

March 31, 2010

AGENDA

◆ PUBLIC NOTICE ◆

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

at the

Las Vegas Chamber of Commerce
Turnberry Town Square
6671 Las Vegas Boulevard, South
Building D1, Suite 300
Las Vegas

Wednesday, April 14, 2010 – 9:00 am

Thursday, April 15, 2010 – 9:00 am

Please Note: 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.

Public comment is welcomed by the Board, but will be heard only when that item on the agenda is reached and will be limited to five minutes per person. The president may allow additional time to a given speaker as time allows and in his sole discretion.

◆ 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.

April 2010 Board Meeting Agenda

- * 1. [Approval of March 3-4, 2010, Minutes](#)
- * 2. [Applications for Out-of-State MDEG – Non Appearance:](#)
 - A. Enteral Products, LLC – Santa Fe Springs, CA
 - B. Home Delivery Incontinent Supplies Co. – Olivette, MO
 - C. MDC Acquisition Co. – Rancho Cucamonga, CA
 - D. MDC Acquisition Co. – Twinsburg, OH
 - E. Medi Trade – Miami, FL
 - F. Praxair Healthcare Services, Inc. – St. George, UT
 - G. RGH Enterprises, Inc. – Clifton Park, NY
 - H. RGH Enterprises, Inc. – Dinsmore, FL
 - I. RGH Enterprises, Inc. – Elgin, IL
 - J. RGH Enterprises, Inc. – Fort Worth, TX
 - K. Zevex, Inc. – Salt Lake City, UT

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

- L. Almac Clinical Services, LLC – Durham, NC
- M. Cardinal Health Pharmacy Services, LLC – Edinburg, TX
- N. CareMed Pharmaceutical Services – Lake Success, NY
- O. Coram Specialty Infusion Services – Mandota Heights, MN
- P. EZ Pass Rx – Bountiful, UT
- Q. Omnicare Canoga Park, CA – Canoga Park, CA
- R. Petmedsnmore Inc. – Reseda, CA
- S. Russellville Pharmacy – Russellville, AL

Applications for Out-of-State Wholesaler – Non Appearance:

- T. Banyan International Corporation – Abilene, TX
- U. Bard Access Systems, Inc. – Salt Lake City, UT
- V. Bard Brachytherapy, Inc. – Carol Stream, IL
- W. Cangene BioPharma, Inc. – Baltimore, MD
- X. CuraScript SD Specialty Distribution – Tempe, AZ
- Y. Greer Laboratories Inc. – Lenoir, NC
- Z. Nephron Pharmaceuticals Corporation – Phoenix, AZ
- AA. Ozburn-Hessey Logistics, LLC – Plainfield, IN

Applications for Nevada Pharmacy – Non Appearance:

- BB. Alta Surgery Center – Reno
- CC. MedCare Pharmacy – Carson City
- DD. Walgreens #11766 – Las Vegas
- EE. Walgreens #12539 – Las Vegas
- FF. Wellcare Pharmacy III, LLC – Henderson

April 2010 Board Meeting Agenda

Applications for Nevada MDEG – Non Appearance:

- GG. American Home Companion, Inc. – Carson City
- HH. American Home Companion, Inc. – Elko

◆ REGULAR AGENDA ◆

- * 3. [Disciplinary Actions](#): [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.
 - A. Sean H. Tran, R.Ph (09-029-RPH-S)
 - B. Evergreens Drug (09-029-PH-S)
 - C. Quan Haduong, MD (09-029-CS-S)
 - D. James R. Thompson, R.Ph (09-016-RPH-S)
 - E. CVS/pharmacy #8789 (09-016-PH-S)
 - F. Warren C. Rolen, R.Ph (09-040-RPH-S)
 - G. Mountain View Pharmacy (09-040-PH-S)
- * 4. [Application for Nevada Pharmacy – Appearance](#):

St. Michael's Center for Special Surgery – Las Vegas
- * 5. [Application for Nevada Wholesaler – Appearance](#):

