFF,NJ

Profession/License Type: Pharmacy,Pharmacy

License No: 28RS00529600

License Status: Active

Status Change Reason:

Issue Date: 4/10/1996

Expiration Date: 6/30/2019

Board Action: YES*

Please visit DCA's website to see the final disposition documents.

* A "YES" in the "Board Action" field indicates that the licensee has a public record of some form of action on file with the Board/Committee. Board actions may come in the form of a Cease and Desist Order, Interim Order, Reprimand, a finalized Uniform Penalty Letter, agreed upon Settlement Letter or Final Order. In some instances, "Yes" will represent that a public record such as an Administrative Complaint or a Provisional Order of Discipline may have been filed with the Board/Committee. Such documents represent the filing of allegations by the Attorney General's Office. They do not represent a finding of misconduct until the matter is adjudicated by the Board. Contact the Board/Committee directly to obtain a copy of such documents.

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Licensing Boards
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Proposals
Internship
Opportunities

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OAG News
Services A to Z
Employment

State

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Services A-Z
Departments/Agencies
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**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

**MILLERS OF WYCKOFF, INC.
6085010000**

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 January 02, 1957.

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:

**DAVID MILLER
678 WYCKOFF AVE
WYCKOFF, NJ 07481**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
13th day of September, 2018*

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number : 6091219667

Verify this certificate online at

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BM4899615	01-31-2020	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	RETAIL PHARMACY-COLLECTOR	12-05-2016
MILLERS OF WYCKOFF INC 678 WYCKOFF AVE WYCKOFF, NJ 07481-0000		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 858) 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 IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BM4899615	01-31-2020	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
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MILLERS OF WYCKOFF INC 678 WYCKOFF AVE WYCKOFF, NJ 07481-0000		

m DEA-223 (9/2016)

Sections 304 and 1008 (21 USC 824 and 858) 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.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF INCORPORATION OF "YOURLIFERX, INC.",
FILED IN THIS OFFICE ON THE TWENTIETH DAY OF DECEMBER, A.D.
2017, AT 12:40 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE
NEW CASTLE COUNTY RECORDER OF DEEDS.



6671413 8100
SR# 20177685999

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 203800773
Date: 12-20-17



PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark NJ 07102



GURBIR S. GREWAL
Attorney General

PAUL R. RODRIGUEZ
Acting Director

Mailing Address:
P.O. Box 46018
Newark, NJ 07101
(973) 604-6450

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

August 30, 2018

David Miller, RPIC
Millers of Wyckoff Pharmacy
678 Wyckoff Avenue
Wyckoff, New Jersey 07481


Re: Inspection #8-2498-17-160
Date of Inspection: 3/1/17

Dear Mr. Miller:

After affording you an opportunity to discuss the above-referenced matter with the New Jersey State Board of Pharmacy on August 22, 2018, the Board has decided to remove citation N.J.A.C.13:39-11.16(a) and mitigate citation N.J.A.C.13:39-11.24(a)10 to a Warning.

Please complete the attached **Certification** form and submit **\$1,000.00** for fines incurred to the Board within 15 days receipt of this letter.

NEW JERSEY STATE BOARD OF PHARMACY

By: 
Anthony Rubinaccio, RPh
Executive Director

AR/rh
(8/17)

CERTIFICATION

I, DAVID MILLER, hereby acknowledge that I have read and reviewed the Board's letter dated August 30, 2018 regarding allegations of violations of the Board's enabling act and/or regulations.

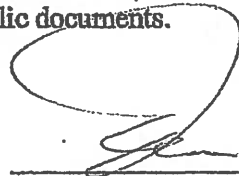
Please Check One:

☒ I acknowledge the conduct which has been charged and agree to:

Cease and desist from engaging in the conduct alleged and pay a penalty in the amount of \$1,000.00 (to be paid upon signing of this Certification).

I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this Certification are public documents.

Dated: 9/4/18



(Signature)
DAVID MILLER

(Print Name)

Ref: David Miller, RPIC
Millers of Wyckoff Pharmacy
678 Wyckoff Avenue
Wyckoff, NJ 07481
(28RS00529600)
Inspection #8-2498-17-160

AR/rh
(8/17)

ATTACHMENT A

Millers of Wyckoff Pharmacy – 678 Wyckoff Avenue, Wyckoff, New Jersey 07481
 Pharmacist-In-Charge: David Miller
 Bureau File #8-2498-17-160, Period: 3/1/17
 Reference: Board of Pharmacy inspection conducted per N.J.S.A.45:1-18 and N.J.S.A.45:14-48(a)11&12, and a memorandum, dated February 6, 2017 from Anthony Rubinaccio, Executive Director, Board of Pharmacy, to Edward Tumminello, Chief, Enforcement Bureau, requesting an inspection for the subject pharmacy in connection with an application for a Remodeling.

Details

CITE	DESCRIPTION	FINE
N.J.A.C.13:39-11.24(a)10	When test result indicated that the cleanroom did not meet the standards established, the pharmacy failed to immediately cease using the cleanroom that was out of compliance until such time that the cleanroom met the requisite standards.	Warning
N.J.A.C.13:39-11A.9(g)	During the compounding of hormonal products, the pharmacy failed to adhere to standards establish by the Occupational Safety and Health Administration (OSHA): Specifically, most commonly compounded non-sterile preparation are hormonal related products, in the dosage forms of capsules, creams and ointments. Hazardous Active Pharmaceutical Ingredients (API), such as Progesterone and Testosterone, as well as batch prepared hormonal products, were observed to be stored in the active inventory along with non-hazardous API's.	\$1,000.00
TOTAL: \$1,000.00		

11C

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: PETNET Solutions, Inc.

Physical Address: 26563 Corporate Ave., STE 102

Mailing Address: Same as above

City: Hayward State: CA Zip Code: 94545

Telephone: (510) 732-7134 Fax: (510) 732-7601

Toll Free Number: (800) 738-0389 (Required per NAC 639.708)

E-mail: robert.kwan@petnetsolutions.com Website: N/A

Managing Pharmacist: Robert Kwan License Number: RPH 60608 (CA)

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.

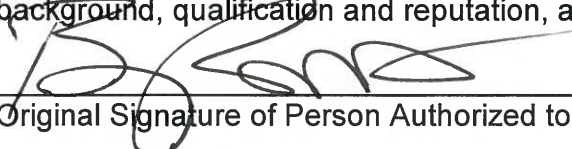
Within the last five (5) years:

- 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

Barry Scott, CEO

Print Name of Authorized Person

1/28/19

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: Tennessee

Parent Company if any: Siemens Molecular Imaging, Inc.

Mailing Address: 810 Innovation Drive

City: Knoxville State: TN Zip: 37932

Telephone: (865) 218-2000 Fax: (865) 218-3019

Contact Person: Melissa Leslie

For any corporation non publicly traded, disclose the following:

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

a)	Siemens Molecular Imaging, Inc.	810 Innovation Drive, Knoxville, TN 37932	100%
	Name	Address	

b) _____

Name	Address
------	---------

c) _____

Name	Address
------	---------

d) _____

Name	Address
------	---------

- 2) Provide the number of shares issued by the corporation. 1,000

- 3) What was the price paid per share? \$46,139.63

- 4) What date did the corporation actually receive the cash assets? 05/05/2005

- 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 11 pm ~~am~~ - 3:00 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: NV20081331451

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Barry Scott

Responsible Person of PETNET Solutions, 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

Barry Scott, CEO

Print Name of Authorized Person

1/28/19

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF California)
San Francisco) ss. COUNTY)

I, Robert Kwan, 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 Facility Manager for PETNET Solutions, Inc. (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, Robert Kwan, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Robert Kwan
 Name

SUBSCRIBED AND SWORN TO
 before me, a notary public this
 ___ day of ___, 20__.

 NOTARY PUBLIC

SEE ATTACHED CERTIFICATE
 DATE 1/22/19 NOTARY INITIALS SR

CALIFORNIA JURAT WITH AFFIANT STATEMENT**GOVERNMENT CODE § 8202**

- ☒ See Attached Document (Notary to cross out lines 1–6 below)
- ☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

Signature of Document Signer No. 1 _____

Signature of Document Signer No. 2 (if any) _____

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 San Francisco

Subscribed and sworn to (or affirmed) before me

on this 22 day of Jan, 2019

by Date Month Year

(1) Robert A Kwan

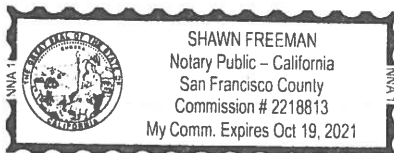
(and (2) _____),

Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.

Signature Shawn Freeman

Signature of Notary Public



Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____



Tre Hargett
Secretary of State

Division of Business Services

Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

MELISSA LESLIE
MELISSA LESLIE
810 INNOVATION DRIVE
KNOXVILLE, TN 37932

January 11, 2019

Request Type: Certificate of Existence/Authorization
Request #: 0302084

Issuance Date: 01/11/2019
Copies Requested: 1

Document Receipt

Receipt # : 004454146	Filing Fee:	\$20.00
Payment-Credit Card - State Payment Center - CC #: 3747609120		\$20.00

Regarding: PETNET SOLUTIONS, INC.

Filing Type: For-profit Corporation - Domestic

Formation/Qualification Date: 09/27/2000

Status: Active

Duration Term: Perpetual

Business County: KNOX COUNTY

Control # : 396310

Date Formed: 09/27/2000

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

PETNET SOLUTIONS, INC.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 031389939



BOARD OF PHARMACY

ISSUANCE DATE
JULY 23, 2018
EXPIRATION DATE
JULY 1, 2019
CURRENT DATE / TIME
JANUARY 28, 2019
8:43:11 AM

LICENSING DETAILS FOR: PHY 55702

NAME: PETNET SOLUTIONS INC DBA PETNET PHARMACEUTICAL
LICENSE TYPE: PHARMACY (COMMUNITY)
LICENSE STATUS: CLEAR

ADDRESS
28563 CORPORATE AVE STE 102
HAYWARD CA 94545
ALAMEDA COUNTY

LICENSE RELATIONSHIPS

NAME: PETNET PHARMACEUTICAL
LICENSE/REGISTRATION TYPE: STERILE COMPOUNDING PHARMACY
LICENSE NUMBER: 101146 PRIMARY STATUS: CLEAR

ADDRESS :
26663 CORPORATE AVE STE 102
HAYWARD CA 94545
ALAMEDA COUNTY

NAME: KYWAN ROBERT ANDREW
LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST
LICENSE NUMBER: 60608 PRIMARY STATUS: CLEAR

ADDRESS :
3801 MIRANDA AVE DRC BLDG 102
RM 125
PALO ALTO CA 94304
SANTA CLARA COUNTY

BOARD OF PHARMACY LICENSING DETAILS FOR: PHY 55702

NAME: PETNET SOLUTIONS INC DBA PETNET PHARMACEUTICAL

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

26563 CORPORATE AVE STE 102

HAYWARD CA 94545

ALAMEDA COUNTY

ISSUANCE DATE

JULY 23, 2018

EXPIRATION DATE

JULY 1, 2019

CURRENT DATE / TIME

JANUARY 28, 2019

6:43:11 AM

LICENSE RELATIONSHIPS

NAME: PETNET PHARMACEUTICAL

LICENSE/REGISTRATION TYPE: STERILE

COMPOUNDING PHARMACY

LICENSE NUMBER: 101146 **PRIMARY STATUS:**

CLEAR

NAME: KWAN, ROBERT ANDREW

LICENSE/REGISTRATION TYPE: REGISTERED

PHARMACIST

LICENSE NUMBER: 60608 **PRIMARY STATUS:**

CLEAR

ADDRESS :

26563 CORPORATE AVE STE 102

HAYWARD CA 94545

ALAMEDA COUNTY

ADDRESS :

3801 MIRANDA AVE DRC BLDG 102

RM 125

PALO ALTO CA 94304

SANTA CLARA COUNTY



Board of Pharmacy



Retail Pharmacy Permit

LICENSE NO. PHY 55702

ISSUE DATE JULY 23, 2018

PETNET SOLUTIONS INC DBA PETNET PHARMACEUTICAL

26563 CORPORATE AVE STE 102
HAYWARD CA 94545

The above is licensed with the State Board of Pharmacy as a Corporation.

CORPORATION

PHARMACIST IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL JULY 01, 2019

RECEIPT NUMBER 00612760

This original license must be kept for the life of the license and posted in public view.

In accordance with the provisions of Chapter 9 of Division 2 of the Business and Professions Code, the business named above is hereby licensed at the above address, 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 when there is change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change), administrator or pharmacist-in-charge.

CALIFORNIA STATE BOARD OF PHARMACY
1625 NORTH MARKET BLVD., SUITE N-219
SACRAMENTO, CA 95834
(916) 574-7900

----- POST IN PUBLIC VIEW -----

PETNET Solutions

Voluntary Surrender of Non-Resident Permits

PETNET Site	State	Surrender Date	Reason
Albany, NY	NH	11/05/18	Inactivity – lack of demand for our services in New Hampshire from this site
Palo Alto, CA	CA	08/28/18	Discontinuance of Business
Philadelphia	WV	06/19/18	Inactive – License is considered inactive until the site gets a WV-licensed RPh
Hackensack, NJ	MD	03/29/18	This facility lost its MD-licensed pharmacist/PIC. There was not another MD-licensed pharmacist on staff to take over as PIC nor was there enough time for another RPh to become MD-licensed before the active permit expired.
Knoxville, TN	KY	11/04/17	Inactive – License is considered inactive until the site gets a KY-licensed RPh
Overland Park, KS	TN	09/07/17	Inactivity – lack of demand for our services in Tennessee from this site
Dallas, TX	LA	12/20/16	This facility lost its LA-licensed pharmacist/PIC. There was not another LA-licensed pharmacist on staff to take over as PIC nor was there enough time for another RPh to become LA-licensed before the active permit expired.
Knoxville, TN	VA	11/01/16	This facility lost its VA-licensed pharmacist/PIC. There was not another VA-licensed pharmacist on staff to take over as PIC nor was there enough time for another RPh to become VA-licensed before the active permit expired.
Cincinnati, OH	MI	10/19/16	Inactivity – lack of demand for our services in Michigan from this site
Palo Alto, CA	NV	09/23/16	Inactivity – lack of demand for our services in Nevada from this site
Phoenix, AZ	CO	07/06/16	Inactivity – lack of demand for our services in Colorado from this site
Albuquerque, NM	TX	06/15/16	Inactivity – lack of demand for our services in Texas from this site
Covington, LA	TX	05/06/16	Inactivity – lack of demand for our services in Texas from this site
Covington, LA	AL	08/10/15	This facility lost its AL-licensed pharmacist/PIC. There was not another AL-licensed pharmacist on staff to take over as PIC nor was there enough time for another RPh to become LA-licensed before the active permit expired.
Knoxville, TN	AL	10/07/14	Inactivity – lack of demand for our services in Alabama from this site
Knoxville, TN	WV	07/01/14	Inactivity – lack of demand for our services in West Virginia from this site

Explanation of Disciplinary Action, 2019

To Whom it May Concern:

This letter has been prepared to satisfy the requirement by the state Boards of Pharmacy that an explanation of disciplinary actions against the pharmacy corporation be provided as a pre-requisite and/or condition of licensure or license renewal for a pharmacy in those states. This letter includes the pertinent details of the eight actions that have been taken against PETNET and a brief description of some of the Corrective Actions launched by the corporation to address each action.

Pennsylvania Bureau of Enforcement and Investigation

Citation and fine in 2003 against the Philadelphia pharmacy for failure to notify the Pennsylvania Board of a Pharmacist-In-Charge (PIC) change. PETNET paid the fine and implemented internal changes to ensure that appropriate notifications are submitted to the appropriate state boards in a timely fashion.

Illinois Department of Financial and Professional Regulation

Disciplinary Action in 2005 against the Peoria pharmacy, including a fine and a formal reprimand of the pharmacy license, for failure to submit notification of closing when the nuclear pharmacy was shut down in 2003. PETNET paid the fine and implemented additional internal changes to ensure that appropriate notifications are submitted in a timely fashion.

Colorado Board of Pharmacy

Disciplinary Action in 2006 against the Aurora pharmacy, including a fine and three year probation, for the following: pharmacist had failed to sign seven prescription orders, legend items potassium carbonate and sterile water were on the premises prior to licensure, records of receipt for the above-named legend items were not available, the required employee list was not readily available, prescription orders were not maintained numerically, and an unsupervised non-pharmacist was occupying the compounding area.

PETNET launched a series of corrective actions to contain and address the deficiencies identified in these inspection findings and has also worked with the Colorado Board of pharmacy to develop and implement nuclear pharmacy rules in Colorado which allow calibration and maintenance of equipment in the Restricted Area under the supervision of an Authorized User on the RAM license.

Alabama Board of Pharmacy

Disciplinary Action in 2007 against all Alabama non-resident pharmacy permits held by PETNET, including a fine and three year probation, as a punitive response to the disclosure of the Colorado and Illinois disciplinary actions. PETNET paid the fine.

Vermont Board of Pharmacy

Disciplinary Action in 2008 against all Vermont non-resident pharmacy permits held by PETNET, including a fine, as a punitive response to the disclosure of the Colorado and Illinois, and Alabama disciplinary actions. PETNET paid the fine.

Colorado Board of Pharmacy

Disciplinary action and fine in 2011 against the Albuquerque pharmacy for failure to notify the Colorado Board of a PIC change within the required reporting time. PETNET paid the fine and has further refined processes related to new permit applications in order to prevent similar violations in the future.

New Jersey Board of Pharmacy

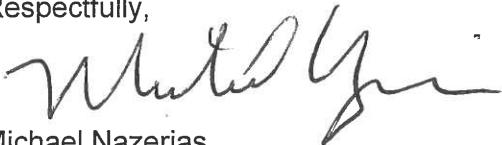
Disciplinary action and fine in 2016 against the Hackensack pharmacy for the following: failure to cease using primary engineering control for two instances of growth from environmental monitoring processes over the course of one year; shoe covers not put on at an acceptable distance from the compounding area; and PIC failed to complete didactic training in sterile compounding. PETNET paid the fine and implemented corrective actions.

Maine Board of Pharmacy

Fine in 2018 against the Woburn, Massachusetts pharmacy for failing to submit the PIC change application to the Maine Board no later than seven days after a change of PIC. Due to this change taking place immediately prior to the 2016/2017 Christmas and New Year holidays; the necessary PETNET staff was unavailable to sign the application within the required timeframe specified by the Agency. PETNET paid the fine.

PETNET Solutions, Inc. holds transparency and compliance matters in the highest position of importance, as this letter surely demonstrates. We welcome questions and comments about our compliance programs and history.

Respectfully,



Michael Nazerias
Vice President, Regulatory Affairs & Quality Assurance
PETNET Solutions, A Siemens Company

PROTHONOTARY
Commonwealth of Pennsylvania

2003 SEP 10 PM 2:46

Date: September 9, 2003

Department of State

Subject: Closure of Citation File
File No. 03-54-08851
Citation No. 05166
PET NET PHARMACEUTICALS, INC.

To: Deanna S. Walton
Prothonotary

From: Kendra A. Dannelley *KAD*
Complaints Office

Please be advised that this office is in receipt of a plea statement from the Respondent in the above matter. A copy is attached for your records. The Respondent has admitted to all charges and has tendered the appropriate form and amount of payment of the civil penalty. Consequently, this matter is considered closed and a hearing will not be necessary.

Please feel free to contact this office if you have any questions.

Attachment

cc: Mary-Jo Mullen, Director
Bureau of Enforcement and Investigation (w/attachment)
Sherylyn Gillespie

TRUE AND CORRECT COPY
CERTIFIED FROM THE RECORD
THIS 18th DAY OF Sept. A.D. 2003

Kelly J. Diller
PROTHONOTARY

Commonwealth of Pennsylvania

DEPARTMENT OF STATE
HARRISBURG, PA 17105

CITATION NO.

CITATION

05166

RESPONDENT FIRST NAME: PET NET PHARMACEUTICALS INC. MIDDLE NAME: LAST NAME: CASE NR: 03-54-06218

SEX: M DOB: AGE: FAC/IND-LIC. NR: PP4 15644L

RESIDENCE ADDRESS: 318-402 Industrial Drive CITY-TWP-BORO-COUNTY: North Wales STATE: PA ZIP CODE: 19454

CHARGE: 44 Pa Code Section 27.11(g) Failure to notify Board of Change in Pharmacist manager or operation of Pharmacy without pharmacist manager.

DATE: 08/19/03 TIME: 2:00 PM

STATUTE OF REGULATION: 44 Pa Code FACILITY ADDRESS: Pet Net Pharmaceuticals Inc.

SEC. 27.11(g) FINE: \$500.00 398-402 Industrial Drive

SEC. CITY-TWP-BORO-COUNTY: North Wales STATE: PA ZIP CODE: 19454

SEC. FINE: SEND PAYMENT TO: PENNSYLVANIA DEPT. OF STATE

TOTAL DUE: \$ 550.00 ATTN: COMPLAINTS OFFICE CITATIONS

RECEIPT OF CITATION IS ACKNOWLEDGED SIGNATURE: DATE ISSUED/FILED: 8/19/03

I VERIFY THAT THE FACTS SET FORTH IN THIS CITATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE OR INFORMATION AND BELIEF. THIS VERIFICATION IS MADE SUBJECT TO THE PENALTIES OF SECTION 4804 OF THE CRIMES CODE (18 PA.C.S. §2404) RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

SIGNATURE: William Thomas III REGION: Philadelphia CODE: 22

REMARKS: As per pharmacist in duty Tigran Smirnov is still employed by a company but in New York. New PIC should be given October 2002. William Thomas III therefore Pet Net has been in violation for several months.

READ THE REVERSE SIDE OF THIS CITATION FOR AN EXPLANATION OF YOUR RIGHTS AND OBLIGATIONS FOR SETTLEMENT OF THIS MATTER. YOU MUST ELECT AN OPTION AND FOLLOW THE APPROPRIATE DIRECTIONS WITHIN 10 DAYS TO AVOID FURTHER LEGAL ACTION AGAINST YOUR LICENSE.

SHOULD YOU ELECT TO DEMAND A HEARING ON THIS MATTER, FOLLOW THE INSTRUCTIONS ON THE REVERSE. YOUR HEARING DATE WILL BE 11-04-03 AT 9:00 A.M. ALL HEARINGS ARE HELD IN THE OFFICE OF HEARING EXAMINERS, 124 PINE ST., HARRISBURG, PA 17110

SPOA-302 (6/95)

RESPONDENT'S RETURN

All hearings are held in the
Office of Hearing Examiners
2601 North 3rd Street
Harrisburg, PA 17110

05166



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

ROD R. BLAGOJEVICH
 Governor

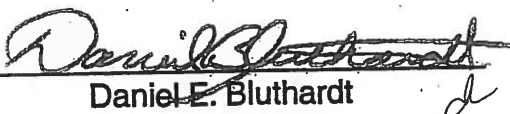
DEAN MARTINEZ
 Acting Secretary

DANIEL E. BLUTHARDT
 Acting Director
 Division of Professional Regulation

CERTIFICATION

I, Daniel E. Bluthardt, Acting Director of the Division of Professional Regulation, do hereby certify that I have been designated by the Secretary of the Department of Financial and Professional Regulation of the State of Illinois, as the keeper of its records and Seal. Such document(s) attached hereto are certified copies of the records maintained and kept by this Department in the regular course of business as of today's date.

IN WITNESS WHEREOF, I have set my hand and Seal of the Department of Financial and Professional Regulation at Springfield, Sangamon County, Illinois, this 15th day of December 2005.


 Daniel E. Bluthardt
 Acting Director
 Division of Professional Regulation



STATE OF ILLINOIS

**ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION**

ILLINOIS DEPARTMENT OF FINANCIAL AND)	
PROFESSIONAL REGULATION)	
of the State of Illinois,	)	Complainant
)	
v.	)	No. 2003-08762-2
P.E.T. NET PHARMACEUTICALS, INC.)	
License No. 64-013324,	)	Respondent

CONSENT ORDER

The Illinois Department of Financial and Professional Regulation, Division of Professional Regulation (hereinafter "the Department") by Eileen Lewalski, its attorney, and P.E.T. Net Pharmaceuticals, Inc., Respondent, agree to the following:

STIPULATIONS

P.E.T. Net Pharmaceuticals, Inc. is licensed as a Division IV pharmacy in the State of Illinois, holding license No. 64-013324. At all times material to the matters set forth in this Consent Order, the Illinois Department of Financial and Professional Regulation or its predecessor, the Department of Professional Regulation of the State of Illinois had jurisdiction over the subject matter and parties to this Consent Order.

Information has come to the attention of the Department that the Respondent did not have a pharmacist-in-charge from May 2003 through October 2003. If these allegations were proven at a hearing to be true, then these allegations would constitute grounds for suspending or revoking Respondent's license as a pharmacy in the State of Illinois, on the authority of 68 Ill. Adm. Code (2003), Chapter VII, Subchapter b, Part 1330, Section 1330.94 (f) (1) and (2) pursuant to 225 ILCS (2003), 85/30 (a) (2).

As a result of these allegations, Division attorney, Eileen Lewalski, contacted the Respondent, represented by David Morehous, via telephone on February 24, 2005. Additionally, the Division attorney consulted with Olena Maleckyj-Popowycz, a member of the Illinois State Board of Pharmacy on February

25, 2005.

The Respondent neither admits nor denies the allegations. In mitigation, the Respondent asserts/has presented proof that the pharmacy ceased operations and closed the facility in May 2003 due to its inability to retain the services of a licensed nuclear pharmacist.

The Respondent has been advised of the right to have the pending allegations reduced to written charges, the right to a hearing, the right to contest any charges brought, and the right to administrative review of any Order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Consent Order. Such waiver ceases if this Consent Order is rejected by either the Board or Director. The Respondent acknowledges that the Division attorney may be requested to communicate with the Board or Director in furtherance of the approval of this Consent Order.

The Respondent and the Department have agreed, in order to resolve this matter, that the Respondent be permitted to enter into a Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable in these circumstances and which are consistent with the best interests of the people of the State of Illinois.

CONDITIONS

WHEREFORE, the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation through Eileen Lewalski, its attorney, and P.E.T. Net Pharmaceuticals, Inc., Respondent, agree:

- A. The license of P.E.T. Net Pharmaceuticals, Inc., license No. 64-013324, to practice as a pharmacy in the State of Illinois is REPRIMANDED.
- B. Respondent must pay a Five Thousand Dollar (\$5,000) fine within thirty (30) days of the effective date of this Order. The fine is to be paid by personal check, cashiers check, or personal money order. Said check shall be made payable to:

Illinois Department of Financial and Professional Regulation
 Attention: Fiscal Section
 320 W. Washington, 3rd floor
 Springfield, IL 62786.

In the notation portion of the check, this case No. 2003-08762-2 and the license No. 64-013324 shall be reflected.

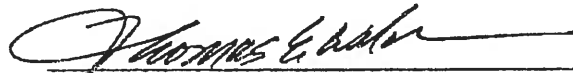
- C. If Respondent, P.E.T. Net Pharmaceuticals, Inc., fails to pay the aforementioned fine and the Department initiates a collection effort to retrieve the fine, Respondent shall be responsible for all costs and fees incurred by the Department in said collection effort.
- D. Any violation by Respondents of the terms and conditions of this Consent Order shall be grounds for the Department to immediately file a Complaint to revoke Respondent's license to practice as a pharmacy in the State of Illinois.
- E. This Consent Order shall become effective immediately after the Director of the Department approves it.

DIVISION OF PROFESSIONAL REGULATION
 of the State of Illinois

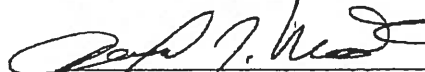
4/7/05
 DATE

By: 
 Eileen Lewalski
 Attorney for the Department

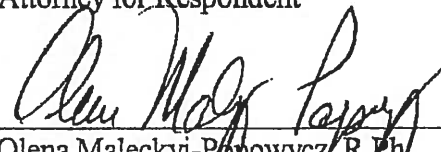
23 March 2005
 DATE


 P.E.T. Net Pharmaceuticals, Inc. by its designated
 Representative, Respondent

23 March, 2005
 DATE


 David L. Morehous
 Attorney for Respondent

4-4-05
 DATE


 Olena Maleckyj-Popowycz, R.Ph.
 Chairperson, Illinois Board of Pharmacy

THIS CONSENT ORDER IS APPROVED IN FULL:

DATED THIS 29th DAY OF April, 2005.

ILLINOIS DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION
OF THE STATE OF ILLINOIS
FERNANDO E. GRILLO, SECRETARY
DIVISION OF PROFESSIONAL REGULATION

A handwritten signature in cursive script, reading "Daniel E. Bluthardt", written over a horizontal line.

DANIEL E. BLUTHARDT
ACTING DIRECTOR

STATE OF COLORADO

STATE BOARD OF PHARMACY

Susan L. Warren, Program Director

1560 Broadway, Suite 1310

Denver, Colorado 80202-5146

Phone (303) 894-7750

Fax (303) 894-7764

V/TDD: Dial 711 for Relay Colorado

www.dora.state.co.us/pharmacy**Department of Regulatory Agencies**

Tambor Williams

Executive Director

Division of Registrations

Rosemary McCool

Director

Bill Owens
Governor

December 2, 2005

Petnet Pharmaceuticals

Thomas Ebach

810 Innovation Drive

Knoxville, TN 37932

Re: Complaint # 2005-2949**IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE REGISTRATION
FOR PETNET PHARMACEUTICALS, INC, REGISTRATION NO. 568, Respondent**

Dear Mr. Ebach:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order in the above-mentioned matter.

The parameters include a fine of \$10,000.00 and 3 years probation.

The Board urges the respondent to review the terms of the Stipulation and Final Agency Order carefully. Please be advised that meeting the terms of the Stipulation and Final Agency Order is the responsibility of the respondent.

If you have any questions, or require additional information, please contact the Board's office.

Sincerely,

COLORADO STATE BOARD OF PHARMACY

Belinda Jones
Complaint Analyst

Enclosure

File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2005-2949

STIPULATION AND FINAL AGENCY ORDER

**IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE
REGISTRATION FOR PETNET PHARMACEUTICALS, INC., REGISTRATION NO.
568**

Respondent.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy, ("the Board") and Petnet Pharmaceuticals, Inc., ("Respondent") as follows:

1. The Board has jurisdiction over the entity of Respondent and the subject matter of this Stipulation and Final Agency Order ("Stipulation and Order").
2. Respondent has been registered as a prescription drug outlet in the State of Colorado since August 9, 2004.
3. This Stipulation and Order is a full and final resolution of case number 2005-2949. This Stipulation and Order does not resolve any other cases, complaint or matters, known or unknown to the Board or Respondent, as of the effective date of this Stipulation and Order.
4. Respondent admits and the Board finds:
 - a. Respondent allowed at least seven prescription orders to be taken without a pharmacist's signature.
 - b. Respondent had prescription drugs, namely Potassium Carbonate and Sterile Water, in its possession before becoming registered with the Board.
 - c. Respondent did not have invoices detailing the receipt of prescription drugs readily available during a Board inspection.
 - d. Respondent did not have an employee list readily available during a Board inspection.
 - e. Respondent did not maintain prescription orders in a uniformly maintained and readily retrievable manner. Prescription orders were not filed sequentially pursuant to assigned serial numbers.

- f. Respondent had an employee occupying the compounding/dispensing areas of the premises without a licensed pharmacist on site.
5. By virtue of the facts in paragraph 4 above, Respondent admits, and the Board hereby finds, Respondent violated C.R.S. § § 12-22-116(5), 12-22-119(2), 12-22-120(1)(a), 12-22-125(1)(c) and (k), 12-22-121(1), 12-22-131(1)(a), and Rules 2.01.10(a) and (c), 3.00.50(a), 11.01.00, 11.02.00(a)(5), 11.04.10, 11.08.00(a),(b),(c),(d), 5.01.50(a) and 12.00.30 as specified below in paragraph 6.
6. The relevant statutory authority of the Board is as follows:

12-22-120. Registration of facilities. (1) All outlets with facilities in this state shall register with the board in one of the following classifications:

(a) Prescription drug outlet;

...

12-22-116. Licensure or registrations – applicability – applications – licensure requirements.

...

(5) No applicant shall exercise the privileges of licensure or registrations until the license or registration has been granted by the board.

...

12-22-119. Prescription drug outlet under charge of pharmacist.

...

(2) No prescription drug outlet shall commence business until it has made application for a registration and has received from the board a registration showing the name of the proprietor and the name of the manager...

12-22-121. Compounding – dispensing – sale of drugs and devices. (1) Except as otherwise provided in this section and part 3 of this article, no drug, controlled substance, as defined in section 12-22-303 (7), or device shall be sold, compounded, dispensed, given, received, or held in possession unless it is sold, compounded, dispensed, given, or received in accordance with this section.

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this part 1, including but not limited to any acts in section 12-22-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

(k) Has failed to meet generally accepted standards of pharmacy practice;

12-22-131. Records. (1) (a) All records of receipt, distribution, or other disposal of prescription drugs or controlled substances shall be available to the board upon request for inspection, copying, verification, or any other purpose. Such records shall be retained for two years.

Rules of Professional Conduct.

2.01.10 Information to Appear on Each Order. The following information must appear on each written or oral order except as provided except as provided for chart orders:

- a. The name, initials, or license number of the pharmacist making the final evaluation as required by regulation 3.00.50;
- b. The date the order was compounded and dispensed; and
- c. In the case of a prescription order, the prescription order serial number.

3.00.50 Final evaluation. Each time a prescription drug or device is dispensed in a prescription drug outlet, a pharmacist shall make the final evaluation of the transaction. At the time of such final evaluation, the pharmacist shall take whatever action is necessary to ensure that the initial interpretation, container, label, and prescription drug or device dispensed, as well as all records relating to the transaction are complete, accurate, and appropriate.

(a). The record or records of each dispensing transaction shall bear the identity of the pharmacist making the final evaluation, and this pharmacist shall be held responsible and accountable for each dispensing transaction which bears this pharmacist's identity.

5.01.50 Security. In every prescription drug outlet, all compounding/dispensing areas shall comply with this regulation.

- a. When any compounding/dispensing area of a prescription drug outlet is occupied by any employee, a pharmacist must be physically present on the premises.

11.01.00 Records in General. All outlets registered and/or licensed by the Board shall maintain such records and inventories of prescription drugs as may be required by these regulations or any other state or federal law or regulation pertaining to such drugs. Such records shall be maintained on a current basis and shall be complete and accurate for all drugs which the outlet manufactures, receives, dispenses, distributes or otherwise disposes of in any other manner. Records and inventories of controlled substances shall be deemed to be "complete" only if each individual record and inventory contains all required information regarding each specific transaction, and if the set of records and inventories contains all information and documents required to be kept by state and federal laws, rules, and regulations. A record or inventory shall be deemed to be "accurate" only if it is a complete, true and factual statement regarding or reflecting each specific transaction. A set of records or inventories shall be deemed to be "accurate" only if they are complete, and when considered as a whole, they demonstrate that the controlled substances and/or the records and inventories pertaining thereto have been handled in compliance with all applicable laws or regulations and that all such controlled substances are properly accounted for.

All such records shall be retained for a period of at least two years after the date of any transaction relating to such record or inventory by any process providing an exact duplicate of the original order in a reproducible quality acceptable to the Board. Records shall be retained in a format that cannot be altered.

Records on an automated data processing system or subsequent storage of such records must be immediately retrievable (via monitor display or hard copy printout). Upon written Board approval, outlets capable of meeting the above standards may not be required to retain the original prescription order for non-controlled drugs.

11.02.00 Retrievability of Records. For the purposes of these regulations, records and inventories shall be deemed "readily retrievable" if they meet the following requirements:

For all Registered Prescription Drug Outlets:

- a. The following records shall be maintained on the premises of the prescription drug outlet at all times and shall be made available for inspection by the Board or its inspectors immediately upon request:

- (5) All lists as required by regulations 11.08.00 and 11.09.00.

11.04.10 A hard copy of every prescription order shall be readily retrievable and available for inspection for a period of two years from the date of any transaction relating to such prescription order unless the prescription drug outlet has received written Board approval to not retain the original prescription order for non-controlled drugs. Prescription orders will be deemed to be readily retrievable and available if they are filed according to the numerical sequence of the serial numbers assigned pursuant to 2.01.10. In addition to being filed in numerical sequence, three different prescription files shall be maintained: one file shall consist only of schedule II controlled substance prescription orders; the second file shall consist only of schedule III, IV and V controlled substance prescription orders; and the third file shall consist of all non-controlled substance prescription orders. Filing of prescription orders in any manner other than by numerical sequence will result in such prescription orders being deemed not readily retrievable and available.

11.08.00 List of Employees. Each prescription drug outlet shall keep and maintain on a current basis a list of every licensed pharmacist and intern who has practiced pharmacy in that outlet at any time during the previous two years, including all part-time or relief personnel. This list shall show, for each such person, the following information:

- a. The printed name of the person;
- b. The person's license number;
- c. A sample of his/her initials and signature and any other identifying mark as affixed to any record required by law or regulation; and
- d. The date upon which such person began practicing pharmacy in the prescription drug outlet.

12.00.30 Requirements For Nuclear Prescription Drug Outlets. A nuclear prescription drug outlet shall only be managed by a nuclear pharmacist. All personnel performing tasks in the preparation and distribution of radiopharmaceuticals shall be under the direct supervision of a nuclear pharmacist. A nuclear pharmacist shall be in attendance at all times that the nuclear prescription drug outlet is open for business and shall be responsible for all operations of the registered area.

DISPOSITION

7. **FINE:** Respondent shall hereby pay a fine of \$10,000, payable to the State of Colorado.
8. **PROBATION:** Respondent shall hereby be placed on probation for period of three (3) years commencing from the effective date of this Stipulation and Order.

Credit for the period of probation shall be given only for the periods of time in which Respondent is in complete compliance with all terms of this Stipulation and Order. Respondent acknowledges that its license is restricted by the probationary terms set forth in this Stipulation and Order.

9. OTHER TERMS:

- a. Throughout the term of Probation, Respondent shall attend any meeting with the Board upon 30 days notice if the Respondent resides in Colorado and 60 days notice if the Respondent resides out of state.
- b. Respondent shall comply fully with this Stipulation and Order.
- c. Respondent shall comply fully with the Colorado Pharmacy Laws, all Board rules and regulations, and any other State and Federal laws related to pharmacies and the practice of pharmacy.

ADVISEMENTS AND WAIVERS

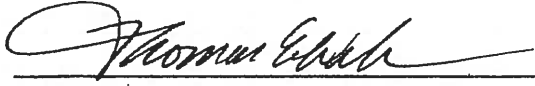
- 10. ADVISEMENT AND WAIVERS. Respondent is aware of and understands the right to receive a formal notice of hearing and charges and to have a formal disciplinary hearing pursuant to § 12-22-125.2(2)(a), C.R.S. (2005) and hereby waives those rights and requests that this Stipulation and Order be accepted by the Board with the same force and effect as an order entered into as a result of a formal disciplinary proceeding. Respondent further waives the right to appeal the Order entered herein.
- 11. This Stipulation and Order is entered into by Respondent voluntarily, after the opportunity to consult with counsel and with full understanding of the legal consequences of this Stipulation and Order.
- 12. Respondent acknowledges and agrees that any violation of this Stipulation and Order shall constitute a violation of a lawful Board Order and grounds for further proceedings pursuant to the Pharmaceuticals and Pharmacists Law and, if proven, may constitute a basis for further disciplinary action. In the event this matter is referred to hearing for violation of this Stipulation and Order, this Stipulation and Order shall be admissible as evidence. In the event an alleged violation of this Stipulation and Order is taken to hearing and the facts that constitute the violation are determined to be not proven, no disciplinary action shall be taken by the Board and this Stipulation and Order shall remain operative and in full force and effect. The pendency of any disciplinary action pursuant to this Stipulation and Order shall not affect the obligation of Respondent to comply with the terms of this Stipulation and Order.
- 13. INTEGRATION AND SEVERABILITY. This Stipulation and Order constitutes the entire agreement between Respondent and the Board. There are no other

promises expressed or implied. In the event that a provision is deemed unenforceable by a court of competent jurisdiction, such provision shall be severed, and the remainder of this Stipulation and Order shall be given full force and effect.

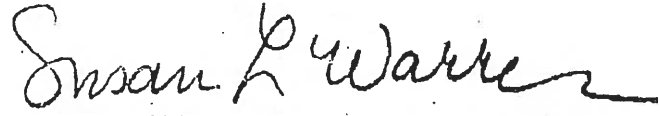
14. TERMINATION OF PROBATION. If, at the end of the three year period, Respondent has adhered to all terms and conditions of its probation, Respondent's probation shall be deemed completed and Respondent may request termination of probation. Request for termination of probation must be made in writing to the Board, and Respondent is solely responsible for establishing, through written and other documentation satisfactory to the Board, that he has satisfied all terms and conditions of its probation.
15. OTHER CONDITIONS. In the event this Stipulation and Order does not become an Order of the Board, it shall be void and Respondent shall not be bound by any provisions hereof or admissions herein.
16. PUBLIC RECORD. This Stipulation and Order is a public record in the custody of the Board at all times and shall be reported as required by law.
17. EFFECTIVE DATE. This Stipulation and Order shall become an Order of the Board when accepted by the Board and signed by an authorized Board member.

AGREED TO AND ACCEPTED BY:

RESPONDENT

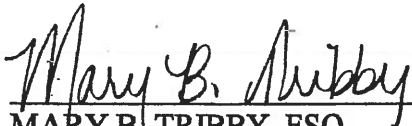

 NAME
810 Innovation Drive
 Address
Knoxville, TN 37932
 Address
865.218.2000
 Telephone Number

COLORADO STATE BOARD OF PHARMACY

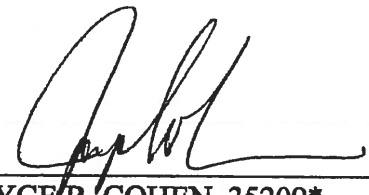
By: 
 SUSAN L. WARREN
 Program Director
 1560 Broadway, #1310
 Denver, CO 80202

Effective Date: This 3RD day
 of JANUARY, 2008.