Med-Health Pharmaceutical Products, LLC – North Las Vegas
- * 6. [Requests for Pharmaceutical Technician in Training License – Appearance](#):
 - A. Crystal Gebhart
 - B. Deborah Green
 - C. Dana Hicks
 - D. Genero Siciliano
- * 7. [Request for Controlled Substance License – Appearance](#):

Terry McAnallen, DO
- * 8. [Applications for Nevada MDEG – Appearance](#)
 - A. DRS Medical LLC – Las Vegas
 - B. OMED of Nevada, LLC – Reno
 - C. Ozomor Medical Supplies Inc. – Las Vegas
 - D. StateServ Medical of Nevada, LLC – Las Vegas

April 2010 Board Meeting Agenda

* 9. General Counsel Report:

*10. Executive Secretary Report:

- A. Financial Report
- B. Investment Report
- C. Temporary Licenses
- D. Staff Activities
 - 1. Meetings
 - a. LCHC Working Group (3/25/10)
 - b. CSPAPTF Meeting (3/25/10)
 - 1. Intervention Officer
 - c. Rural Mental Health (3/16/10)
- E. Reports to Board
 - 1. 50 Year Certificates
 - 2. Auto
- F. Board Related News
 - 1. DEA Rule on Electronic Prescribing of CS
- G. Activities Report

11. Next Board Meeting:

June 2-3, 2010 – Reno, Nevada

*12. Public Comments and Discussion of and Deliberation Upon Those Comments

Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)

* Board action may be taken on these items.

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

Anyone desiring additional information regarding the meeting is invited to call the board office at (775) 850-1440.

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.

April 2010 Board Meeting Agenda

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

Elko County Courthouse – Elko
Mineral County Courthouse – Hawthorne
Washoe County Courthouse – Reno
Nevada State Board of Pharmacy – Reno and Las Vegas



Nevada State Board of Pharmacy

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

BOARD MEETING

at the

Airport Plaza Hotel
1981 Terminal Way
Reno, Nevada

March 3rd and 4th, 2010

The meeting was called to order at 9:00 a.m. by Don Fey, Board President.

Board Members Present:

Beth Foster	Kirk Wentworth	Mary Lau
Donald Fey	Chad Luebke	Kam Gandhi

Board Members Absent:

Keith Macdonald

Board Staff Present:

Larry Pinson	Jeri Walter	Carolyn Cramer	Keith Marcher
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CONSENT AGENDA

1. Approval of January 13-14, 2010, Minutes
2. Applications for Out-of-State MDEG – Non Appearance:
 - A. CoolSystems, Inc. – Alameda, CA
 - B. DAKL Management Solutions, LLC – Bridgeview, IL
 - C. Electrostim Medical Services, Inc. – Tampa, FL
 - D. Medtronic USA, Inc. – Memphis, TN
 - E. Primo Medical Supplies, Inc. – Encino, CA
 - F. Pulmocare Respiratory Services – Colton, CA
 - G. US Healthcare Supply LLC – Milford, NJ

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

- H. ANEWrx – Pittsburgh, PA
- I. Cardinal Health Pharmacy Services, LLC – Edinburg, TX
- J. Cardinal Health Pharmacy Services, LLC – Houston, TX
- K. Easy Clinic Lab & Rx Shop – Kahu Lui, HI

- L. Greer Pharmacy – Lenoir, NC
- M. PharMerica – Sacramento, CA
- N. United States Pharmaceutical Distributors, Inc. – Lewisville, TX

Applications for Out-of-State Wholesaler – Non Appearance:

- O. Bard Electrophysiology Division, CR Bard Inc. – Lowell, MA
- P. Epic Pharma, LLC – Laurelton, NY
- Q. Jacobson Warehouse – Delano, PA
- R. Jacobson Warehouse – Memphis, TN
- S. KCI USA, Inc. – Fresno, CA
- T. Red River Wholesale Distribution – Franklin, TN
- U. Rising Pharmaceuticals, Inc. – Allendale, NJ
- V. X-Gen Pharmaceuticals, Inc. – Horseheads, NY

Applications for Nevada MDEG – Non Appearance:

- W. Easy Life Medical Equipment, Inc. – Las Vegas
- X. Orthopedic Motion, Inc. – Las Vegas

Application for Nevada Pharmacy – Non Appearance:

- Y. Advanced Isotopes of Nevada, LLC – Las Vegas

Discussion:

The consent agenda applications and supporting documents were reviewed.