APPROVED AS TO FORM:


 MARY B. TRIBBY, ESQ.
 Holland & Hart, LLP
 555 17th Street, Suite 3200
 Denver, CO 80202-3979
 303-295-8461

JOHN W. SUTHERS


 JOYCE R. COHEN, 35209*
 Assistant Attorney General
 Business and Licensing Section

Attorneys for the Colorado State
 Board of Pharmacy

1525 Sherman St., 5th Floor
 Denver, CO 80203
 303) 866-5453
 *Counsel of Record

ALABAMA

BOARD OF PHARMACY



HERB BOBO, R.Ph.
Secretary

10 Inverness Center Parkway
Suite 110
Birmingham, Alabama 35242

(205) 981-2280
Fax (205) 981-2330

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January 9, 2008

TO WHOM IT MAY CONCERN:

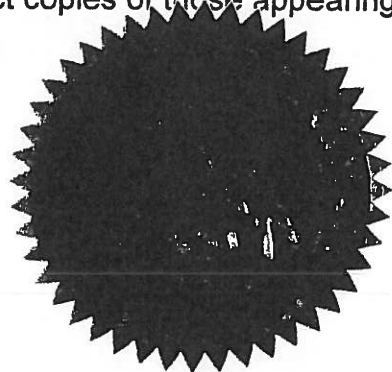
RE: **PETNET PHARMACEUTICALS, INC.**
ALABAMA PHARMACIES/PERMITS #111866;112062;112511;112082

This is to certify that the undersigned is the duly elected executive officer of the Alabama State Board of Pharmacy. I am in charge of the Board office and all records are made and kept under my direct supervision.

This is to, further, certify that the enclosed records are exact copies of those appearing on file regarding **PETNET PHARMACEUTICALS, INC..**

Herb Bobo

Herb Bobo, R.Ph.
Secretary



Subscribed and sworn before me this 9th day of JANUARY 2008, at Birmingham, Alabama,
County of Shelby.

Mitzi G. Ellenburg
Mitzi G. Ellenburg
Notary Public
State-at-Large

My commission expires:
August 10, 2010

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
)	
PETNET PHARMACEUTICALS, INC.	)	BOARD OF PHARMACY
)	
Permit Numbers 111866, 112062)	
112511, 112082)	

SECOND AMENDED FINAL ORDER

On August 22, 2007 this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Petnet Pharmaceuticals, Inc. (hereinafter also referred to as the "Respondent"), and 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. Board Member Ms. Tammy Rogers did not attend the administrative hearing.

Agreement

Prior to the hearing the parties agreed to the following terms and acknowledged said agreement at the hearing:

1. Counts Two and Three of the Statement of Charges and Notice of Hearing to the Respondent dated June 7, 2007 shall be dismissed.

2. The Respondent stipulates for the purposes of this proceeding and this proceeding only that the Board would meet its required burden of proof. Based on that, there will be finding of guilt as to Count 1 of the Statement Of Charges and Notice of Hearing; and

3. The Respondent shall be placed on PROBATION through January 2, 2009 with the following conditions:
 - a. Throughout the term of Probation, the Respondent shall attend any meeting

with the Board upon 30 days notice if the Respondent resides in Alabama and 60 days notice if the Respondent resides out of state.

b. The Respondent shall comply fully with this Agreement and Order.

c. The Respondent shall comply fully with the Alabama Pharmacy Laws, all Board rules and regulations, and any other State and Federal laws related to pharmacy and the practice of pharmacy.

d. The Respondent shall comply fully with any and all provisions of the Colorado State Board of Pharmacy Stipulation and Final Order dated January 3, 2006.

4. The Respondent shall pay an administrative fine of One Thousand (\$1,000.00) Dollars

Findings of Fact

1. The Respondent is a corporation which owns non-resident pharmacies which were issued permit numbers 111866, 117062, 112511 and 112082.

2. The Respondent was notified of the charges, the Respondent attended the administrative hearing and was represented by counsel, Mr. James Andrew Lemons, Esq. Also attending from the Respondent corporation were Mr. Ken Breslow, Senior Regulatory Affairs Specialist and Mr. Doug Derry, Regulatory Affairs Specialist. (Board's Exhibit One)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. In 2006 the Respondent was disciplined by the Colorado Board of Pharmacy for multiple violations of the state practice act and Board rules. (Board's Exhibit One)

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 administrative hearing and was represented by counsel at the hearing.
3. The Respondent made no objection to the timeliness of the Notice of Hearing.
4. The Respondent made no objection to the specificity of the Statement of Charges.
5. The Respondent's license to practice pharmacy in the state of Alabama is due to be placed on PROBATION and have disciplinary sanctions imposed in that it is guilty of violating Code of Alabama (1975), § 34-23-33 (2) based upon the Stipulation and Final Agency Order entered by the Colorado State Board of Pharmacy on May 3, 2006 based upon multiple violations.

ORDER

In accordance with the foregoing Agreement, Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

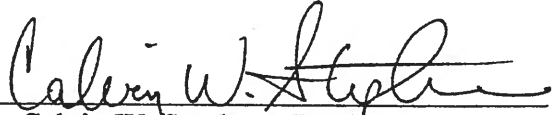
1. Counts Two and Three of the Statement of Charges and Notice of Hearing to Respondent dated June 7, 2007 are hereby DISMISSED; and
2. The Respondent's non-resident pharmacy permits in the State of Alabama are hereby placed on PROBATION through January 2, 2009; and
3. The Respondent is also ORDERED to pay to the Board an administrative fine of One Thousand (\$1,000.00) Dollars; said fine shall be paid within thirty (30) days of the date of this

ORDER and future applications for renewal shall not be granted unless said fine has been paid; and

4. The Respondent shall comply fully with any and all provisions of the Colorado State Board of Pharmacy Stipulation and Final Order dated January 3, 2006.

5. 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, the Colorado State Board of Pharmacy Stipulation and Final Order dated January 3, 2006 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 10th day, September 2007.


Mr. Calvin W. Stephens, R. Ph., President
Alabama State Board of Pharmacy

Copies to:

Mr. James Andrew Lemons, Esq.
Mr. Herb Bobo, Executive Secretary
Mr. James S. Ward, Esq.
Mr. Vance L. Alexander, Esq.

IN THE MATTER OF:)

PETNET PHARMACEUTICALS, INC.)

Permit Nos. 111866, 117062,)
112511, 112082)

BEFORE THE ALABAMA STATE

BOARD OF PHARMACY

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: PETNET PHARMACEUTICALS, INC.
810 Innovation Drive
Knoxville, Tennessee 37932-2571

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92(12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on August 22, 2007 at 1:00 p.m., at the State Board of Pharmacy Conference Room, 10 Inverness Center, Suite 110, Birmingham, Alabama 35242 and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate PETNET PHARMACEUTICALS, INC. should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that PETNET PHARMACEUTICALS, INC. have been guilty of the following, to wit:

COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(2) based upon the Stipulation and Final Agency Order entered by the Colorado State Board of Pharmacy on May 3, 2006 based upon multiple violations which are set forth in the said Order, the same being attached as Exhibit "A"; or

COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(2) based upon a Consent Order entered by the Illinois Department of Financial and Professional Regulation as set forth in the letter attached hereto as Exhibit "B".

Further, pursuant to the provisions of Code of Alabama (1975), § 20-2-53 and § 41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), § 20-2-1, et. seq., issued pursuant to Code of Alabama (1975), § 20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:


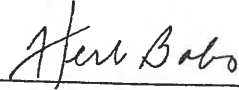
COUNT THREE

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 allegations contained in any or all of the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 7th day of June, 2007.

ALABAMA STATE BOARD OF PHARMACY

By: Herb Bobo
Executive Director

National Life Building, North, FL2
Montpelier, VT 05620-3402

Tel: (802) 828-1505
Fax: (802) 828-2368

www.sec.state.vt.us



**State of Vermont
Office of the Secretary of State
Professional Regulation**

Deborah L. Markowitz
Secretary of State

William A. Dalton
Deputy Secretary

Christopher D. Winters
Director, Professional Regulation

I hereby certify that:

1. I am custodian of the records for the Office of Professional Regulation for the Office of the Secretary of State; and
2. The enclosed documents are true copies.

PETNET Solutions, Inc., APP-RX45-0208 – Stipulation and Consent Order

February 6, 2009

A handwritten signature in dark ink, appearing to read "Deborah L. Markowitz".

Secretary of State
Deborah L. Markowitz

STATE OF VERMONT
SECRETARY OF STATE
OFFICE OF PROFESSIONAL REGULATION
BOARD OF PHARMACY

IN RE:

PETNET SOLUTIONS, INC.

)
)
)

Docket No. APP-RX45-0208

STIPULATION AND CONSENT ORDER

STIPULATION

NOW COMES the State of Vermont, through State Prosecuting Attorney, Gregg Meyer, and Applicant, PETNET Solutions, Inc., who stipulate and agree as follows:

Board Authority

1. The Vermont Board of Pharmacy (the Board) has authority to issue warnings or reprimands; suspend, revoke, limit, or condition licenses; or prevent the renewal licenses and to deny licensure if, after disciplinary hearing, the Board finds that the Respondent has engaged in unprofessional conduct, pursuant to 3 V.S.A. §§129, 129a; 26 V.S.A. Chapter 36 and the rules of the Board and the Vermont Office of Professional Regulation.

Statement of Facts

2. Applicant, PETNET Solutions, Inc. ("PETNET"), submitted an Application for Licensure to Conduct a (Non-Resident) Pharmacy, on or about August 28, 2007.
3. On or about October 16, 2007, Applicant mailed the Board an "Explanation of Disciplinary Action" as a follow up to its application and further provide certified copies of the disciplinary actions referred to in Applicant's "Explanation of Disciplinary Action."
4. The certified copies of relevant previous disciplinary actions taken against Applicant revealed the following:
 - a. On or about April 29, 2005, Applicant entered into a Stipulation and Consent Order with the State of Illinois. Applicant was charged with failure to have a pharmacist-in-charge during a specified time period. Applicant contended that the store was closed during that period, and that it failed to notify the Illinois Board of the closure. The Consent Order resulted in a formal reprimand of Applicant's license and a civil penalty.
 - b. On or about January 6, 2006, Applicant entered into a Stipulation and Consent Order with the State of Colorado. Applicant was charged with 1) taking prescription

STATE OF VERMONT



Prosecuting Attorney
Office of
Professional Regulation
9 Baldwin Street
Montpelier, VT
05609-1107

orders without a pharmacist's signature, 2) possessing drugs – potassium carbonate and sterile water - without first becoming registered with the Board, 3) failing to have invoices detailing the receipt of prescription drugs readily available upon inspection, 4) failing to have an employee list readily available upon inspection, 5) failing to maintain prescription orders in a uniformly maintained and readily retrievable manner, and 6) having an employee occupying the dispensing area without a licensed pharmacist on site. This Consent Order resulted in a \$10,000 civil penalty and probation for a period of three years.

- c. On or about September 26, 2007, Applicant entered into a Consent Order with the State of Alabama. This Consent Order was based on the disciplinary action and conduct that occurred in the State of Colorado. The Alabama Consent Order resulted in a \$1,000 civil penalty and probation through January 2, 2009.

Charges

5. The acts, omissions and/or circumstances described above constitute unprofessional conduct pursuant to:
- (i) 3 V.S.A. § 129a(a)(3) (Whether or not the conduct at issue was committed within or outside the state, failing to comply with the provisions of state statutes or rules governing the practice of the profession shall constitute unprofessional conduct); and
 - (ii) Board of Pharmacy Rule 1.1.6 (Unprofessional Conduct means any disciplinary action in any jurisdiction by a licensing authority regulating the practice of a health-related profession).

Understandings

- 6. Disciplinary action in other jurisdictions, whether or not involving pharmaceutical practices, constitutes unprofessional conduct in the State of Vermont, warranting sanctions, even where, as in the present case, the conduct did not result in injury to any person, customer, or client.
- 7. The parties understand that the terms of this Stipulation and Consent Order are contingent upon review and acceptance by the Board and that if the Board rejects any portion the entire Stipulation and Consent Order shall be null and void.
- 8. Applicant has read and reviewed this document fully and agrees that it contains the entire agreement between the parties.
- 9. This Stipulation and Consent Order is entered into voluntarily by Applicant after the opportunity to consult with legal counsel. Applicant has not been coerced by anyone into signing this Stipulation and Consent Order.

STATE OF VERMONT



Prosecuting Attorney
Office of
Professional Regulation
9 Baldwin Street
Montpelier, VT
05609-1107

10. Applicant is voluntarily waiving the right to a contested hearing before the Board and waives any right to appeal from this Stipulation and Consent Order.
11. Applicant agrees that the State has sufficient evidence for the Board to find that Respondent has engaged in unprofessional conduct and that the Order set forth below may be entered by the Board.

WHEREFORE, the parties agree that the following constitutes a reasonable resolution given the above violations:

CONSENT ORDER

Based upon the above stipulation, it is **ORDERED AND ADJUDGED** as follows:

A. ~~Applicant has engaged in unprofessional conduct as set out above.~~

B. The Board of Pharmacy hereby **GRANTS** Applicant's license to conduct a non-resident pharmacy with **CONDITIONS** lasting two (2) years, and imposes an **ADMINISTRATIVE PENALTY of ONE THOUSAND DOLLARS (\$1,000.00)** on Applicant. This penalty shall be paid within thirty (30) days of the entry date of this Order.

C. The Conditions will commence with the date of entry of this Stipulation and Consent Order. The conditions are as follows:

1) Applicant must report any disciplinary action occurring in another jurisdiction to the Vermont Board of Pharmacy within thirty (30) days of its occurrence.

D. This Stipulation and Consent Order is a matter of public record and may be reported to other licensing authorities as provided in 3 V.S.A. §129(a).

E. This Stipulation and Consent Order will remain part of Applicant's licensing file and may be used for purposes of determining sanctions in any future disciplinary matter.

F. A violation of this order may be unprofessional conduct and grounds for further disciplinary action.

AGREED TO:

STATE OF VERMONT
SECRETARY OF STATE

Dated: 10/20/08

By:

Gregg Meyer
State Prosecuting Attorney

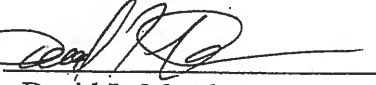
STATE OF VERMONT



Prosecuting Attorney
Office of
Professional Regulation
9 Baldwin Street
Montpelier, VT
05609-1107

APPLICANT
PETNET Solutions, Inc.

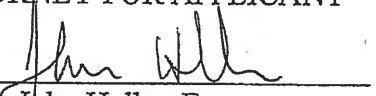
Dated: 17 October 2008

By: 
David L. Morehous
Secretary
PETNET Solutions, Inc.

APPROVED AS TO FORM:

Dated: 10/20/08


ATTORNEY FOR APPLICANT

By: 
John Hollar, Esq.
Downs Rachlin Martin PLLC
PO Box 1072
Montpelier, VT 05601-1072

APPROVED AND SO ORDERED:

VERMONT BOARD OF PHARMACY

Dated: 10/22/08

By: 
Chairperson

Date of Entry: 10/23/08

App rx.petnet.stip

STATE OF VERMONT



Prosecuting Attorney
Office of
Professional Regulation
9 Baldwin Street
Montpelier, VT
05609-1107



Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

January 4, 2011

PetNet Solutions, Inc.
Attn: Victor Calónico, Rph
1201 Camino de Salud NE, Ste G292
Albuquerque, NM 87106

RE: Stipulation and Final Agency Order
Case #2011-1149

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING
THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION
OF PETNET SOLUTIONS, INC., REGISTRATION NO. OSP 5886

Dear Mr. Calónico:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) in the above mentioned matter, which became effective December 30, 2010.

If you have any questions, or require additional information, please contact the Board's office.

Respectfully,

FOR THE COLORADO BOARD OF PHARMACY

Linda Acosta
Complaint Analyst
Enclosure

cc: Jazell Carter, Licensing Specialist, Office of Licensing
File

BEFORE THE STATE BOARD OF PHARMACY**STATE OF COLORADO****Case No. 2011-001149**

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF PETNET SOLUTIONS, INC., REGISTRATION NO. OSP 5886,

RESPONDENT.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and PetNet Solutions, Inc. ("Respondent") to resolve all matters pertaining to Colorado State Board of Pharmacy Case Number 2011-001149 as follows:

1. The Board has jurisdiction over Respondent, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order pursuant to the provisions of title 12, article 22, C.R.S., otherwise known as the Pharmaceuticals and Pharmacists Act.
2. Respondent has been registered as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.
3. Respondent admits to these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.
4. Respondent's address of record with the Board and current location is 1201 Camino De Salud NE, Ste. G300, Albuquerque, NM 87106.
5. Respondent failed to timely submit to the Board an application detailing a change in pharmacist manager and fee. In this instance, 116 days transpired between May 7, 2010, the date the previous pharmacist manager ceased the position, and September 1, 2010, the date the application and fee were received.
6. On or about October 5, 2010, the Board initiated a complaint against Respondent because of the delay of 116 days in submitting an application detailing a change in pharmacist manager and fee.
7. Respondent admits that the conduct described above constitutes a violation of section 12-22-125(1)(c) and 12-22-130(4)(a), C.R.S., and Regulation 5.00.70(b) and that such conduct provides grounds for disciplinary action against Respondent:



12-22-125. Unprofessional conduct – grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this part 1, including but not limited to any acts in section 12-22-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

12-22-130. Nonresident prescription drug outlet - registration.

(4) (a) The board may deny, revoke, or suspend a nonresident prescription drug outlet registration for failure to comply with any provision of this section or with any reasonable rule promulgated by the board.

Regulation 5.00.70. Change in Pharmacist Manager.

b. The registration of any in-state and non-resident prescription drug outlet shall become void if the pharmacist manager in whose name the registration was issued ceases to be engaged as the manager, and the owner shall close the outlet unless such owner has employed a pharmacist manager and, within fourteen days after termination of the former manager's employment, has made application to transfer the registration to the new pharmacist manager and has paid the transfer fee therefor.

DISPOSITION

\$5,000.00 Fine with Surcharge and Terms

8. **Fine with Surcharge.** Pursuant to section 12-22-125.2(5), C.R.S., Respondent shall pay a fine of Five Thousand Dollars and No Cents (\$5,000.00). Respondent understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent shall therefore pay a total amount of Five Thousand Five Hundred Dollars and No Cents (\$5,500.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent submits this signed Final Agency Order to the Board.

9. **Compliance.** Respondent shall submit all future applications to the Board detailing changes in pharmacist manager and fees within fourteen (14) days of the previous pharmacist manager ceasing the position.
10. **Acknowledgments.** The undersigned authorized agent for Respondent has read this Stipulation and Final Agency Order in its entirety and acknowledges, whether or not Respondent has consulted with legal counsel, that Respondent understands its legal consequences and agrees that none of its terms or conditions are unconscionable.
11. **Advisements and Waivers.** Respondent enters into this Stipulation and Final Agency Order freely and voluntarily, whether or not it has consulted with legal counsel. The undersigned authorized agent for Respondent acknowledges Respondent's understanding that it has the following rights:
- a. To have formal notice of hearing and charges served upon it;
 - b. To respond to said formal notice of charges;
 - c. To have a formal disciplinary hearing pursuant to section 12-22-125, C.R.S.; and
 - d. To appeal this Board order.
- Respondent freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.
12. **Violations.** Time is of the essence to this Stipulation and Final Agency Order. It is the responsibility of Respondent to take all appropriate steps to comply fully with this Stipulation and Final Agency Order. Respondent acknowledges and agrees that any violation of this Stipulation and Final Agency Order may be sanctioned as provided under section 12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Stipulation and Final Agency Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Stipulation and Final Agency Order.
13. **Integration and Severability.** Upon execution by all parties, this Stipulation and Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Stipulation and Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Stipulation and Final Agency Order shall be given full force and effect.
14. **Public Record.** Upon execution by all parties, this Stipulation and Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Stipulation and Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

[Signature]
Authorized Agent of Respondent Pharmacy

Dated: Dec 9, 2010

Subscribed and sworn to before me in the County of Knox, State of TN, this 9th day of December, 2010 by Ian Turner, in his/her capacity as an authorized agent of PetNet Solutions, Inc.



MY COMMISSION EXPIRES
September 2, 2014

[Signature]
Notary Public

My commission expires: 9/2/14

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an order of the Board.

DONE AND EFFECTIVE THIS 30 DAY OF December, 2010.

State Board of Pharmacy

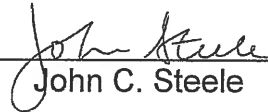
BY: [Signature]
Susan S. Martin
Acting Program Director

[Signature]

CERTIFICATE OF MAILING

This is to certify that I have mailed the within **STIPULATION AND FINAL AGENCY ORDER** to all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 26th day of November, 2010, addressed as follows:

PetNet Solutions, Inc.
Attn: Victor Calonico, RPH
1201 Camino de Salud NE, Ste. G292
Albuquerque, NM 87106


John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 4th day of January, 2011, addressed as follows:

PetNet Solutions, Inc.
Attn: Victor Calonico, RPH
1201 Camino de Salud NE, Ste. G300
Albuquerque, NM 87106

David Morehous, Esq.
Siemens Medical Solutions USA, Inc.
810 Innovation Dr.
Knoxville, TN 37932


Agent of the Board



11D

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 01895**)
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 1,2,4,7,8

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Vasco Rx

Physical Address: 4045 E. Bell Road, Suite 163

Mailing Address: 4045 E. Bell Road, Suite 163

City: Phoenix State: Arizona Zip Code: 85032

Telephone: 602-971-6950 Fax: 602-404-2504

Toll Free Number: 877-971-3001 (Required per NAC 639.708)

E-mail: admin@vascorx.com

Website: https://vascorx.com

Managing Pharmacist: Kristine Lowe License Number: AZ #S015310
NV #12361

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.

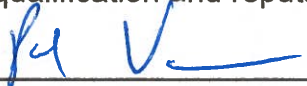
Within the last five (5) years:

- 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

Paul Vasiliauskas
Print Name of Authorized Person

1/29/19
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: California

Parent Company if any: Vitalab Pharmacy, Inc.

Mailing Address: 4045 E. Bell Road, Suite 163

City: Phoenix State: Arizona Zip: 85032

Telephone: 602-971-6950 Fax: 602-404-2504

Contact Person: Paul Vasiliauskas

For any corporation non publicly traded, disclose the following:

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

	<u>4045 E. Bell Road, Suite 157</u>
a) <u>AleraCare Holdings, LLC</u>	<u>Phoenix, AZ 85032</u>
Name	Address
b) _____	
Name	Address
c) _____	
Name	Address
d) _____	
Name	Address
- 2) Provide the number of shares issued by the corporation. To be determined at closing
- 3) What was the price paid per share? N/A
- 4) What date did the corporation actually receive the cash assets? Date of actual closing
- 5) Provide a copy of the corporation's stock register evidencing the above information
 * Will provide post-closing
 List any physician shareholders and percentage of ownership.

Name: None %: N/A

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday <u>7:30</u> am <u>5:30</u> pm	Saturday <u>9:00</u> am <u>1:00</u> pm
Sunday <u>closed</u> am _____ pm	24 Hours _____

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Paul Vasiliauskas

Responsible Person of Vasco 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

Paul Vasiliauskas

Print Name of Authorized Person

1/29/19
Date

**Vitalab Pharmacy, Inc. dba Vasco Rx
Nevada Application for Out-of-State Pharmacy License**

Officer / Director / Owner Information

Officers

Name	Title	Address of Record
Russel Corvese	Chief Executive Officer	4045 E. Bell Road, Suite 163 Phoenix, AZ 85032
Paul Vasiliauskas	Chief Operating Officer	4045 E. Bell Road, Suite 163 Phoenix, AZ 85032
Thomas Pasco, Jr.	Chief Financial Officer	4045 E. Bell Road, Suite 163 Phoenix, AZ 85032
Dina Lenchitsky	Chief Compliance Officer and Secretary	7039 Valjean Avenue Van Nuys, CA 91406

Directors

Name	Title	Address of Record
Vladimir Lenchitsky	Chairman	7039 Valjean Avenue Van Nuys, CA 91406
Paul Vasiliauskas	Director	4045 E. Bell Road, Suite 163 Phoenix, AZ 85032

**Vitalab Pharmacy, Inc. dba Vasco Rx
Nevada Application for Out-of-State Pharmacy License**

Page 2, Item 3)

**Discipline Summary for Vitalab Pharmacy, Inc. dba Vasco Rx
4045 E. Bell Road, Suite 163
Phoenix, AZ 85032**

1. **May 11, 2016:** Arizona State Board of Pharmacy – Consent Agreement - Failure to follow requirements of waiver from the Board of Pharmacy regarding the filling of compounded prescriptions. A \$22,275 Disciplinary Fine relating to filling compounded prescription was imposed and subsequently paid by the pharmacy.
2. **April 24, 2017:** Hawaii Board of Pharmacy – Settlement Agreement – In response to the aforementioned Arizona State Board of Pharmacy Consent Agreement – A \$2,500 fine was imposed and subsequently paid by the pharmacy.
3. **November 15, 2016:** Alabama State Board of Pharmacy – Consent Order – In response to the aforementioned Arizona State Board of Pharmacy Consent Agreement – A \$2,500 fine was imposed and subsequently paid by the pharmacy.
4. **December 27, 2016:** Department of Financial and Professional Regulation of the State of Illinois, Division of Professional Regulation – Consent Order - In response to the aforementioned Arizona State Board of Pharmacy Consent Agreement – No fine was imposed; however, the pharmacy received a license reprimand.
5. **February 27, 2018:** Pennsylvania State Board of Pharmacy – Order - In response to the aforementioned Arizona State Board of Pharmacy Consent Agreement – A \$1,000 civil penalty was imposed and subsequently paid by the pharmacy.
6. **March 7, 2018:** Indiana State Board of Pharmacy – Final Order – In response to the aforementioned Arizona State Board of Pharmacy Consent Agreement – The Company received a letter of reprimand and a \$2,005 fine was imposed. The fine was subsequently paid by the pharmacy.

Supporting documentation for all actions is enclosed.

**California Non-Discipline Summary for Vitalab Pharmacy, Inc. dba Vasco Rx
4045 E. Bell Road, Suite 163
Phoenix, AZ 85032**

1. The California Board of Pharmacy (the “CA BOP”) issued four citations and fines to Vasco Rx related to routine pharmacy inspection findings. Per the CA BOP, the issuance of these citations is not considered a disciplinary action. The Board considers citations to be administrative actions resolving comments received incident to routine inspections.

It should be noted that the pharmacy has implemented corrective measures in an effort to better comply with California compounding requirements. Nonetheless, without admitting violations of the above requirements, the pharmacy and its supervising pharmacist now meet these and all other applicable rules and regulations relating to pharmacy and sterile compounding.

The citations are as follows:

October 11, 2018 – Citation Number CI 2017 79790

October 11, 2018 – Citation Number CI 2018 81580 (Same matter as CI 2017 79790)

October 18, 2018 – Citation Number CI 2016 75547

October 18, 2018 – Citation Number CI 2018 81589 (Same matter as CI 2016 75547)

2. **January 2, 2019** – Citation Number CI 2017 79432 – Issued to Vasco Rx in response to the aforementioned Arizona State Board of Pharmacy Consent Agreement. Again, the CA BOP considers the citation to be an administrative matter rather than a disciplinary action taken against the pharmacy.

Supporting documentation for all Citations is enclosed.

ARIZONA STATE BOARD OF PHARMACY
CONSENT AGREEMENT

1 MARK BRNOVICH
 Attorney General
 2 (Firm State Bar No. 14000)

3 JEANNE M. GALVIN
 Assistant Attorney General
 4 State Bar No. 015072
 1275 W. Washington, SGD/LES
 5 Phoenix, Arizona 85007-2997
 Tel: (602) 542-7983
 6 Fax: (602) 364-3202

7 Attorneys for the Arizona State Board of Pharmacy

8
 9 **BEFORE THE ARIZONA STATE BOARD OF PHARMACY**

10 In the Matter of:

11 **VASCO Rx**

12 Holder of Permit No. Y004706
 13 In the State of Arizona,

14 Respondent.

Board Case No. 16-0012-PHR

**CONSENT AGREEMENT
 FOR CIVIL PENALTY AND
 RECISSION OF DEVIATION**

15
 16 In the interest of a prompt and judicious settlement of this case, consistent with the
 17 public interest, statutory requirements and the responsibilities of the Arizona State Board
 18 of Pharmacy ("Board") under A.R.S. § 32-1901, *et seq.*, Vasco Rx Pharmacy, holder of
 19 Permit No. Y004706 (hereinafter, "Respondent" or "Vasco Rx") and the Board enter into
 20 the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent
 21 Agreement") as a final disposition of this matter.

22 **RECITALS**

23 1. Respondent has read and understands this Consent Agreement and has had
 24 the opportunity to discuss this Consent Agreement with an attorney, or has waived the
 25 opportunity to discuss this Consent Agreement with an attorney.
 26

1 2. Respondent understands that it has a right to a public administrative hearing
2 concerning this matter at which hearing it could present evidence and cross examine
3 witnesses. By entering into this Consent Agreement, Respondent knowingly and
4 voluntarily relinquishes all right to such an administrative hearing, as well as rights of
5 rehearing, review, reconsideration, appeal, judicial review or any other administrative
6 and/or judicial action, concerning the matters set forth herein.

7 3. Respondent affirmatively agrees that this Consent Agreement shall be
8 irrevocable.

9 4. Respondent understands that this Consent Agreement or any part of the
10 agreement may be considered in any future disciplinary action by the Board against it.

11 5. Respondent understands this Consent Agreement deals with Board
12 Complaint No. 4487 involving allegations of unprofessional conduct against Respondent.
13 The investigation into these allegations against Respondent shall be concluded upon the
14 Board's adoption of this Consent Agreement.

15 6. Respondent understands that this Consent Agreement does not constitute a
16 dismissal or resolution of any other matters currently pending before the Board, if any,
17 and does not constitute any waiver, express or implied, of the Board's statutory authority
18 or jurisdiction regarding any other pending or future investigation, action or proceeding.

19 7. Respondent also understands that acceptance of this Consent Agreement
20 does not preclude any other agency, subdivision, or officer of this State from instituting
21 any other civil or criminal proceedings with respect to the conduct that is the subject of
22 this Consent Agreement.

23 8. Respondent acknowledges and agrees that, upon signing this Consent
24 Agreement and returning this document to the Board's Executive Director, it may not
25 revoke its acceptance of the Consent Agreement or make any modifications to the
26

1 document regardless of whether the Consent Agreement has been signed by the
2 Executive Director. Any modification to this original document is ineffective and void
3 unless mutually agreed by the parties in writing.

4 9. This Consent Agreement is subject to the approval of the Board and is
5 effective only when accepted by the Board and signed by the Executive Director. In the
6 event that the Board does not approve this Consent Agreement, it is withdrawn and shall
7 be of no evidentiary value and shall not be relied upon nor introduced in any action by
8 any party, except that the parties agree that should the Board reject this Consent
9 Agreement and this case proceeds to hearing, Respondent shall assert no claim that the
10 Board was prejudiced by its review and discussion of this document or any records
11 relating thereto.

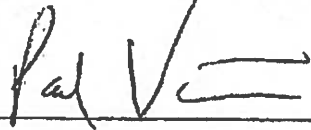
12 10. If a court of competent jurisdiction rules that any part of this Consent
13 Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement
14 shall remain in full force and effect.

15 11. Respondent understands that this Consent Agreement is a public record that
16 may be publicly disseminated as a formal action of the Board and may be reported as
17 required by law to the National Practitioner Data Bank and the Healthcare Integrity and
18 Protection Data Bank.

19 12. Respondent understands that any violation of this Consent Agreement
20 constitutes unprofessional conduct and may result in disciplinary action. A.R.S. § 32-
21 1901.01(A)(19).

22 13. Respondent agrees that the Board will adopt the following Findings of Fact,
23 Conclusions of Law and Order.
24
25
26

1 ACCEPTED AND AGREED BY RESPONDENT

2 
3 _____

Dated: 4/21/16

4 Paul Vasiliauskas on behalf of
5 Vasco Rx

6 **FINDINGS OF FACT**

7 1. The Board is the duly constituted authority for licensing and regulating the
8 practice of pharmacy in the State of Arizona.

9 2. Respondent Vasco Rx holds pharmacy permit no. Y004706.

10 3. In August of 2014, Paul Vasiliauskas appeared on behalf of Respondent
11 before the Board with Jeffrey Karp, a representative of Integrity Rx Specialty Pharmacy
12 ("Integrity Rx"), seeking a deviation related to a remote dispensing device. According to
13 Respondent:
14

15 a. Vasco Rx would place a remote dispensing device within Integrity
16 Rx.
17

18 b. The remote dispensing device will contain medication compounded
19 by Vasco Rx Pharmacy.

20 c. The remote dispensing device will be stocked by a pharmacist from
21 Vasco Rx who will deliver the medication, inventory it, and log it in to the remote
22 dispensing device.

23 d. The remote dispensing device will track the lot number, expiration
24 date and the inventory in and out.
25
26

1 e. The remote dispensing device inventory will only be accessed and
2 scanned by a Vasco Rx employee pharmacist.

3 f. A Vasco Rx Pharmacist will be on-site at Integrity Rx every day at a
4 designated time.

5 g. Integrity Rx receives a prescription for a compounded medication,
6 and after patient authorization, transfers the prescription to Vasco Rx.

7 h. The Vasco Rx operating system will talk to the remote dispensing
8 device system and a label will print. Inventory will be checked by a Vasco Rx
9 pharmacist.

10 i. All product dispensing will be labeled and checked by a Vasco Rx
11 pharmacist and placed in a tote dedicated for that patient.

12 4. Based upon the Respondent's representations, the Board granted
13 Respondent a deviation.

14 5. A routine inspection conducted at Integrity Rx Specialty Pharmacy on
15 February 5, 2016, revealed the following:

16 a. No remote dispensing device provided by Vasco Rx was within the
17 Integrity Rx. Rather, two file cabinets with locks labeled "property of Vasco Rx Specialty
18 Pharmacy" were present. Jeffrey Karp indicated that no remote dispensing device was
19 ever placed by Vasco Rx.

20 b. Compounded medication labeled property of Vasco Rx was found in
21 each file cabinet drawer.

1 c. On request of Integrity Rx, Vasco Rx delivers compounded
2 medication to Integrity Rx. The delivery is completed by an employee of Vasco Rx, not a
3 pharmacist, and left with Integrity Rx staff. There is not usually a delivery invoice.

4 d. Lot number, expiration date, inventory in and out is maintained on a
5 perpetual paper log.
6

7 e. Jeffrey Karp indicated that he has the keys to the file cabinets and
8 either an Integrity Rx pharmacist or a technician will place the compounded medication
9 in the file cabinet.

10 f. Neither Paul Vasiliauskas nor another Vasco Rx Pharmacist come to
11 Integrity Rx.
12

13 g. Integrity Rx transfers the prescription to Vasco Rx after patient
14 authorization using the shared computer system.

15 h. The prescription verification PV1 and PV2 is then completed by an
16 Integrity Rx pharmacist, not a Vasco Rx pharmacist. A prescription label with Vasco Rx
17 information then prints at Integrity Rx
18

19 i. The final product dispensing is completed by an Integrity Rx
20 pharmacist, not a Vasco Rx pharmacist.

21 6. On March 1, 2016, Respondent filed a written response to the Complaint
22 wherein it acknowledged the findings set forth in paragraph 3 above and further noted
23 that the pharmacy "clearly failed to focus on the key elements of our proposal [for the
24 deviation] which was to provide for an *automated* system." (emphasis in the original).
25
26

1 7. Respondent further stated that "Based on the cost of obtaining a remote
2 device, and due to our misbelief that we met the qualifications for shared services and
3 therefore didn't think that the remote device was necessary for what we wanted to do, we
4 chose to implement a program which provided security and record-keeping processes for
5 the Vasco stock, but did not put the stock into an automated dispensing machine....[W]e
6 realize now that the automated dispensing machine was an integral part of the program."

8 8. Respondent also acknowledged that Jeffrey Karp's role as pharmacist for
9 both Integrity Rx and Vasco Rx "may not be seen as meeting what we described during
10 the presentation in front of the Board and for that we are both deeply regretful and
11 genuinely embarrassed."

13 9. According to information gathered during the inspection, approximately
14 2,200 prescriptions were compounded/filled contrary to the deviation granted by the
15 Board and therefore in violation of the Board's statutes and rules.

16 10. Finally, Respondent noted that the program was ceased immediately after
17 the inspection was completed. All compounded stock was returned to Vasco Rx and in its
18 place is a more traditional process whereby prescriptions are verbally transferred to
19 Vasco pharmacists in the Vasco pharmacy where prescriptions are filled.

21 CONCLUSIONS OF LAW

22 1. The Board possesses jurisdiction over the subject matter and over
23 Respondent pursuant to A.R.S. § 32-1901 *et seq.*

24 2. The Board may discipline a permittee who has engaged in unprofessional
25 conduct. A.R.S. §32-1927.02.
26

1 3. The failure to follow the processes described in the deviation request
2 approved by the Board constitutes unprofessional conduct pursuant to A.R.S. §§ 32-
3 1901.01(A)(18) (violating or attempting to violate, directly or indirectly, or assisting in or
4 abetting the violation of, or conspiring to violate, the board's statutes or rules) as it relates
5 to A.R.S. §32-1901(8) (Compounding means the preparation, mixing, assembling,
6 packaging or labeling of a drug by a pharmacist or an intern or pharmacy technician
7 under the pharmacist's supervision, for the purpose of dispensing to a patient based on a
8 valid prescription order. Compounding includes the preparation of drugs in anticipation
9 of prescription orders prepared on routine, regularly observed prescribing patterns and the
10 preparation of drugs as an incident to research, teaching or chemical analysis or for
11 administration by a medical practitioner to the medical practitioner's patient and not for
12 sale or dispensing. Compounding does not include the preparation of commercially
13 available products from bulk compounds or the preparation of drugs for sale to
14 pharmacies, practitioners or entities for the purpose of dispensing or distribution), and
15 Arizona Administrative Code R4-23-410(A)(3) (neither the pharmacy permittee nor a
16 pharmacist employed by the pharmacy permittee provides a compounded pharmaceutical
17 product to a pharmacy, medical practitioner, or other person for dispensing or distributing
18 except that a compounded pharmaceutical product may be provided to a medical
19 practitioner to administer to a patient of the medical practitioner if each container is
20 accompanied by the written list required in subsection (1)(5) and has a label that includes
21 (1) the pharmacy name, address and telephone number, (2) the pharmaceutical product's
22 name and the information required in subsection (1)(5) and (3) a lot or control number);
23 and A.R.S. §32-1968(D) (any drug dispensed in accordance with subsection A of this
24 section is exempt from the requirements of A.R.S. §32-1967(1), (10) and (11) and the
25 packaging requirements of subsection A(7) and (8), if the drug container bears a label
26

1 containing the name and address of the dispenser, serial number, date of dispensing,
2 name of the prescriber, name of the patient, or if an animal, the name of the owner of the
3 animal and the species of the animal, directions for use and cautionary statements, if any,
4 contained in the order. This exemption does not apply to any drug dispensed in the
5 course of the conduct of a business of dispensing drugs pursuant to diagnosis by mail or
6 the internet or to a drug dispensed in violation of subsection A of this section.)

7
8 **ORDER**

9 Based upon the above Findings of Fact and Conclusions of Law, IT IS HEREBY
10 ORDERED THAT Respondent shall:

11 1. Pay a civil penalty of \$10.00 per prescription filled/compounded in
12 violation of the deviation granted by the Board and contrary to the Board's statutes and
13 rules (2220 said prescriptions) for a total of \$22,200 within 180 days of the effective date
14 of this Order. The effective date of this Order is the date it is signed by the Board's
15 Executive Director.

16 2. Pay the investigative costs in this matter in the sum of \$175 within 180
17 days of the effective date of this Order.

18 3. The deviation granted to Respondent in August of 2014, is hereby
19 RESCINDED.

20 4. If Respondent violates this Order in any way or fails to fulfill the
21 requirements of this Order, the Board, after giving the Respondent notice and the
22 opportunity to be heard, may revoke, suspend or take other disciplinary actions against
23 Respondent's permit. The issue at such a hearing will be limited solely to whether this
24 Order has been violated.

1 DATED this th 11 day of May, 2016.

2
3 ARIZONA STATE BOARD OF PHARMACY

4 (Seal)

5 By: Kam Gandhi
6 KAMLESH GANDHI, PharmD.
Executive Director

7 ORIGINAL OF THE FORGOING FILED
8 this 11th day of May 2016, with:

9 Arizona State Board of Pharmacy
10 1616 W. Adams, Ste. 120
Phoenix, Arizona 85007

11 EXECUTED COPY OF THE FOREGOING MAILED
12 BY CERTIFIED MAIL
13 this 6th day of July, 2016, to:

14 Vasco Rx
15 4045 E. Bell Road, Ste. 163
Phoenix, AZ 85032
Respondent

16 EXECUTED COPY OF THE FOREGOING MAILED
17 this 6th day of July 2016, to:

18 Susan B. Trujillo
19 Ouarles & Brady, LLP
20 One Renaissance Square
Two North Central Avenue
21 Phoenix, Arizona 85004

22 Jeanne M. Galvin
Assistant Attorney General
23 1275 W. Washington Street, SGD/LES
Phoenix, Arizona 85007
24 Attorney for the Board

25
26 #5039394

**HAWAII BOARD OF PHARMACY
SETTLEMENT AGREEMENT**

2017 APR 26 A 9:50
2017 MAY 18 P 3:26
DEPT. OF COMMERCE
AND CONSUMER AFFAIRS
HEARINGS OFFICE
MER AFFAIRS

4. RICO obtained a copy of a Consent Agreement from the Arizona State Board of Pharmacy issued to Respondent in Board Case No. 16-0012-PHR (hereinafter the "Arizona Agreement") (Exhibit "1"). The Arizona Agreement was based on allegations Respondent failed to follow processes described in a deviation request related to a remote dispensing device. Pursuant to the terms of the Arizona Agreement, the deviation was rescinded and Respondent was ordered to pay a \$22,200.00 civil penalty and \$175.00 in costs.

5. RICO alleges Respondent was disciplined by the State of Arizona.

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein permitted as a miscellaneous permit holder by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permit and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent further understands that RICO enters into this Settlement Agreement, and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

6. Respondent represents Exhibit "1" is a true and correct copy of the Consent Agreement from the Arizona State Board of Pharmacy issued to Respondent in Board Case No. 16-0012-PHR.

7. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

8. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permit.

9. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

10. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2016-110-L.

11. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

12. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes Chapter 92F.