Board staff asked that items 2H, I and S be pulled for discussion.

Board Action:

Motion: Mary Lau found the consent agenda application information to be accurate and complete and moved for approval of all items with the exception 2H, I and S.

Second: Kirk Wentworth

Action: Passed Unanimously.

Board staff has learned that AnewRx, Item 2H, has been doing business in Nevada prior to getting licensed. It was also noted that there was a pending court case in Pennsylvania.

Board Action:

Motion: Mary Lau moved to table this application and require an appearance for details regarding these circumstances.

Second: Beth Foster

Action: Passed Unanimously

The application for Cardinal Health Pharmacy Services, Inc., Item 2I, shows that their hours of operation will be during regular business hours, however Nevada law precludes that offsite order entry can only be done when the pharmacy is closed.

Board Action:

Motion: Mary Lau moved to table this application until the hours of operation can be clarified.

Second: Kam Gandhi

Action: Passed Unanimously

KCI USA, Inc., Item 2S, indicates that they will be shipping their products directly to patients and wholesalers are not allowed to do that under Nevada law.

Board Action:

Motion: Mary Lau moved to table this application until they can be advised of Nevada law regarding wholesalers shipping directly to patients.

Second: Beth Foster

Action: Passed Unanimously

Motion: Kirk Wentworth found the minutes to be accurate and complete and moved for approval.

Second: Beth Foster

Action: Passed Unanimously.

REGULAR AGENDA

3. Disciplinary Actions:

- | | | |
|----|-----------------------------|-----------------|
| A. | Mindy Hsu, R.Ph | (09-110A-RPH-N) |
| B. | Consolacion Pagayunan, R.Ph | (09-110B-RPH-N) |

C.	Michele Brucato, R.Ph	(09-110C-RPH-N)
D.	Wal-Mart Pharmacy #10-3729	(09-110-PH-N)

NOTE: Mary Lau recused from participation as Wal-Mart is a member of RAN. Beth Foster recused from participation as she employs Mindy Hsu.

Hal Taylor was present to represent Wal-Mart. The pharmacists were all present and represented themselves in this matter.

14 Exhibits were marked and accepted into the record.

Debbie Mack, representing Wal-Mart, Roger McHugh, physician, Georgianna Briggs, patient, Steve Dang, pharmacist, Joe Depczynski, Board inspector/investigator, Michele Brucato, Consolacion Pagayunan and Mindy Hsu appeared and were sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer reviewed the details of this case. Hal Taylor stipulates that the pharmaceutical technician made the error at input, however noted that Wal-Mart cannot stipulate to what the doctor or patient discussed or any harm that may have been caused from this error. Mr. Taylor advised that Wal-Mart has learned from this mistake and has taken measures to correct the issues brought forth from this investigation.

Carolyn Cramer questioned Dr. McHugh. Dr. McHugh indicated that he specializes in neurology and was treating Ms. Briggs for a tremor in her arm and hand. Dr. McHugh ran tests on Ms. Briggs and found no indicators for Parkinson's disease. He determined that Ms. Briggs' tremor might be helped with the medication Primadone. Dr. McHugh wrote a prescription for 50 mg. tablets of primadone. He explained that he always writes prescriptions for primadone to begin with a dose of ½ tablet due to nausea in some patients. After the first dose, Ms. Briggs was directed to take one tablet twice daily. Ms. Briggs returned to his office one month later and advised Dr. McHugh that she still had the tremor. Dr. McHugh asked Ms. Briggs if she was taking the primadone as he prescribed and Ms. Briggs stated that she was taking prednisone, not primadone. Dr. McHugh testified that he worked with the pharmacist to determine how to reduce the dosage of prednisone. He ordered further lab tests and referred Ms. Briggs to an endocrinologist. Dr. McHugh advised that high doses of prednisone can cause problems, such as adrenal suppression, which could become a serious problem. Dr. McHugh did feel that Ms. Briggs should be able to recover from this error.