C. TERMS OF SETTLEMENT:

1. **Administrative Fine.** Respondent agrees to pay a fine in the amount of TWO THOUSAND FIVE HUNDRED AND NO/100 DOLLARS (\$2,500.00). Payment shall be made by cashier's check or money order made payable to "DCCA - Compliance Resolution Fund" and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. **Failure to Comply with Settlement Agreement.** If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's permit shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new permit until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for a new permit pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. **Possible Further Sanction.** The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. **Approval of the Board.** Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., C.7., and C.8. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

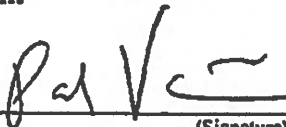
7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

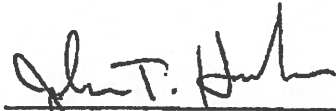
IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Phoenix, AZ, 04/24/2017.
(City) (State) (Date)

VITALAB PHARMACY, INC.,
doing business as VASCO RX
Respondent

By: 
(Signature)
Paul Vasilavskas
(Print Name)
Its President

DATED: Honolulu, Hawaii, APR 26 2017.


DARIA A. LOY-GOTO
JOHN T. HASSLER
Attorneys for Department of Commerce
and Consumer Affairs


IN THE MATTER OF THE MISCELLANEOUS PERMIT OF VITALAB PHARMACY, INC., DOING BUSINESS AS VASCO RX;
SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER;
EXHIBIT "1"; RICO CASE NO. PHA 2016-110-L

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF VITALAB PHARMACY, INC.,
DOING BUSINESS AS VASCO RX; SETTLEMENT AGREEMENT PRIOR TO FILING OF
PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1";
RICO CASE NO. PHA 2016-110-L

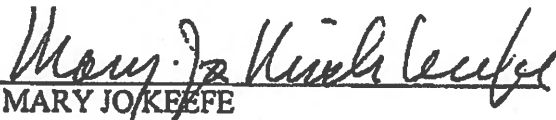
APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII


KERRI OKAMURA
Chairperson


5/18/17
DATE


GARRETT A. LAU
Vice Chairperson

MARCELLA CHOCK


MARY JO KEEFE

CAROLYN S. J. MA


RONALD WEINBERG


JULIE YURIE TAKISHIMA-LACASA

PVL 05/26/16

STATE OF AZ)
) SS.
 COUNTY OF MARICOPA)

On this 24 day of APRIL, 2017, before me personally appeared PAUL VINCENT VASKIAUSKAS, to me known to be the person described, and who executed the foregoing instrument on behalf of VITALAB PHARMACY, INC., DOING BUSINESS AS VASCO RX as its PRESIDENT, and acknowledged that he/she executed the same as his/her free act and deed.

This 7-page SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER document dated

4/24/2017, 2017 was acknowledged before me by
 [Date Document Signed by Respondent]

PAUL VINCENT VASKIAUSKAS this 24 day of APRIL, 2017,
 [Name of Person Signing Document]

in the City of PHOENIX, in the County of MARICOPA, in the State of AZ.



Michael R. Webb
 Name: MICHAEL R. WEBB
 Notary Public, State of AZ

My Commission expires: 1/25/2018

ALABAMA BOARD OF PHARMACY
CONSENT ORDER

IN THE MATTER OF:

VASCO RX

Non-Resident Pharmacy
Permit Number: 113335

BEFORE THE ALABAMA STATE
BOARD OF PHARMACY

CASE NO: 16-L-0083

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Vasco RX which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as Exhibit "A."

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

1. The Board finds that Vasco violated the provisions of law based upon the conduct set out in all Counts of the Statement.

2. Vasco RX shall pay an administrative fine in the amount of Five Thousand Dollars (\$5,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall either pharmacy attempt to discharge the same.

3. Vasco RX expressly waive its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975),

§34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Vasco RX further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

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

5. Vasco RX acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws, may, upon proof and hearing thereof, result in further disciplinary sanctions against Vasco RX's permit, including, but not limited to revocation.

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

DONE this the 15th of November, 2016.

VASCO RX

BY: Paul Vasco

ITS: President

1 M Z
Spencer H. Larche, attorney for Vasco RX

ALABAMA STATE BOARD OF PHARMACY

By: Timothy A. Martin

Timothy A. Martin, Pharm.D., President

By: James S. Ward

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

OF COUNSEL:

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

IN THE MATTER OF:

VASCO RX

Non-Resident Pharmacy
Permit Number: 113335

BEFORE THE ALABAMA STATE
BOARD OF PHARMACY

CASE NO: 16-L-0083

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: VASCO Rx
4045 E. Bell Road
#163
Phoenix, Arizona 85032

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92(12), Code of Alabama (1975), §20-2-213(e) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on _____, 2016 at _____ m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate VASCO Rx (VASCO) should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that VASCO has been guilty of the following, to-wit:

COUNT ONE:

Violating Code of Alabama (1975), § 34-23-33(6) based upon making certain representations to the Arizona State Board of Pharmacy in connection with obtaining a deviation related to a remote processing device, the Board relying on those representations in granting the deviation, the Board later determining those

representations were false, fraudulent and/or not performed. The specific representations made are set out in the Findings of Fact 3(a)-(l) and what was actually performed is set out in Findings of Fact 5(a)-(l) of a Consent Agreement For Civil Penalty and Recission of Deviation entered by the Arizona State Board of Pharmacy on May 11, 2016 attached hereto as Exhibit "A".

COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(2) based upon the Consent Agreement referenced above and/or some or all of the Conclusions of Law set out in Paragraph 3 under "Conclusions of Law".

COUNT THREE

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2-22(2)(d) based upon any or all of the allegations of the preceding Counts.

COUNT FOUR

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2-22(2)(f) based upon any or all of the allegations of Counts One and/or Two above.

Further, pursuant to the provisions of Code of Alabama, (1975), §20-2-53 and §41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), §20-2-1, et.

seq., issued pursuant to Code of Alabama (1975), §20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT FIVE

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 allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the _____ day of _____, 2016.

ALABAMA STATE BOARD OF PHARMACY

By: Susan Alverson
Secretary

1 **MARK BRNOVICH**
 2 Attorney General
 (Firm State Bar No. 14000)

3 **JEANNE M. GALVIN**
 4 Assistant Attorney General
 State Bar No. 015072
 5 1275 W. Washington, SGD/LES
 Phoenix, Arizona 85007-2997
 Tel: (602) 542-7983
 6 Fax: (602) 364-3202

7 Attorneys for the Arizona State Board of Pharmacy

8 **BEFORE THE ARIZONA STATE BOARD OF PHARMACY**
 9

10 In the Matter of:

11 **VASCO Rx**

12 Holder of Permit No. Y004706
 13 In the State of Arizona,

14 Respondent.

Board Case No. 16-0012-PHR

**CONSENT AGREEMENT
 FOR CIVIL PENALTY AND
 RECISSION OF DEVIATION**

15
 16 In the interest of a prompt and judicious settlement of this case, consistent with the
 17 public interest, statutory requirements and the responsibilities of the Arizona State Board
 18 of Pharmacy ("Board") under A.R.S. § 32-1901, *et seq.*, Vasco Rx Pharmacy, holder of
 19 Permit No. Y004706 (hereinafter, "Respondent" or "Vasco Rx") and the Board enter into
 20 the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent
 21 Agreement") as a final disposition of this matter.

22 **RECITALS**

23 1. Respondent has read and understands this Consent Agreement and has had
 24 the opportunity to discuss this Consent Agreement with an attorney, or has waived the
 25 opportunity to discuss this Consent Agreement with an attorney.
 26

1 2. Respondent understands that it has a right to a public administrative hearing
2 concerning this matter at which hearing it could present evidence and cross examine
3 witnesses. By entering into this Consent Agreement, Respondent knowingly and
4 voluntarily relinquishes all right to such an administrative hearing, as well as rights of
5 rehearing, review, reconsideration, appeal, judicial review or any other administrative
6 and/or judicial action, concerning the matters set forth herein.

7 3. Respondent affirmatively agrees that this Consent Agreement shall be
8 irrevocable.

9 4. Respondent understands that this Consent Agreement or any part of the
10 agreement may be considered in any future disciplinary action by the Board against it.

11 5. Respondent understands this Consent Agreement deals with Board
12 Complaint No. 4487 involving allegations of unprofessional conduct against Respondent.
13 The investigation into these allegations against Respondent shall be concluded upon the
14 Board's adoption of this Consent Agreement.

15 6. Respondent understands that this Consent Agreement does not constitute a
16 dismissal or resolution of any other matters currently pending before the Board, if any,
17 and does not constitute any waiver, express or implied, of the Board's statutory authority
18 or jurisdiction regarding any other pending or future investigation, action or proceeding.

19 7. Respondent also understands that acceptance of this Consent Agreement
20 does not preclude any other agency, subdivision, or officer of this State from instituting
21 any other civil or criminal proceedings with respect to the conduct that is the subject of
22 this Consent Agreement.

23 8. Respondent acknowledges and agrees that, upon signing this Consent
24 Agreement and returning this document to the Board's Executive Director, it may not
25 revoke its acceptance of the Consent Agreement or make any modifications to the
26

1 e. The remote dispensing device inventory will only be accessed and
2 scanned by a Vasco Rx employee pharmacist.

3 f. A Vasco Rx Pharmacist will be on-site at Integrity Rx every day at a
4 designated time.

5 g. Integrity Rx receives a prescription for a compounded medication,
6 and after patient authorization, transfers the prescription to Vasco Rx.

7 h. The Vasco Rx operating system will talk to the remote dispensing
8 device system and a label will print. Inventory will be checked by a Vasco Rx
9 pharmacist.

10 i. All product dispensing will be labeled and checked by a Vasco Rx
11 pharmacist and placed in a tote dedicated for that patient.

12 4. Based upon the Respondent's representations, the Board granted
13 Respondent a deviation.

14 5. A routine inspection conducted at Integrity Rx Specialty Pharmacy on
15 February 5, 2016, revealed the following:

16 a. No remote dispensing device provided by Vasco Rx was within the
17 Integrity Rx. Rather, two file cabinets with locks labeled "property of Vasco Rx Specialty
18 Pharmacy" were present. Jeffrey Karp indicated that no remote dispensing device was
19 ever placed by Vasco Rx.

20 b. Compounded medication labeled property of Vasco Rx was found in
21 each file cabinet drawer.

1 7. Respondent further stated that "Based on the cost of obtaining a remote
2 device, and due to our misbelief that we met the qualifications for shared services and
3 therefore didn't think that the remote device was necessary for what we wanted to do, we
4 chose to implement a program which provided security and record-keeping processes for
5 the Vasco stock, but did not put the stock into an automated dispensing machine....[W]e
6 realize now that the automated dispensing machine was an integral part of the program."

8 8. Respondent also acknowledged that Jeffrey Karp's role as pharmacist for
9 both Integrity Rx and Vasco Rx "may not be seen as meeting what we described during
10 the presentation in front of the Board and for that we are both deeply regretful and
11 genuinely embarrassed."

12 9. According to information gathered during the inspection, approximately
13 2,200 prescriptions were compounded/filled contrary to the deviation granted by the
14 Board and therefore in violation of the Board's statutes and rules.

15 10. Finally, Respondent noted that the program was ceased immediately after
16 the inspection was completed. All compounded stock was returned to Vasco Rx and in its
17 place is a more traditional process whereby prescriptions are verbally transferred to
18 Vasco pharmacists in the Vasco pharmacy where prescriptions are filled.

19
20
21 CONCLUSIONS OF LAW

22 1. The Board possesses jurisdiction over the subject matter and over
23 Respondent pursuant to A.R.S. § 32-1901 *et seq.*

24 2. The Board may discipline a permittee who has engaged in unprofessional
25 conduct. A.R.S. §32-1927.02.
26

1 3. The failure to follow the processes described in the deviation request
2 approved by the Board constitutes unprofessional conduct pursuant to A.R.S. §§ 32-
3 1901.01(A)(18) (violating or attempting to violate, directly or indirectly, or assisting in or
4 abetting the violation of, or conspiring to violate, the board's statutes or rules) as it relates
5 to A.R.S. §32-1901(8) (Compounding means the preparation, mixing, assembling,
6 packaging or labeling of a drug by a pharmacist or an intern or pharmacy technician
7 under the pharmacist's supervision, for the purpose of dispensing to a patient based on a
8 valid prescription order. Compounding includes the preparation of drugs in anticipation
9 of prescription orders prepared on routine, regularly observed prescribing patterns and the
10 preparation of drugs as an incident to research, teaching or chemical analysis or for
11 administration by a medical practitioner to the medical practitioner's patient and not for
12 sale or dispensing. Compounding does not include the preparation of commercially
13 available products from bulk compounds or the preparation of drugs for sale to
14 pharmacies, practitioners or entities for the purpose of dispensing or distribution), and
15 Arizona Administrative Code R4-23-410(A)(3) (neither the pharmacy permittee nor a
16 pharmacist employed by the pharmacy permittee provides a compounded pharmaceutical
17 product to a pharmacy, medical practitioner, or other person for dispensing or distributing
18 except that a compounded pharmaceutical product may be provided to a medical
19 practitioner to administer to a patient of the medical practitioner if each container is
20 accompanied by the written list required in subsection (I)(5) and has a label that includes
21 (1) the pharmacy name, address and telephone number, (2) the pharmaceutical product's
22 name and the information required in subsection (I)(5) and (3) a lot or control number);
23 and A.R.S. §32-1968(D) (any drug dispensed in accordance with subsection A of this
24 section is exempt from the requirements of A.R.S. §32-1967(1), (10) and (11) and the
25 packaging requirements of subsection A(7) and (8), if the drug container bears a label
26

1 containing the name and address of the dispenser, serial number, date of dispensing,
 2 name of the prescriber, name of the patient, or if an animal, the name of the owner of the
 3 animal and the species of the animal, directions for use and cautionary statements, if any,
 4 contained in the order. This exemption does not apply to any drug dispensed in the
 5 course of the conduct of a business of dispensing drugs pursuant to diagnosis by mail or
 6 the internet or to a drug dispensed in violation of subsection A of this section.)

7 8 ORDER

9 Based upon the above Findings of Fact and Conclusions of Law, IT IS HEREBY
 10 ORDERED THAT Respondent shall:

11 1. Pay a civil penalty of \$10.00 per prescription filled/compounded in
 12 violation of the deviation granted by the Board and contrary to the Board's statutes and
 13 rules (2220 said prescriptions) for a total of \$22,200 within 180 days of the effective date
 14 of this Order. The effective date of this Order is the date it is signed by the Board's
 15 Executive Director.

16 2. Pay the investigative costs in this matter in the sum of \$175 within 180
 17 days of the effective date of this Order.

18 3. The deviation granted to Respondent in August of 2014, is hereby
 19 RESCINDED.

20 4. If Respondent violates this Order in any way or fails to fulfill the
 21 requirements of this Order, the Board, after giving the Respondent notice and the
 22 opportunity to be heard, may revoke, suspend or take other disciplinary actions against
 23 Respondent's permit. The issue at such a hearing will be limited solely to whether this
 24 Order has been violated.

25

26

1 DATED this th 11 day of May, 2016.

2
3 (Seal)

ARIZONA STATE BOARD OF PHARMACY

4
5 By:

Kamlesh Gandhi
KAMLESH GANDHI, PharmD.
Executive Director

6
7 ORIGINAL OF THE FORGOING FILED
8 this 11th day of May, 2016, with:

9 Arizona State Board of Pharmacy
10 1616 W. Adams, Ste. 120
Phoenix, Arizona 85007

11 EXECUTED COPY OF THE FOREGOING MAILED
12 BY CERTIFIED MAIL
13 this 6th day of July, 2016, to:

14 Vasco Rx.
15 4045 E. Bell Road, Ste. 163
Phoenix, AZ 85032
Respondent

16 EXECUTED COPY OF THE FOREGOING MAILED
17 this 6th day of July, 2016, to:

18 Susan B. Trujillo
19 Quarles & Brady, LLP
One Renaissance Square
20 Two North Central Avenue
21 Phoenix, Arizona 85004

22 Jeanne M. Galvin
23 Assistant Attorney General
1275 W. Washington Street, SGD/LES
24 Phoenix, Arizona 85007
Attorney for the Board

25
26 #5039394

ILLINOIS DEPARTMENT OF PROFESSIONAL REGULATION
CONSENT ORDER

**STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION**

DEPARTMENT OF FINANCIAL AND PROFESSIONAL)	
REGULATION, DIVISION OF PROFESSIONAL REGULATION)	
of the State of Illinois,)	
v.	)	No. 2016-11188
VITALAB PHARMACY, INC)	
License No. 054.016668,)	
Complainant,		
Respondent.		

CONSENT ORDER

The Department of Financial and Professional Regulation of the State of Illinois, Division of Professional Regulation, by and through Brandon R. Thom, Enforcement Attorney of Health-Related Prosecutions, and VITALAB PHARMACY INC, Respondent, hereby agree to the following:

STIPULATIONS

VITALAB PHARMACY INC (hereinafter the "Respondent") is the holder of a pharmacy license in the State of Illinois, License No. 054.016668. Said license is currently in active status. At all times material to the matters set forth in this Consent Order, the Department of Financial and Professional Regulation of the State of Illinois, Division of Professional Regulation (hereinafter the "Department") has had jurisdiction over the subject matter and parties herein.

The Department received a self-report from Respondent on December 27, 2016, indicating the Respondent was disciplined by multiple states due to an action taken by Arizona's Board of Pharmacy in case number 16-0012-PHR. On or about July 6, 2016, Respondent was assessed a civil penalty of twenty-two thousand two hundred dollars (\$22,200.00) by the Arizona Board of Pharmacy due to multiple violations found during a routine inspection on February 5,

2016, and for failing to meet the terms of a deviation granted to their Arizona license for a remote dispensing device.

The aforementioned conduct, if proven to be true, would constitute grounds for disciplinary action against Respondent's pharmacy license on the authority of 225 ILCS 85/30 (a)(2), and (8).

Respondent has been advised of the right to have the pending allegation(s) reduced to written charges, the right to counsel, the right to a hearing, the right to contest any charges brought, and the right to administrative review of any Order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Consent Order. Such waiver ceases if this Consent Order is rejected by either the Illinois State Board of Pharmacy or the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation. Respondent acknowledges that Respondent has entered into this Consent Order freely and of Respondent's own will without threat or coercion by the Department or any person. Respondent acknowledges that the Department attorney may be requested to communicate with the Illinois State Board of Pharmacy or the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation in furtherance of the approval of this Consent Order.

Respondent and the Department have agreed that Respondent be permitted to enter into this Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable in these circumstances and which are consistent with the best interests of the people of the State of Illinois.

CONDITIONS

WHEREFORE, the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation, through Brandon R. Thom, Enforcement Attorney of Health-Related Prosecutions, and VITALAB PHARMACY INC, Respondent, agree:

- A. The pharmacy license of VITALAB PHARMACY INC, license No. 054.016668, is REPRIMANDED.
- B. This Consent Order shall become effective immediately upon signing and approval by the Director of the Division of Professional Regulation of the Department.
- C. This Consent Order is a public disciplinary action and will be reported to all applicable public indexes, including the National Practitioner Databank. This Consent Order will be available to the general public.
- D. The above-named Respondent consents to electronic service of the Final Director's

Order-in-lieu-of-service-by-certified-mail. Service shall be made upon Respondent's email address.

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DIVISION OF PROFESSIONAL REGULATION
of the State of Illinois

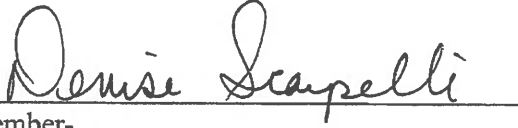
10/4/17
DATE


Brandon R. Thom
Enforcement Attorney, Health-Related Prosecutions

10/2/17
DATE


VITALAB PHARMACY INC.
Respondent

10/19/17
DATE


Member-
Illinois State Board of Pharmacy

THIS CONSENT ORDER IS APPROVED IN FULL:

DATED THIS 2 DAY OF December, 20 17.

ILLINOIS DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION
OF THE STATE OF ILLINOIS
BRYAN SCHNEIDER, SECRETARY
DIVISION OF PROFESSIONAL REGULATION


JESSICA BAER
DIRECTOR

Case No. 2016-11188
License No. 054.016668

PENNSYLVANIA STATE BOARD OF PHARMACY
ORDER

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF PHARMACY**

PROTHONOTARY
2018 MAR 1 AM 10:24
Department of State

**Commonwealth of Pennsylvania
Bureau of Professional and
Occupational Affairs**

File No.: 17-54-05737

vs.

**Vasco Rx,
Respondent**

Docket No: 1603-54-17

CONSENT AGREEMENT AND ORDER

PARTIES

The Commonwealth of Pennsylvania, Department of State, Bureau of Professional and Occupational Affairs ("Commonwealth") and Vasco Rx ("Respondent") stipulate as follows in settlement of the above-captioned case.

APPLICABLE LAW

1. This matter is before the State Board of Pharmacy ("Board") pursuant to the Pharmacy Act, Act of September 27, 1961, P.L. 1700, ("Act"), *as amended*, 63 P.S. §§ 390-1 to 390-13; and/or the Act of July 2, 1993, P.L. 345, No. 48 ("ACT 48"), *as amended*, 63 P.S. §§ 2201-2207.

LICENSURE STATUS

2. At all relevant and material times, Respondent held the following registration to practice as a non-resident pharmacy in the Commonwealth of Pennsylvania: registration no. NP000488, which was originally issued on July 5, 2016, and which is currently set to expire on August 31, 2019.

STIPULATED FACTS

3. The Respondent admits that the following allegations are true:

- a. Absent additional Board action, Respondent's registration may be continually reactivated, renewed, or reinstated upon the filing of the appropriate documentation and payment of the necessary fees.
- b. Respondent's last known office address on file with the Board is: 4045 E. Bell Road, #163, Phoenix, AZ 85032.
- c. At all relevant and material times, Respondent was authorized to practice as a pharmacy in the State of Arizona.
- d. On or about May 11, 2016, the Arizona State Board of Pharmacy ("Arizona Board") approved a Consent Agreement for Civil Penalty and Recission of Deviation In the Matter of Vasco Rx, Respondent.
- e. The Arizona Board ordered Respondent to pay a civil penalty of \$22,200.00 to the State of Arizona.
- f. At all relevant and material times, Respondent was authorized to practice as a nonresident pharmacy in the State of Alabama.
- g. On or about November 15, 2016, the Alabama State Board of Pharmacy ("Alabama Board") approved a Consent Order In the Matter of Vasco Rx, Non-Resident Pharmacy Permit Number: 113335 at Case No: 16-L-0083.
- h. A true and correct copy of the Consent Order referenced in paragraph 3g is attached and incorporated as **Exhibit 1**.
- i. The Alabama Board ordered Respondent to pay an administrative fine of \$5000.00 to the State of Alabama.

j. Respondent reported the state disciplinary actions referenced in paragraph 3d and 3g in a timely manner to the Pennsylvania State Board of Pharmacy.

ALLEGED VIOLATIONS

4. The Commonwealth alleges that the Board is authorized to suspend or revoke, or otherwise restrict Respondent's license under Section 4.1(e) of the Act, 63 P.S. §§ 390-4.1(e); or impose a civil penalty under Section 8 of the Act, 63 P.S. §390-8, and/or Section 5(b)(4) of ACT 48, 63 P.S. §2205(b)(4) and/or impose the costs of investigation under Section 5(b)(5) of ACT 48, 63 P.S. § 2205(b)(5), because Respondent violated the Act at Section 4.1(g), 63 P.S. § 390-4.1(g), in that Respondent had a permit to conduct a nonresident pharmacy disciplined by the proper licensing authority of another state.

PROPOSED ORDER

5. The parties, intending to be legally bound, consent to the issuance of the following Order in settlement of this matter:

a. The Board finds that it is authorized to suspend or revoke, or otherwise restrict Respondent's license under Section 4.1(e) of the Act, 63 P.S. §§ 390-4.1(e); or impose a civil penalty under Section 8 of the Act, 63 P.S. §390-8, and/or Section 5(b)(4) of ACT 48, 63 P.S. §2205(b)(4) and/or impose the costs of investigation under Section 5(b)(5) of ACT 48, 63 P.S. § 2205(b)(5), because Respondent violated the Act at Section 4.1(g), 63 P.S. § 390-4.1(g), in that Respondent had a permit to conduct a nonresident pharmacy disciplined by the proper licensing authority of another state.

PUBLIC REPRIMAND

b. A **PUBLIC REPRIMAND** shall be placed on Respondent's permanent disciplinary record with the Board.

CIVIL PENALTY

c. A **CIVIL PENALTY** of one thousand dollars (\$1,000.00) is levied upon Respondent. Respondent shall tender the full sum of one thousand dollars (\$1,000.00) with this executed Consent Agreement and shall be paid by certified check, cashier's check, attorney's check, or money order issued by a usual, customary, and reputable issuer (e.g. U.S. Postal Money Order, Western Union Money Order, etc.). Payment shall be made payable to the "Commonwealth of Pennsylvania," and shall be valid for a period of at least one hundred eighty (180) days. Respondent agrees that payment shall only be made by one of the methods indicated above and shall not be made by uncertified personal or corporate check.

d. This Order constitutes disciplinary action by the Board and shall be reported to other licensing authorities and any applicable national licensing databank as a disciplinary action by the Board.

e. This Consent Agreement contains and represents the entirety of the Board's discipline associated with the Arizona Board's Consent Agreement, the Alabama Board's Consent Order, and any other reciprocal discipline associated with those actions or any other action associated with or resulting from the Arizona Board's Consent Agreement. The Board agrees that it will not impose further discipline upon Respondent for any state board of pharmacy's action associated with the Arizona Board's Consent Agreement or any discipline imposed by any other state for that discipline.

f. This case shall be deemed settled and discontinued upon the Board issuing an Order adopting this Consent Agreement.

ADMISSIBILITY OF CONSENT AGREEMENT IN FUTURE PROCEEDINGS

6. Respondent agrees that if Respondent is charged with a violation of an Act enforced by this Board in the future, this Consent Agreement and Order shall be admitted into evidence without objection in that proceeding.

ACKNOWLEDGMENT OF NOTICE AND WAIVER OF HEARING

7. Respondent acknowledges receipt of an Order to Show Cause in this matter. Respondent knowingly and voluntarily waives the right to an administrative hearing in this matter, and knowingly and voluntarily waives the following rights related to that hearing: to be represented by counsel at the hearing; to present witnesses and testimony in defense or in mitigation of any sanction that may be imposed for a violation; to cross-examine witnesses and to challenge evidence presented by the Commonwealth; to present legal arguments by means of a brief; and to take an appeal from any final adverse decision.

ACKNOWLEDGMENT OF RIGHT TO ATTORNEY

8. Respondent acknowledges that it is aware that it has the right to consult with, and/or be represented by, private legal counsel of Respondent's choosing and at Respondent's expense when reviewing, considering and accepting the terms of this Consent Agreement. Respondent had an opportunity to consult with Attorney Joseph McHale, regarding this Consent Agreement.

WAIVER OF CLAIM OF COMMINGLING AND OTHER CONSTITUTIONAL CLAIMS

9. Respondent expressly waives any constitutional rights and issues, such as commingling of prosecutorial and adjudicative functions by the Board or its counsel, which may arise or have arisen during the negotiation, preparation and/or presentation of this Consent Agreement. Respondent specifically agrees that if the Board rejects this agreement, it may

assume that the facts and averments as alleged in this Consent Agreement are true and correct for the limited purpose of recommending a sanction, based on those assumed facts, that would be acceptable to the Board before hearing the case. In the event that the Board does assume the facts and averments as alleged in this Consent Agreement are true for purposes of making a recommendation as to an acceptable sanction, such action shall not constitute commingling of prosecutorial and adjudicative functions by the Board or its counsel, and the Respondent expressly waives any constitutional rights and issues related to alleged commingling, bias, or violation of due process rights to have an unbiased and impartial adjudicator in any subsequent hearing. If a hearing is subsequently held, neither this Consent Agreement nor the proposed terms of settlement may be admitted into evidence and any facts, averments, and allegations contained in the Consent Agreement must be proven at hearing unless otherwise separately stipulated. This paragraph is binding on the participants even if the Board does not approve this Consent Agreement.

NO MODIFICATION OF ORDER

10. Respondent agrees, as a condition of entering into this Consent Agreement, not to seek modification at a later date of the Stipulated Order adopting and implementing this Consent Agreement without first obtaining the express written concurrence of the Prosecution Division.

AGREEMENT NOT BINDING ON OTHER PARTIES

11. The Office of General Counsel has approved this Consent Agreement as to form and legality; however, this Consent Agreement shall have no legal effect unless and until the Board issues an Order approving and adopting this Consent Agreement.

EFFECT OF BOARD'S REJECTION OF CONSENT AGREEMENT

12. Should the Board not approve this Consent Agreement, presentation to and consideration of this Consent Agreement and other documents and matters by the Board shall not

prejudice the Board or any of its members from further participation in the adjudication of this matter. This paragraph is binding on the participants even if the Board does not approve this Consent Agreement.

AGREEMENT DOES NOT PREVENT ADDITIONAL DISCIPLINE BASED ON OTHER COMPLAINTS

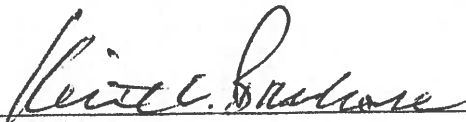
13. Nothing in this Order shall preclude the Prosecution Division for the Commonwealth from filing charges or the Board from imposing disciplinary or corrective measures for violations or facts not contained in this Consent Agreement;

ENTIRE AGREEMENT

14. This agreement contains the whole agreement between the participants; provided however, that the captions printed in the various provisions of this agreement are for ease of reading only and are not to be interpreted as forming any part of this agreement. There are no other terms, obligations, covenants, representations, statements or conditions, or otherwise, of any kind whatsoever concerning this agreement.

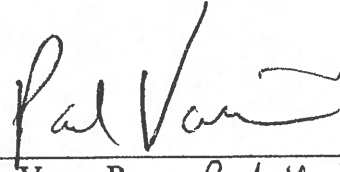
VERIFICATION OF FACTS AND STATEMENTS

15. Respondent verifies that the facts and statements set forth in this Consent Agreement are true and correct to the best of Respondent's knowledge, information and belief. Respondent understands that statements in this Consent Agreement are made subject to the criminal penalties of 18 Pa.C.S.A. § 4904 relating to unsworn falsification to authorities.



Keith E. Bashore
Prosecuting Attorney

DATED: 12/15/17



For Vasco Rx Paul Vasiltauskas, President
Respondent

DATED: 12/6/17



Joseph McHale
Attorney for Respondent

DATED: 12/7/17

EXHIBIT 1

IN THE MATTER OF:

VASCO RX

Non-Resident Pharmacy
Permit Number: 113335

BEFORE THE ALABAMA STATE
BOARD OF PHARMACY

CASE NO: 16-L-0083

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Vasco RX which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as Exhibit "A."

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

1. The Board finds that Vasco violated the provisions of law based upon the conduct set out in all Counts of the Statement.
2. Vasco RX shall pay an administrative fine in the amount of Five Thousand Dollars (\$5,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall either pharmacy attempt to discharge the same.
3. Vasco RX expressly waive its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975),

§34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Vasco RX further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

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

5. Vasco RX acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against Vasco RX's permit, including, but not limited to revocation.

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

DONE this the 15th of November, 2016.

VASCO RX

BY: Paul Vasco

ITS: President

1112

Spencer H. Larche, attorney for Vasco RX

ALABAMA STATE BOARD OF PHARMACY

By: Timothy A. Martin
Timothy A. Martin, Pharm.D., President

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

OF COUNSEL:

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

IN THE MATTER OF:

VASCO RX

Non-Resident Pharmacy
Permit Number: 113335

BEFORE THE ALABAMA STATE
BOARD OF PHARMACY

CASE NO: 16-L-0083

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: VASCO Rx
4045 E. Bell Road
#163
Phoenix, Arizona 85032

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92(12), Code of Alabama (1975), §20-2-213(e) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on November 15, 2016 at 8:00 a m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate VASCO Rx (VASCO) should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that VASCO has been guilty of the following, to-wit:

COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(6) based upon making certain representations to the Arizona State Board of Pharmacy in connection with obtaining a deviation related to a remote processing device, the Board relying on those representations in granting the deviation, the Board later determining those

representations were false, fraudulent and/or not performed. The specific representations made are set out in the Findings of Fact 3(a)-(i) and what was actually performed is set out in Findings of Fact 5(a)-(i) of a Consent Agreement For Civil Penalty and Recission of Deviation entered by the Arizona State Board of Pharmacy on May 11, 2016 attached hereto as Exhibit "A".

COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(2) based upon the Consent Agreement referenced above and/or some or all of the Conclusions of Law set out in Paragraph 3 under "Conclusions of Law".

COUNT THREE

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of the preceding Counts.

COUNT FOUR

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(f) based upon any or all of the allegations of Counts One and/or Two above.

Further, pursuant to the provisions of Code of Alabama, (1975), §20-2-53 and §41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), §20-2-1, et.

seq., issued pursuant to Code of Alabama (1975), §20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:


COUNT FIVE

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 allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 6th day of October, 2016.

ALABAMA STATE BOARD OF PHARMACY


By: Susan Alverson
Secretary

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF PHARMACY**

**Commonwealth of Pennsylvania
Bureau of Professional and
Occupational Affairs**

vs.

**Vasco Rx,
Respondent**

File No.: 17-54-05737

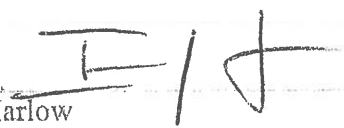
Docket No: 1603-54-17

ORDER

AND NOW, this *27th* day of *February*, 2018, the **STATE BOARD OF PHARMACY** ("Board") approves and adopts the foregoing Consent Agreement and incorporates the terms of paragraph 5, which shall constitute the Board's Order and is now issued in resolution of this matter.

This Order shall take effect immediately.

**BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS**

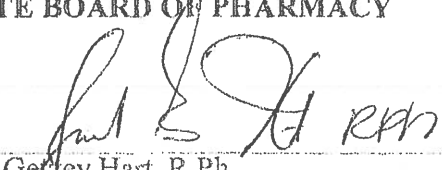

Ian J. Harlow
Commissioner

For the Commonwealth:

For the Respondent:

Date of mailing:

**BY ORDER:
STATE BOARD OF PHARMACY**


Janet Getzey Hart, R.Ph.
Chairperson

Keith E. Bashore, Prosecuting Attorney
Pennsylvania Department of State
P.O. Box 69521
Harrisburg, PA 17106-9521

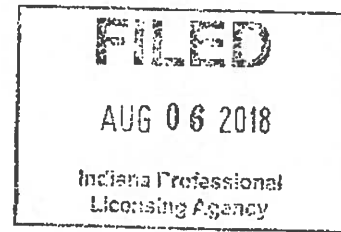
Joseph McHale, Esquire
Stradley Ronon Stevens & Young, LLP
30 Valley Stream Parkway
Malvern, PA 19355-1481

March 1, 2018

INDIANA STATE BOARD OF PHARMACY
LETTER OF REPRIMAND

**BEFORE THE INDIANA
BOARD OF PHARMACY
CAUSE NO. 2018 IBP 0017**

**IN THE MATTER OF THE LICENSE OF)
)
VITALAB PHARMACY, INC.)
)
LICENSE NO: 64000975A)**



**FINAL ORDER ACCEPTING PROPOSED FINDINGS OF FACT,
CONCLUSIONS OF LAW, AND ORDER**

The State of Indiana ("Petitioner"), represented by the Office of the Indiana Attorney General by Roxanne M. Hilton, Deputy Attorney General, and Paul Vasiliauskas, President of Vitalab Pharmacy Inc., signed a Proposed Settlement Agreement ("Agreement"), which purports to resolve all issues involved in the aforementioned action by Petitioner and the Indiana Board of Pharmacy ("Board") regarding the Administrative Complaint filed against Respondent, and which Agreement has been submitted to the Board for approval.

The Board, after reviewing the Agreement at the June 11, 2018 meeting held in room W064 of the Indiana Government Center South, 302 West Washing Street, Indianapolis, Indiana, now finds it has been entered into fairly and without fraud, duress, or undue influence, and it is fair and equitable between the parties. The Board hereby incorporates the Agreement which is attached hereto and incorporated herein as **Exhibit A** and approves and adopts in full the Agreement as a resolution of this matter. The Board approved this Agreement by a vote of 7-0-0. Incorporate into the Agreement was the consensus of both parties to Findings of Fact, Conclusions of Law, and Order.

[BALANCE OF PAGE INTENTIONALLY LEFT BLANK]

WHEREFORE, the Board hereby accepts and approves the Agreement, settling all matters in this case consistent with the terms of the Agreement between the parties, and Respondent is hereby **ORDERED** to abide by all the terms of the Agreement as set forth below.

ORDER

1. Respondent shall receive a **LETTER OF REPRIMAND**.
2. Respondent shall pay a fine in the amount of **TWO THOUSAND DOLLARS (\$2,000.00)** payable to the Indiana Professional Licensing Agency at the following address:

Indiana Professional Licensing Agency
Attn: Indiana Board of Pharmacy
402 West Washington Street, Rm. W072
Indianapolis, IN 46204

3. Respondent shall, pursuant to Ind. Code § 4-6-14-10(b), pay a **FEE of FIVE DOLLARS (\$5.00)** to be deposited into the Health Records and Personal Identifying Information Protection Trust Fund. This fee shall be paid by check or money order payable to the State of Indiana, and submitted to the following address:

Office of the Indiana Attorney General
Attn: Teresa Henson
302 St Washington Street, 5th Floor
Indianapolis, IN 46204.

4. Respondent further understands that a violation of the final order in this matter, any non-compliance with the statutes and regulations regarding the practice of pharmacy or any violation of this Agreement could subject him to further action.

SO ORDERED, this 6th day of August 2018.

INDIANA BOARD OF PHARMACY

By: Maurice Bennett
for Winnie Landis, R.Ph., Board President

CERTIFICATE OF SERVICE

I certify that a copy of the "Final Order" has been duly served upon:

Vitalab Pharmacy
C/O Paul Vasiliauskas
4045 East Bell Road, Suite 163
Phoenix AZ 85032
Service by U.S. Mail

Roxanne M. Hilton
Deputy Attorney General
Office of the Indiana Attorney General
302 W. Washington Street, 5th Floor
Indianapolis, IN 46204
Service by Email: Roxanne.Hilton@atg.IN.gov

8/6/18

Date


Nathaniel Black Jr., Litigation Specialist

Indiana Board of Pharmacy
Indiana Government Center South
402 West Washington St., Room W072
Indianapolis, IN 46204
Phone: (317) 234-2067
Fax: (317) 233-4236
Email: pla4@pla.in.gov

Explanation of Service Methods

Personal Service: by delivering a true copy of the aforesaid document(s) personally.

Service by U.S. Mail: by serving a true copy of the aforesaid document(s) by First Class U.S. Mail, postage prepaid.

Service by Email: by sending a true copy of the aforesaid document(s) to the individual's electronic mail address.

BEFORE THE INDIANA
BOARD OF PHARMACY
CAUSE NO. 2018 IBP 0017

IN THE MATTER OF THE LICENSE OF)
)
VITALAB PHARMACY, INC.)
)
LICENSE NO: 64000975A)



PROPOSED SETTLEMENT AGREEMENT

The State of Indiana ("Petitioner"), by counsel, Deputy Attorney General Roxanne M. Hilton, on behalf of the Office of the Indiana Attorney General, and Vitalab Pharmacy, Inc. ("Respondent"), hereby execute this Proposed Settlement Agreement ("Agreement") in disposition of the Administrative Complaint filed in this cause on March 7, 2018. This Agreement is subject to review and approval of the Indiana State Board of Pharmacy ("Board") pursuant to Ind. Code § 25-1-9 and the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3.

STIPULATED FACTS

1. Respondent's address on file with the Indiana Board of Pharmacy ("Board") is 4045 East Bell Road, Suite 163, Phoenix, Arizona 85032.
2. Respondent is a licensed non-resident pharmacy in the State of Indiana having been issued license number 64000975A on June 15, 2009.
3. In August 2014, Respondent requested and received a deviation from the Arizona State Board of Pharmacy ("Arizona Board") to place a remote dispensing device within Integrity Rx Specialty Pharmacy. This deviation was based upon the following:
 - a. The device would electronically track all transactions; and
 - b. A Respondent pharmacist would verify, label, and dispense the compounded

EXHIBIT A

medications.

4. On February 5, 2016, an inspection of the remote dispensing device found that:
 - a. Two locked filed cabinets labeled "property of [Respondent]" were used to house the medications compounded by Respondent;
 - b. Lot number, expiration date, inventory in and out was maintained on a perpetual paper log; and
 - c. An Integrity Rx pharmacist would verify, label, and dispense the compounded medications—a pharmacist from Respondent's pharmacy had never been on site to stock or dispense medications.

ARIZONA VIOLATIONS

5. On May 11, 2016, Respondent entered into a consent agreement with the Arizona Board ("Consent Agreement").

6. The Arizona Board found that Respondent violated Arizona Administrative Code § 4-23-410(B)(3), which states:

neither the pharmacy permittee nor a pharmacist employed by the pharmacy permittee provides a compounded pharmaceutical produced to a pharmacy . . . or other person for dispensing or distributing except that a compounded pharmaceutical product may be provided to a medical practitioner to administer to a patient . . . if each container . . . has a label that includes (a) the pharmacy name, address, and telephone number, (b) the pharmaceutical product's name and the information required in subsection (1)(4) and (c) a lot or control number.

7. Ariz. Admin. Code § 4-23-410(B)(3), is similar to Ind. Code § 16-42-3-4(1) and(2) which states:

A drug . . . is considered to be misbranded . . . (1) If the labeling of the drug or device is false or misleading in any way. (2) If the drug or device is in package form unless the drug or device bears a label containing: (A) the name and place of business of the manufacturer, packer, or distributor; and (B) an accurate statement of the quantity of the contents in terms of weight, measure, or numerical count.

8. The Arizona Board found that Respondent violated Arizona Revised Statute ("A.R.S") § 32-1968(D), which states:

Any drug dispensed . . . is exempt from the requirements of section 32-1967 . . . if the drug container bears a label containing the name and address of the dispenser, the serial number, the date of dispensing, the name of the prescriber, the name of the patient . . . directions for use and cautionary statements, if any.