Mr. Taylor cross examined.

Ms. Brucato noted that she called the receptionist in Dr. McHugh's office to follow-up regarding the prednisone taper.

Carolyn Cramer called Ms. Briggs to testify. Ms. Briggs stated that she had initially gone to Dr. McHugh for hand tremors. She indicated that she had transferred all of her prescriptions to Wal-Mart because Mindy Hsu was a pharmacist in that pharmacy and that Ms. Hsu is a personal friend. Ms. Briggs also took her prescription for primadone

to Wal-Mart to be filled. Ms. Briggs described that she began having difficulty sleeping, terrible mood swings, weight gain and that she was constantly tired once she began taking the medication that she received from Wal-Mart. Ms. Briggs testified that she returned to Dr. McHugh's office one month later to see if the primadone was helping with her hand tremor. During that appointment she confided that she still had her hand tremor but she had other adverse affects from the medication she was taking. That was when it was discovered that an error had been made. Ms. Briggs returned to Wal-Mart after her appointment with a prescription to taper off the dosage of prednisone and a new prescription for primadone for the tremor. Ms. Briggs testified that she is still having swelling problems with her knees and hands. She had a MRI and a CAT scan on her knee, but she noted that most of her facial swelling had gone down. Ms. Briggs stated that the endocrinologist said that the adrenal glands seemed to be coming back on their own. She also indicated that she is hypoglycemic and that her blood sugar was uncontrollable while she was taking the prednisone.

Ms. Brucato noted for the record that the prescription took 40 minutes to fill rather than 20 minutes indicated by Ms. Briggs in her testimony.

The Board questioned Ms. Briggs.

Joe Depczynski was called by Ms. Cramer to testify. Mr. Depczynski described his duties as the Board's inspector/investigator. He noted that he requested pharmacy records and then went to the pharmacy to address the issues in Ms. Briggs complaint and go through the complete prescription processing procedures. Mr. Depczynski described the sequence of events leading up to the dispensing of Ms. Briggs prescription. At input the pharmaceutical technician erroneously selected prednisone from a dropdown list and became confused because of the strength of the test dose. The technician consulted with Ms. Hsu and then entered a test dose of 25 mg. The first Wal-Mart 4 Point Check was initiated by Ms. Hsu, however she failed to notice the drug error. She approved it and forwarded it to the fill queue. Another pharmaceutical technician attempted to fill Ms. Briggs prescription, however failed to locate 50 mg. prednisone on the stock shelf and ultimately exited out of the order and the prescription was returned to the fill queue. Another pharmaceutical technician attempted to fill Ms. Briggs prescription however she also failed to find 50 mg. prednisone and exited out of the order and notified pharmacist Pagayunan that a change in drug strength was needed to accommodate the available stock on hand. Ms. Pagayunan manually selected the prescription and changed the 50 mg. prednisone tablets to 10 mg. tablets and changed the directions from "Take one tablet by mouth twice daily after a test dose of one-half tablet" to "Take five tablets (50 mg.) by mouth twice daily after test dose of one-half tablet (25 mg.)". Ms. Pagayunan did not realize that she had made a calculation error on the half dose. She returned the prescription to the 4 Point Check for a pharmacist's review. Ms. Hsu retrieved the prescription for the second 4 Point Check and noticed the test dose error but was confused as to how to fix it. She exited the 4 Point Check and requested Ms. Brucato to make the necessary changes. Ms. Brucato initiated the third 4 Point Check and changed the directions to "Take five tablets (50 mg.) by mouth twice daily after test dose of two and a half tablets (25 mg.)". Ms. Brucato did not notice the drug error and exited out of the modified detail screen