9. A.R.S. § 32-1968(D) is similar to 856 IAC 1-23-1 which states:

. . . in the sale or dispensing of any prescription drug . . . the pharmacist shall be required to affix . . . a label bearing the following information: (1) the name, address, and telephone number of the establishment from which such drug was sold . . . (4) the name of the practitioner who prescribed the drug (5) the name of the patient . . . (6) the directions for use of the drug as contained in the prescription (7) the name of the drug . . . in compliance with the Generic Drug Law found in IC 16-42-22.

10. As part of the Consent Agreement, Respondent was fined \$22,375, and the deviation granted in August 2014 was revoked.

STIPULATED CONCLUSIONS OF LAW

11. By Respondent's conduct in violating Ariz. Admin. Code § 4-23-410(B)(3), which is similar to Ind. Code § 16-42-3-4(1) and (2), Respondent has violated Ind. Code § 25-1-9-4(a)(7) in that Respondent has had disciplinary action taken against his license to practice in any state or jurisdiction on grounds similar to Ind. Code § 25-1-9.

12. By Respondent's conduct in violating A.R.S. § 32-1968(D) which is similar to 856 IAC 1-23-1, Respondent has violated Ind. Code § 25-1-9-4(a)(7) in that Respondent has had disciplinary action taken against his license to practice in any state or jurisdiction on grounds similar to Ind. Code § 25-1-9.

AGREED DISPOSITION

It is therefore agreed by Respondent and Petitioner as follows:

1. The Board has jurisdiction over Respondent and the subject matter in this disciplinary action.
2. The parties execute this Agreement voluntarily.
3. Both parties voluntarily waive their rights to a public hearing on the Administrative Complaint and all other proceedings in this action to which either party may be entitled by law, including judicial review.
4. Petitioner agrees the terms of this Agreement will resolve this claim, as well as any past, pending or future disciplinary action against Respondent imposed by any other state as reciprocal discipline related to the May 11, 2016, Arizona Consent Agreement.
5. Respondent shall receive a **LETTER OF REPRIMAND** attached hereto as "Exhibit A."
6. Respondent shall pay a fine in the amount of **TWO THOUSAND DOLLARS (\$2,000)** payable to the Indiana Professional Licensing Agency at the following address:

Indiana Professional Licensing Agency
Attn: Indiana State Board of Pharmacy
302 West Washington Street
Indianapolis, IN 46204
7. Pursuant to Ind. Code § 4-6-14-10(b), Respondent shall pay a fee of **Five Dollars (\$5.00)** to be deposited into the Health Records and Personal Identifying Information Protection Trust Fund. This fee shall be paid within ninety (90) days of the issuance of the Final Order in this matter, submitted to the following address:

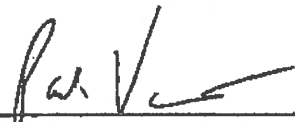
Indiana Office of the Attorney General
Attn: Teresa Henson
302 West Washington Street, 5th Floor

Indianapolis, IN 46204

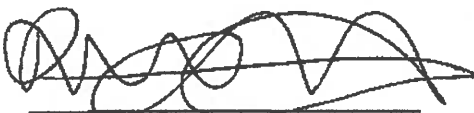
8. Respondent has carefully read and examined this Agreement and fully understands its terms and that, subject to a Final Order issued by the Board, this Agreement is a final disposition of all matters and not subject to further review.

9. Respondent further understands that a violation of the Final Order, any non-compliance with the statutes or regulations regarding the practice of pharmacy, or any violation of this Settlement Agreement may result in Petitioner requesting a summary suspension of Respondent's license, an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Ind. Code § 25-1-9-4, any or all of which could lead to additional sanctions, up to and including a revocation of Respondent's license.

10. The parties agree to the continuing jurisdiction of the Board and that the discipline agreed to, terms of discipline, and licensure status will apply even if the Board renews Respondent's license at a later date.


Paul Vasilias, President.
Vitalab Pharmacy, Inc.

6/5/18
Date


Roxanne M. Hilton
Deputy Attorney General
Attorney No.: 34634-53

6/5/2018
Date

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, IN 46204



Eric J. Holcomb
Governor of Indiana
Deborah J. Frye
PLA Executive Director

August 6, 2018

Vitalab Pharmacy
4045 east Bell Road, Suite 163
Phoenix, AZ 85032

Re: In the Matter of the License of Vitalab Pharmacy
Cause Number 2018 IBP 0017

Dear Mr. Vasiliauskas:

This letter of reprimand is issued in accordance with the Final Order Accepting the Recommended Findings of Fact, Conclusions of Law and Order issued by the Indiana State Board of Pharmacy resolving the administrative complaint against Vitalab Pharmacy's non-resident pharmacy license filed by the Office of the Attorney General on March 7, 2018.

The purpose of this reprimand is to stress the important responsibility that you have by reason of possession of a license to practice as a non-resident pharmacy in the State of Indiana. Further, there is an expectation that you will follow all pharmacy regulations, policies, and procedures with respect to ethics and professionalism.

The Findings of Fact and Final Order are attached and incorporated herein as part of this reprimand.

It is your responsibility to conduct your practice of pharmacy in accordance with the standards of the profession.

Sincerely,

INDIANA STATE BOARD OF PHARMACY

By: Maureen Bennett
for Winnie Landis
Board President

CALIFORNIA BOARD OF PHARMACY**CITATION CI 2017 79790**



California State Board of Pharmacy
 1625 North Market Boulevard, Suite N219, Sacramento, CA 95834
 Phone (916) 574-7900
 Fax (916) 574-8818
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
 DEPARTMENT OF CONSUMER AFFAIRS
 GOVERNOR EDMUND G. BROWN JR.

October 11, 2018

DATED MATERIAL ENCLOSED

VASCO RX
 ATTN: PAUL VASILIAUSKAS, PRES
 4045 E BELL RD STE 163
 PHOENIX, AZ 85032

RE: CI 2017 79790
VASCO RX
NSC 99468

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- November 10, 2018: Unless the Citation is contested payment of fine(s) must be received by the Board.
- October 25, 2018: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- November 10, 2018: Any contest of the Citation by request for a formal Appeal must be received by the Board.

Page two
VASCO RX
CI 2017 79790

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Christina Metzen, Associate Enforcement Analyst at (916) 574-7924.

Sincerely

A handwritten signature in cursive script, appearing to read "Virginia Herold".

Virginia Herold
Executive Officer
Board of Pharmacy

Attachments

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

Citation Number	Name, License No
CI 2017 79790	VASCO RX, NSC 99468

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
CCR, Title 16, § 1735.2 subd. (i)	The pharmacist performing or supervising compounding is responsible for the proper preparation, labeling, storage, and delivery of the compounded drug product	\$350.00
CCR, Title 16, § 1751.7 subd. (e)(1)	Sterile Compounding Quality Assurance and Process Validation; Batch-produced sterile drug preparations compounded from one or more non-sterile ingredients shall be subject to...	\$350.00

CONDUCT:

California Code of Regulations section 1735.2(i) stats every compounded drug preparation shall be given beyond use date representing the date or date and time beyond which the compounded drug preparation should not be used, stored, transported or administered, and determined based on the professional judgment of the pharmacist performing or supervising the compounding. (3) For sterile compounded drug preparations, extension of a beyond use date is only allowable when supported by the following: (A) Method Suitability Test, (B) Container Closure Integrity Test, and (C) Stability Studies. Vasco Rx, NSC99468 located at 4045 E. Bell Rd. Ste. 163, Phoenix, AZ 85032 was not compliant. Specifically, Vasco assigned a beyond used date of 180 day for at least the following C- methylcobalamin 1mg/ml lot 1282017@31 and lot 01312018@40 without first having the required studies to support this beyond use date. This is a violation of pharmacy law.

California Code of Regulations section 1751.7 (e)(1) stats batch-produced sterile drug preparations compounded from one or more non-sterile ingredients, except as provided in paragraph (2), shall be subject to documented end product testing for sterility and pyrogens and shall be quarantined until the end product testing confirms sterility and acceptable levels of pyrogens. Sterility testing shall be USP chapter 71 compliant and pyrogens testing shall confirm acceptable levels of pyrogens per USP chapter 85 limits, before dispensing. This requirement of end product testing confirming sterility and acceptable levels of pyrogens prior to dispensing shall apply regardless of any sterility or pyrogen testing that may have been conducted on any ingredient or combination of ingredients that were previously non-sterile. Vasco Rx, NSC99468 located at 4045 E. Bell Rd. Ste. 163, Phoenix, AZ 85032 was not compliant. Specifically, Vasco dispensed at least C- methylcobalamin 1mg/ml lot 1282017@31 and lot 01312018@40 without first having a USP chapter 71 compliant sterility test confirming end product sterility. This is a violation of pharmacy law.

CITATION ISSUED ON: October 11, 2018

TOTAL AMOUNT OF FINE(S): \$700.00

PAYMENT OF FINE(S) DUE BY: November 10, 2018

CALIFORNIA BOARD OF PHARMACY
CITATION CI 2018 81580



California State Board of Pharmacy
 1625 North Market Boulevard, Suite 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.

October 11, 2018

DATED MATERIAL ENCLOSED

**VASCO RX
 ATTN: PAUL VASILIAUSKAS, PRES
 4045 E BELL RD STE 163
 PHOENIX, AZ 85032**

**RE: CI 2018 81580
 VASCO RX
 NRP 856**

The attached Citation, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Forms and Publications).

The attached Citation references the specific statutes and regulations violated, and defines each violation charged. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND IF CONTESTING THE CITATION TO RESPOND WITHIN THE FOLLOWING TIME FRAMES:

- **October 25, 2018:** Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- **November 10, 2018:** Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. The acceptance of the Citation(s) shall not constitute an admission of the violation(s) charged.

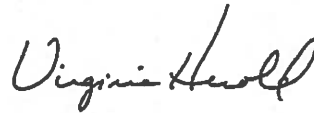
Page two
VASCO RX
CI 2018 81580

No fine has been assessed with this Citation and no proof of abatement has been ordered.

If the Board does not receive a written request to contest this Citation within 30 days of the issue date, you will be deemed to have waived your right to contest this Citation. The Citation shall then become the final order of the Board. Please be advised that if not contested this Citation will become a part of the Board's records and constitute a public record for purposes of disclosure.

If you have any questions regarding this Citation please contact Christina Metzen, Associate Enforcement Analyst at (916) 574-7924.

Sincerely

A handwritten signature in black ink, appearing to read "Virginia Herold". The signature is fluid and cursive, with a large initial "V" and a long, sweeping horizontal stroke at the end.

Virginia Herold
Executive Officer
Board of Pharmacy

Attachments

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA
CITATION**

Citation Number	Name, License No
CI 2018 81580	VASCO RX, NRP 856

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE
CCR, Title 16, § 1735.2 subd. (i)	The pharmacist performing or supervising compounding is responsible for the proper preparation, labeling, storage, and delivery of the compounded drug product
CCR, Title 16, § 1751.7 subd. (e)(1)	Sterile Compounding Quality Assurance and Process Validation; Batch-produced sterile drug preparations compounded from one or more non-sterile ingredients shall be subject to...

CONDUCT:

California Code of Regulations section 1735.2(i) states every compounded drug preparation shall be given beyond use date representing the date or date and time beyond which the compounded drug preparation should not be used, stored, transported or administered, and determined based on the professional judgment of the pharmacist performing or supervising the compounding. (3) For sterile compounded drug preparations, extension of a beyond use date is only allowable when supported by the following: (A) Method Suitability Test, (B) Container Closure Integrity Test, and (C) Stability Studies. Vasco Rx, NRP856 located at 4045 E. Bell Rd. Ste. 163, Phoenix, AZ 85032 was not compliant. Specifically, Vasco assigned a beyond used date of 180 day for at least the following C- methylcobalamin 1mg/ml lot 1282017@31 and lot 01312018@40 without first having the required studies to support this beyond use date. This is a violation of pharmacy law.

California Code of Regulations section 1751.7 (e)(1) states batch-produced sterile drug preparations compounded from one or more non-sterile ingredients, except as provided in paragraph (2), shall be subject to documented end product testing for sterility and pyrogens and shall be quarantined until the end product testing confirms sterility and acceptable levels of pyrogens. Sterility testing shall be USP chapter 71 compliant and pyrogens testing shall confirm acceptable levels of pyrogens per USP chapter 85 limits, before dispensing. This requirement of end product testing confirming sterility and acceptable levels of pyrogens prior to dispensing shall apply regardless of any sterility or pyrogen testing that may have been conducted on any ingredient or combination of ingredients that were previously non-sterile. Vasco Rx, NRP856 located at 4045 E. Bell Rd. Ste. 163, Phoenix, AZ 85032 was not compliant. Specifically, Vasco dispensed at least C-methylcobalamin 1mg/ml lot 1282017@31 and lot 01312018@40 without first having a USP chapter 71 compliant sterility test confirming end product sterility. This is a violation of pharmacy law.

CITATION ISSUED ON October 11, 2018

CALIFORNIA BOARD OF PHARMACY**CITATION CI 2016 75547**

**California State Board of Pharmacy**

1625 North Market Boulevard, Suite 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.

October 18, 2018

VASCO RX
ATTN: KRISTINE ANN LOWE, PIC
4045 E BELL RD STE 163
PHOENIX, AZ 85032

RE: CI 2016 75547
VASCO RX
NRP 856

The attached Citation CI 2016 75547, has been issued to VASCO RX, NRP 856. A copy has been sent to the pharmacy, and a copy is being sent to the pharmacist-in-charge for informational purposes only. As pharmacist in charge it is your responsibility to insure the pharmacy's compliance with the term(s) and condition(s) of the citation by the date(s) ordered, and to ensure the pharmacy's compliance with all pharmacy laws.

The Citation references the specific statutes and regulations violated, and defines each violation charged. The Citation details the conduct that resulted in the issuance of the citation. In addition the citation may also include information regarding fine(s) assessed. If fine(s) have been assessed, the citation specifies the amount and the specific violation for which the fine was levied.

If you have any questions please contact Christina Metzen, Associate Enforcement Analyst at (916) 574-7924.

Sincerely

A handwritten signature in black ink, appearing to read "Virginia Herold".

Virginia Herold
Executive Officer
Board of Pharmacy

Attachments

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA
CITATION**

Citation Number	Name, License No
CI 2016 75547	VASCO RX, NRP 856

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE
CCR, Title 16, § 1735.2 subd. (l)(3)(A)(B)(C)	Extension of a beyond use date is only allowable when supported by the following: (A) Method Suitability Test, (B) Container Closure Integrity Test and, (C) Stability Studies
CCR, Title 16, § 1751.7 subd. (e)(1)	Sterile Compounding Quality Assurance and Process Validation; Batch-produced sterile drug preparations compounded from one or more non-sterile ingredients shall be subject to...

CONDUCT:

California Code of Regulations section 1735.2 (l)(3)(A)(B)(C) states in pertinent part, extension of a beyond use date is only allowable when supported by the following (A) Method Suitability Test (B) Container Closure Test (C) Stability Studies. Vasco Rx located at 4045 E. Bell Road #163, Phoenix, AZ 85032 was not compliant. Specifically, in 2017 Vasco Rx shipped at least the 2,468 orders containing compounded leuprolide into California. Batch records reviewed showed a beyond use date of 180 day was assigned to at least 2,038 of these compounding leuprolide order. Vasco Rx had no stability study to allow this extension of the beyond use date. This was a violation of pharmacy law.

California Code of Regulations section 1751.7 (e)(1) states in pertinent part, Batch-produced sterile drug preparations compounded from one or more non-sterile ingredients, except as provided in paragraph (2), shall be subject to documented end product testing for sterility and pyrogens and shall be quarantined until the end product testing confirms sterility and acceptable levels of pyrogens. Sterility testing shall be USP chapter 71 compliant. Vasco Rx located at 4045 E. Bell Road #163, Phoenix, AZ 85032 was not compliant. Specifically, in 2017 Vasco Rx shipped at least the 2,468 orders containing compounded leuprolide into California. Batch records reviewed showed end product sterility testing was done by SCAN RDI, not a USP chapter 71 compliant testing method. This was a violation of pharmacy law.

CITATION ISSUED ON: October 18, 2018

CALIFORNIA BOARD OF PHARMACY**CITATION CI 2018 81589**



California State Board of Pharmacy
1625 North Market Boulevard, Suite 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.

October 18, 2018

VASCO RX
ATTN: KRISTINE ANN LOWE, PIC
4045 E BELL RD STE 163
PHOENIX, AZ 85032

RE: CI 2018 81589
VASCO RX
NSC 99468

The attached Citation CI 2018 81589, has been issued to VASCO RX, NSC 99468. A copy has been sent to the pharmacy, and a copy is being sent to the pharmacist-in-charge for informational purposes only. As pharmacist in charge it is your responsibility to insure the pharmacy's compliance with the term(s) and condition(s) of the citation by the date(s) ordered, and to ensure the pharmacy's compliance with all pharmacy laws.

The Citation references the specific statutes and regulations violated, and defines each violation charged. The Citation details the conduct that resulted in the issuance of the citation. In addition the citation may also include information regarding fine(s) assessed. If fine(s) have been assessed, the citation specifies the amount and the specific violation for which the fine was levied.

If you have any questions please contact Christina Metzen, Associate Enforcement Analyst at (916) 574-7924.

Sincerely

A handwritten signature in black ink, reading "Virginia Herold".

Virginia Herold
Executive Officer
Board of Pharmacy

Attachments

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

Citation Number	Name, License No
CI 2018 81589	VASCO RX, NSC 99468

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT. OF FINE
CCR, Title 16, § 1735.2 subd. (i)(3)(A)(B)(C)	Extension of a beyond use date is only allowable when supported by the following: (A) Method Suitability Test, (B) Container Closure Integrity Test and, (C) Stability Studies	\$2,500.00
CCR, Title 16, § 1751.7 subd. (e)(1)	Sterile Compounding Quality Assurance and Process Validation; Batch-produced sterile drug preparations compounded from one or more non-sterile ingredients shall be subject to...	\$2,500.00

CONDUCT:

California Code of Regulations section 1735.2 (i)(3)(A)(B)(C) states in pertinent part, extension of a beyond use date is only allowable when supported by the following (A) Method Suitability Test (B) Container Closure Test (C) Stability Studies. Vasco Rx located at 4045 E. Bell Road #163, Phoenix, AZ 85032 was not compliant. Specifically, in 2017 Vasco Rx shipped at least the 2,468 orders containing compounded leuprolide into California. Batch records reviewed showed a beyond use date of 180 day was assigned to at least 2,038 of these compounding leuprolide order. Vasco Rx had no stability study to allow this extension of the beyond use date. This was a violation of pharmacy law

California Code of Regulations section 1751.7 (e)(1) states in pertinent part, Batch-produced sterile drug preparations compounded from one or more non-sterile ingredients, except as provided in paragraph (2), shall be subject to documented end product testing for sterility and pyrogens and shall be quarantined until the end product testing confirms sterility and acceptable levels of pyrogens. Sterility testing shall be USP chapter 71 compliant. Vasco Rx located at 4045 E. Bell Road #163, Phoenix, AZ 85032 was not compliant. Specifically, in 2017 Vasco Rx shipped at least the 2,468 orders containing compounded leuprolide into California. Batch records reviewed showed end product sterility testing was done by SCAN RDI, not a USP chapter 71 compliant testing method. This was a violation of pharmacy law.

CITATION ISSUED ON: October 18, 2018

TOTAL AMOUNT OF FINE(S): \$5,000.00

PAYMENT OF FINE(S) DUE BY: November 17, 2018

CALIFORNIA BOARD OF PHARMACY
CITATION CI 2017 79432



California State Board of Pharmacy
 1625 North Market Boulevard, Suite N219, Sacramento, CA 95834
 Phone (916) 574-7900
 Fax (916) 574-8818
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
 DEPARTMENT OF CONSUMER AFFAIRS
 GOVERNOR EDMUND G. BROWN JR.

January 02, 2019

DATED MATERIAL ENCLOSED

VASCO RX
ATTN: PAUL VASILIAUSKAS, PRS
4045 E BELL RD STE 163
PHOENIX, AZ 85032

RE: CI 2017 79432
VASCO RX
NRP 856

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- February 01, 2019: Unless the Citation is contested payment of fine(s) must be received by the Board.
- January 16, 2019: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- February 01, 2019: Any contest of the Citation by request for a formal Appeal must be received by the Board.

Page two
VASCO RX
CI 2017 79432

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Joshua Monforte, Enforcement Analyst at (916) 574-7903.

Sincerely



Anne Sodergren
Interim Executive Officer
Board of Pharmacy

Attachments

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

Citation Number	Name, License No
CI 2017 79432	VASCO RX, NRP 856

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4301 subd. (n)	Unprofessional Conduct - Out of state disciplinary action	\$5,000.00

CONDUCT:

Business and Professions Code section 4301(n) authorizes the Board to take action against a licensee for the revocation, suspension, or other discipline by another state of a license to practice pharmacy, operate a pharmacy, or do any other act for which a license is required. Specifically, on July 6, 2016, the Arizona Board of Pharmacy rescinded a deviation granted to Vasco Rx in August 2014, and ordered it to pay \$22,175 (\$22,000 civil penalty, \$175 investigative costs) after finding that the pharmacy failed to meet the terms of the deviation granted for a remote dispensing device, which constituted unprofessional conduct.

CITATION ISSUED ON: January 02, 2019

TOTAL AMOUNT OF FINE(S): \$5,000.00

PAYMENT OF FINE(S) DUE BY: February 01, 2019



4045 E. BELL RD, STE 163
PHOENIX, AZ 85032
PH: 877-971-3001 FAX: 877-722-2936
Web: VASCORX.COM

February 1, 2019

VIA Federal Express
7743 7764 0765

Nevada Board of Pharmacy
431 West Plumb Lane
Reno, NV 89509

RE: Vitalab Pharmacy, Inc. dba Vasco Rx
Phoenix, AZ
Out of State Pharmacy License #89509

Dear Sir/Madam:

This letter is sent as written notification of a pending transaction involving Vitalab Pharmacy, Inc. dba Vasco Rx ("Vasco") located at 4045 E. Bell Road, Suite 163, Phoenix, AZ 85032. AleraCare Holdings, LLC will be purchasing all of the outstanding shares of Vasco. Vasco will remain as the permit holder and AleraCare Holdings, LLC will become the parent company of Vasco.

The pharmacist-in-charge of Vasco will remain the same and there will be no change in the NCPDP, NPI, tax ID, or location. The contemplated transaction is expected to close on or around **February 15, 2019**. A chart showing the post-closing organizational structure is attached as Exhibit A.

As required for this type of transaction, enclosed is a completed Application For Out of State Pharmacy License with applicable attachments and fee. A copy of the new resident state pharmacy license and the new DEA Registration will be sent to you once the transaction has closed and the new numbers have been issued.

Should you have any questions, please contact me at 801-942-2968 or via email at rhansen@rchconsult.com or Kristine Lowe at kris.l@vascorx.com.

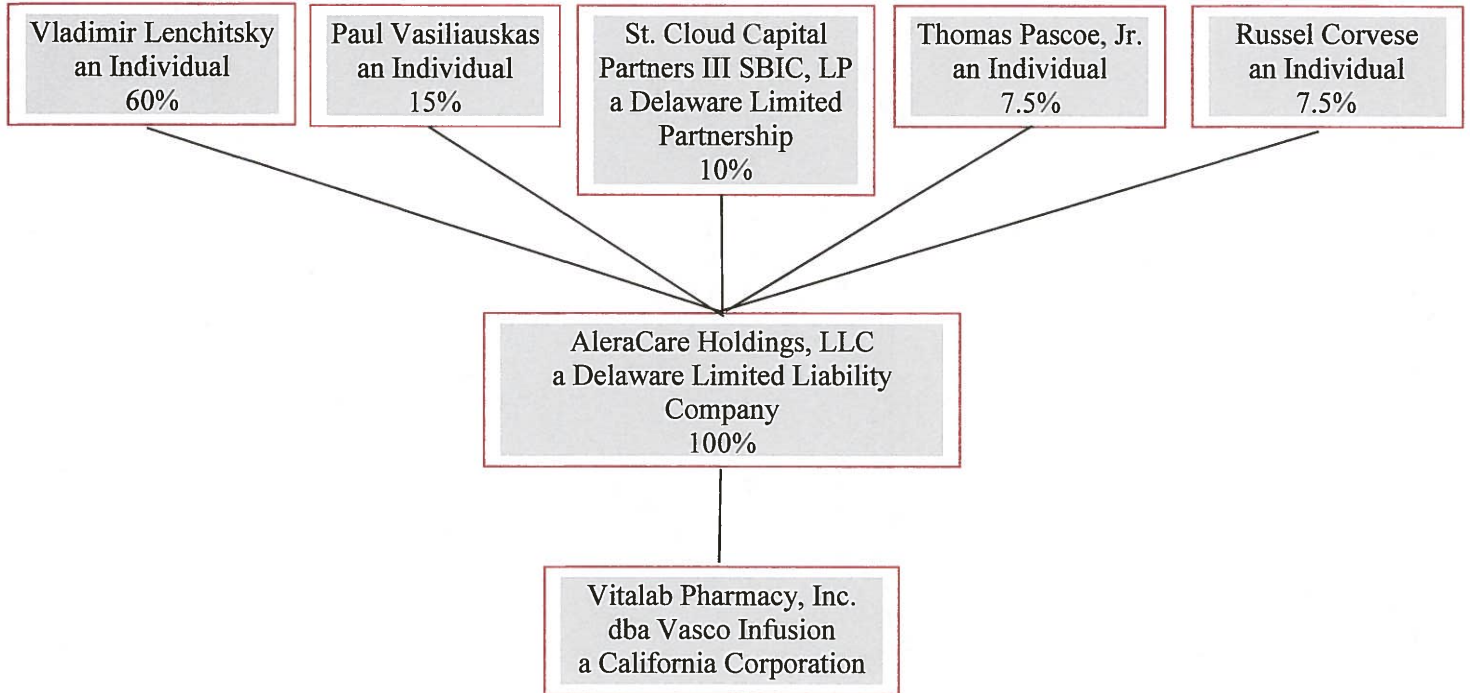
Sincerely,

A handwritten signature in blue ink that reads "Robyn C. Hansen".

Robyn C. Hansen
Regulatory Compliance Consultant

Enclosures



EXHIBIT A**VITALAB PHARMACY, INC. dba VASCO INFUSION
a California Corporation****Post Transaction Ownership Structure**

12

12A

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,

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

CHAITANYA GADDE

Print Name of Authorized Person

Date

11/1/2018

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIPGeneral _____ Limited LPartnership Name: AZBDBR, LLCMailing Address: 816 N. 6th Ave.City: Phoenix State: AZ Zip Code: 85003Telephone Number: 480-900-7450 Fax Number: 833-437-2301Contact Person: Ronak Modi

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>Arizona Hemophilia Association</u>	<u>L</u>	<u>51%</u>
<u>Bio Tek reMEDys, Inc.</u>	<u>L</u>	<u>49%</u>

List names of 4 largest partners and percentage of ownership:

Name: Arizona Hemophilia Association %: 51%Name: Bio Tek reMEDys, Inc. %: 49%

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 5:00 pm MST Saturday x am x pm
 Sunday x am x pm 24 Hours ON CALL

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, CHAITANYA GADDE

Responsible Person of AZBDBR, LLC dba AvasaRx 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

CHAITANYA GADDE

Print Name of Authorized Person

11/1/2018

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF DELAWARE)
NEW CASTLE COUNTY) ss.)

I, Chaitanya Gadde, 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 Authorized Signer for AZBDBR, LLC dba Avasa Rx (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, Chaitanya Gadde, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

SUBSCRIBED AND SWORN TO
 before me, a notary public this
1st day of November, 2018.

Reeta Sharma
 NOTARY PUBLIC

Chaitanya Gadde
 Name





OWNERS

- AZ Hemophilia Assoc. 826 N. 5th Ave, Phoenix, AZ 85003 602-955-3947
- Bio Tek reMEDys, Inc. 2 Penns Way, Suite #404,
New Castle, DE 19720 302-544-5138

- | | <u>Pharmacist</u> | <u>License #</u> |
|--------------|---------------------------------------|------------------|
| • Ronak Modi | W. Portland Street, Phoenix, AZ 85003 | S023110 |

- | | <u>Pharmacy Technician</u> | <u>License #</u> |
|-------------------------|--|------------------|
| • Shelomith Adina David | 7 N. 47 th Dr., Phoenix, AZ 85031 | 10049494 |

AvasaRX
 816 N. 6th Ave. Phoenix, AZ 85003
 Tel: 844-482-2005
 Fax: 833-437-2301
www.avasarx.com



ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
<http://www.azpharmacy.gov>

Receipt Date: 10/02/2018
Receipt Number: 201843721
Receipt Amount \$: 240.00

Resident Pharmacy/Limited Service

Retail

Issued to :

PERMIT NO
Y007409
AZBDBR, LLC
816 N. 6TH AVE.
PHOENIX, AZ 85003

EXPIRES
10/31/2019
AvasaRx Pharmacy
816 N 6TH AVENUE
PHOENIX, AZ 85003

Kam Gandhi
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749



WALLET CARD

JAME : AZBDBR, LLC
LICENSE NUMBER : Y007409
EXPIRES : 10/31/2019

<http://www.azpharmacy.gov>

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C. R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.

You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-01 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law

In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.

Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.

Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

12B

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: Premier Specialty Infusion LLC

Physical Address: 2401 Hassell Rd Ste 1525

Mailing Address: 2401 Hassell Rd. Ste 1525

City: Hoffman Estates State: ILLINOIS Zip Code: 60169

Telephone: 800-783-9655 Fax: 877-770-4179

Toll Free Number: 800-783-9655 (Required per NAC 639.708)

E-mail: scott.luckow@psinfusion.com Website: www.psinfusion.com

Managing Pharmacist: Scott Luckow License Number: 51.041005

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

SCOTT LUCKOW
Print Name of Authorized Person

10/23/18
Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General _____

Limited ☒Partnership Name: Premier Specialty Infusion LLCMailing Address: 2401 Hassell Rd Ste. 1525City: Hoffman Estates State: IL Zip Code: 601169Telephone Number: 800-783-9655 Fax Number: 877-770-4179Contact Person: Scott Luckow

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

Name	G or L	Percentage
<u>Ambreena Jafri</u>	<u>L</u>	<u>97%</u>
<u>Scott Luckow</u>	<u>L</u>	<u>3%</u>

List names of 4 largest partners and percentage of ownership:

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 5:00 pm Saturday 24 am 7 pm
 Sunday 24 am 7 by phone 24 Hours by phone

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

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: N/A

Business Name: _____

Current Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday N/A am _____ pm

Saturday N/A am _____ pm

Sunday N/A am _____ pm

24 Hours N/A

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

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

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

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

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

Scott Luckow
Print Name of Authorized Person

10/23/18
Date

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: Premier Specialty Infusion LLC

Address: 2401 Hassell Rd Ste. 1525

City: Hoffman Estates State: IL Zip: 60169

Telephone: 800-783-9655

 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)].

X 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.

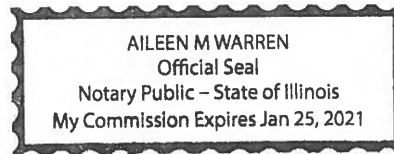
By signing and dating this waiver form, I certify that the information provided is true.


Original Signature of Dispensing Practitioner

10/23/18
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF ILLINOIS)
KANE COUNTY) ss.



I, Scott Luckow, 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 Pharmacist In Charge for Premier Specialty Infusion (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.

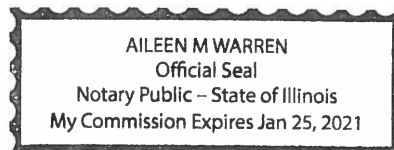
FURTHER AFFIANT SAYETH NOT.

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

Scott Luckow
 Name

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

Aileen M Warren
 NOTARY PUBLIC





To Whom It May Concern:

Below is a list containing the Name, Date of Birth, and Address of All Corporate Officers, Partners or Owner(s):

Scott Luckow

Pharmacy Manager, PIC, Owner

W437 Bode Rd

Elgin, IL 60120

DOB: 5

Ambreen Jafri

Pharmacy Owner, Partner

' Lake Adalyn Drive

South Barrington, IL 60010

DOB:

Thank you,

Premier Specialty Infusion

2401 W Hassell Rd, Suite 1525

Hoffman Estate, IL 60169



2401 West Hassell Road Suite 1525
Hoffman Estates IL 60169



800 783 9655



877 770 4179

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PREMIER SPECIALTY INFUSION, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF OCTOBER, A.D. 2018.



6225542 8300

SR# 20187166020

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

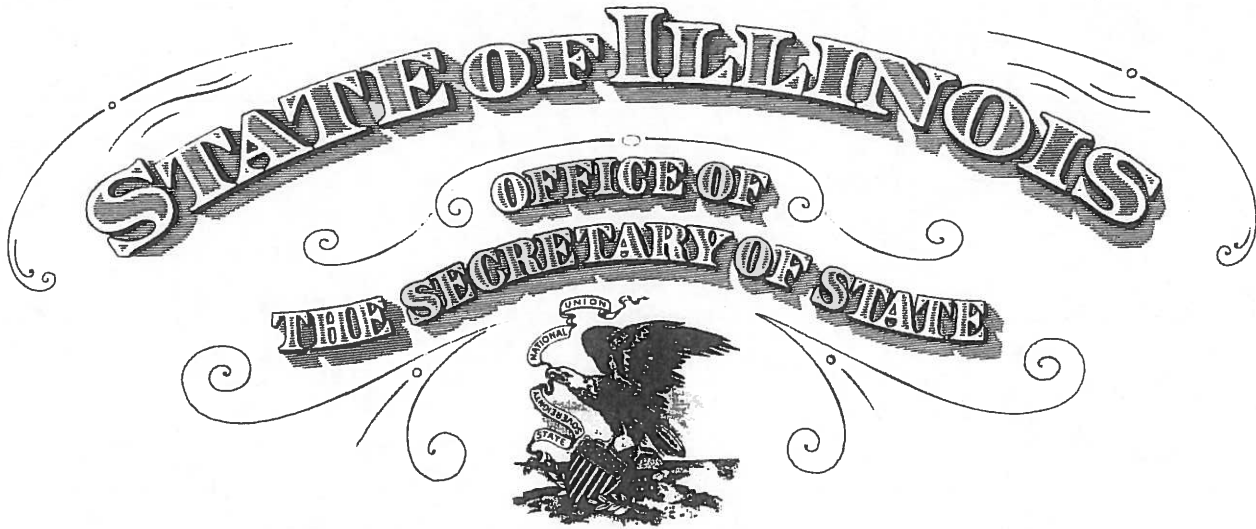
Jeffrey W. Bullock, Secretary of State

Authentication: 203631232

Date: 10-17-18

File Number

0616916-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

PREMIER SPECIALTY INFUSION, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MARCH 06, 2017, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 8TH day of NOVEMBER A.D. 2018 .



Authentication #: 1831202040 verifiable until 11/08/2019
 Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE



Sent to:
DPR
10.17.18
copy of check
attached



October 16, 2018

To Whom It May Concern,

We are pursuing an out of state pharmacy license and need to request an **Illinois Certification of Licensure** for our Pharmacy.

Premier Specialty Infusion LLC
2401 Hassell Rd. Ste 1525
Hoffman Estates, IL 60169

License#: 054.020273 - Active
Issued: 04/20/2017
Expires: 03/31/2020
Method of Licensure: Paper
Disciplinary Action: N

Please send the above Illinois Certification of Licensure to:

Nevada State Board of Pharmacy
431 W Plum Lane
Reno, NV 89509

Thank you,

Aileen Warren, PharmD, RPh
Director Of Operations
Aileen.warren@psinfusion.com
800-783-9655



2401 West Hassell Road Suite 1525
Hoffman Estates IL 60169



800.783.9655



877.770.4179



Cut on Dotted Line ✂

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4052203

12C

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: Soleo Health Inc.

Physical Address: 10210 Werch Drive, Suite 202

Mailing Address: Same

City: Woodridge State: IL Zip Code: 60517-4809

Telephone: (630) 589-8054 Fax: (877) 393-1616

Toll Free Number: (844) 575-1515 (Required per NAC 639.708)

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

Managing Pharmacist: Jason Howard, PharmD License Number: 051.293255

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: IVIG, Factor

****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

John Ginzler
Print Name of Authorized Person

January 30, 2019
Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: NA

Mailing Address: 11 Trafalgar Square, Suite 101

City: Nashua State: NH Zip: 03063-1991

Telephone: (833) 765-3648 Fax: (603) 718-3824

Contact Person: Christine Belanger

For any corporation non publicly traded, disclose the following:

- ***No persons
- 1) List top 4 persons to whom the shares were issued by the corporation?
- a) Soleo Health Holdings, Inc. 100%
- Name Address
- b) _____
- Name Address
- c) _____
- Name Address
- d) _____
- Name Address
- 2) Provide the number of shares issued by the corporation. 100
- 3) What was the price paid per share? \$0.01/share par value
- 4) What date did the corporation actually receive the cash assets? 2/14/2014
- 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 8:00 am 5:00 pm Saturday On call am _____ pm

Sunday On call am _____ pm 24 Hours 24/7

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, John Ginzler

Responsible Person of Soleo Health 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

John Ginzler

Print Name of Authorized Person

January 30, 2019

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF New Hampshire)
) ss.
 Hillsborough COUNTY)

I, John Ginzler, 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 Chief Financial Officer for Soleo Health Inc. (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, John Ginzler, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

SUBSCRIBED AND SWORN TO
before me, a notary public this
30th day of January, 2019.

Chad Bly
NOTARY PUBLIC

Name _____



Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOLEO HEALTH INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOLEO HEALTH INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2014.

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



5486590 8300

SR# 20182683263

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

Jeffrey W. Bullock, Secretary of State

Authentication: 202511191

Date: 04-13-18

1/29/2019

Print Lookup Details



Illinois Department of Financial and
Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA
SOLEO HEALTH INC	Woodridge, IL 60517	

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
054020894	LICENSED PHARMACY	ACTIVE	11/14/2018	11/14/2018	03/31/2020	N

Generated on: 1/29/2019 12:37:22 PM



Cut on Dotted Line ✂

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4169695



Cut on Dotted Line



For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 375123



Cut on Dotted Line



Soleo Health

Sharon Hill, PA

has been Accredited by



The Joint Commission


Which has surveyed this organization and found it to meet the requirements for the
Home Care Accreditation Program

August 25, 2018

Accreditation is customarily valid for up to 36 months.


Craig W. Jones, FACHE
Chair, Board of Commissioners

ID #574329
Print/Reprint Date: 10/19/2018


Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



13

14

15

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	01/30/19	R002-19					
453.550 – Schedule V – Adding New Substance (Cannabidiol)	12/05/18	12/26/18	R198-18	12/26/18	01/31/19	03/07/19		
453.520 – Schedule II – Dronabinol Oral Solution	01/17/19	01/30/19	R001-19					
639.NEW – FQHC Off-Site Dispensing	01/17/19							

EXECUTIVE SECRETARY REPORT – March 6th, 2019

- **FINANCIAL REPORT**
- **TEMPORARY LICENSES**
- **STAFF ACTIVITIES**
 - Meetings with other health care boards
 - Nevada Dentist Meeting – Paul
 - Nevada Osteopathic Association - Yenh
 - Western Society of Criminology Meeting - Yenh
 - Federal Association of Regulatory Boards - Brett
 - Roseman Student Rotation –Grace Field
- **REPORT TO BOARD**
 - Licensing software update
- **BOARD RELATED NEWS**
 - Legislative Update
- **ACTIVITIES REPORT**
 - PMP Integration

TEMPORARY LICENSES
(Issued since last board meeting)

No temporary licenses were issued since the last board meeting.



NEVADA STATE BOARD OF PHARMACY

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NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

JANUARY 16-17, 2019, 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 December 2018 Board meeting.

Licensing Activity:

- 8 licenses were granted for Out-of-State pharmacies.
- 20 licenses were granted for Out-of-State wholesalers.
- 6 licenses were granted for Out-of-State Medical Devices, Equipment and Gases (MDEG) companies.
- 3 licenses were granted for Nevada MDEG companies pending receipt of a favorable inspection. 1 Nevada MDEG company will have quarterly inspections for the first year.
- 1 license was granted for pharmaceutical technician registration with allegations of past criminal activity.

Disciplinary Actions:

- Pharmacists DC and WB's were fined for failing their CEU audits. DC and WB were ordered to complete additional CEU and appear at three of the next four Las Vegas Board meetings.

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 update was provided.
- Legal staff offered updates on present litigation and audits.

Workshop:

- A. Amendment of Nevada Administrative Code (NAC) 453.520: Schedule II.** The proposed amendment will add FDA approved dronabinol oral solution to the controlled substances listed in Schedule II.
- B. Amendment of Nevada Administrative Code (NAC) 639: Dispensing Practitioner.** The proposed amendment would permit dispensing practitioners employed by a Federally Qualified Health Center to dispense dangerous drugs for qualified patients at a certain site other than the Health Center.

16

Documentation for this agenda item will be provided at a later date.

**PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R198-18

December 26, 2018

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §1, NRS 453.146 and 639.070.

A REGULATION relating to controlled substances; adding certain drug products to the controlled substances listed in schedule V in conformity with federal regulations; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations to add, delete or reschedule substances listed as controlled substances in schedules I, II, III, IV and V of the Uniform Controlled Substances Act. (NRS 453.146) Existing law also provides that if a substance is designated, rescheduled or deleted as a controlled substance pursuant to federal law, the Board is required, with certain limited exceptions, to similarly treat the substance under the Uniform Controlled Substances Act. (NRS 453.2182) The Drug Enforcement Administration of the United States Department of Justice has added certain drug products which are approved by the United States Food and Drug Administration and contain cannabidiol to the list of controlled substances in schedule V of the federal Controlled Substances Act. (83 Fed. Reg. 48,950-48,953 (Sep. 28,, 2018)) This regulation brings the treatment of such drug products into conformity with federal regulations by adding such drug products to the list of controlled substances in schedule V of the Uniform Controlled Substances Act.

Section 1. NAC 453.550 is hereby amended to read as follows:

453.550 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. A drug product which:

(a) Has been approved by the United States Food and Drug Administration;

(b) Contains CBD derived from any plant in the genus Cannabis or the resinous extractives thereof; and

(c) Contains not more than 0.1 percent residual THC by weight.

18

19