and the 4 Point Check. For unknown reasons the prescription was again returned to the 4 Point Check queue where it was retrieved by Ms. Hsu. Ms. Hsu exited the 4 Point Check and advised Ms. Brucato that her 4 Point Check had not yet cleared. Ms. Brucato re-entered the 4 Point Check and approved the prescription and it was again sent to the filling queue. At that point a technician retrieved the prescription from the fill queue and discovered that the prednisone brand selected was not in stock. She sent the prescription to trouble shooting for a change in NDC. Ms. Brucato retrieved the prescription and changed the NDC and sent it back to the fill queue for the fourth time. A technician filled the prescription with the new NDC without incident and the prescription was then sent to the visual verify queue to await a pharmacist's final approval. The Wal-Mart Activity Log showed that the prescription was retrieved for the visual verification by Ms. Brucato but she skipped that step and exited from the computer. Next the prescription was retrieved for the visual verification by Ms. Pagayunan but she cancelled out of the verification process and it was returned to the visual verification queue. Next Ms. Brucato manually pulled the prescription and completed the visual verification. She then printed the patient information leaflets to include with the prescription and counseled Ms. Briggs. Mr. Depczynski indicated that had the pharmacists followed the Wal-Mart Policies and Procedures this error would not have happened.

Hal Taylor called Steve Dang to testify. Mr. Dang is the pharmacy manager for this Wal-Mart and testified that he was the pharmacist that saw Ms. Briggs when she came into the pharmacy to advise them of the error they had made. Mr. Dang indicated that he contacted Dr. McHugh to discuss tapering Ms. Briggs off the prednisone.

Mr. Taylor presented Exhibit A, a Wal-Mart screen shot of what a pharmacist would see if they had a scanned prescription. Exhibit A was accepted into the record.

Mr. Taylor noted that the scanned prescription is always on the screen at input, through the 4 Point Checks and at the visual verification screen. Mr. Dang indicated the three pharmacists work well together and during a normal day they bounce things off each other and trust one another. Mr. Taylor asked Mr. Dang if there had been new procedures put in place since this incident and Mr. Dang testified that a new SOP checklist was implemented and all managing pharmacists had a meeting with the district manager to review the new checklist. The managing pharmacists returned to their respective stores and reviewed the changes with their staff.

Carolyn Cramer cross examined Mr. Dang and asked why the three pharmacists involved in this incident did not look at the scanned prescription that was on the screen each time someone 4 Point checked the prescription and he did not have an answer.

There were questions from the Board and Mr. Taylor had redirect.

Ms. Hsu noted for the record that you cannot tell if a prescription had been 4 Point Checked when you pull it up.

Ms. Brucato said that she had focused on the directions when she looked at the scanned prescription however now her practice is to focus on everything.

Carolyn Cramer asked if it was not her duty to ensure that a prescription was correct before it left the pharmacy and Ms. Brucato indicated that it was. Ms. Brucato stated that it was taking a long time to fill this prescription and since the patient was waiting she overlooked the drug and concentrated on the directions.

Hal Taylor cross examined and the Board questioned Ms. Brucato.

Carolyn Cramer gave closing remarks and asked the Board to find guilt in all three Causes of Action.

Mr. Taylor gave closing remarks and asked the Board not to find guilt in the Third Cause of Action pertaining to Wal-Mart because they had policies and procedures in place and the pharmacists in this instance did not follow them.

Ms. Brucato gave a closing statement and advised that this was uncharacteristic behavior in her practice of pharmacy and apologized for her part in this error.

Ms. Hsu gave a closing statement, apologized and noted that now she is more willing to call the doctor when she has issues with a prescription.

Ms. Pagayunan gave a closing statement, apologized and noted for the record that she did not do the 4 Point Check and should not be held responsible.

Board Action:

Motion: Kam Gandhi moved to find Ms. Hsu guilty of the First Cause of Action.

Second: Kirk Wentworth

Action: Passed Unanimously

Motion: Kam Gandhi moved to find Ms. Hsu guilty of the Second Cause of Action.

Second: Kirk Wentworth

Action: Passed Unanimously

Motion: Kam Gandhi moved to find Ms. Brucato guilty of the First Cause of Action.

Second: Kirk Wentworth

Action: Passed Unanimously

Motion: Kam Gandhi moved to find Ms. Brucato guilty of the Second Cause of Action.

Second: Kirk Wentworth

Action: Passed Unanimously

Motion: Kam Gandhi moved to find Ms. Pagayunan guilty of the First Cause of Action.

Second: No Second

Action: Motion Failed

Motion: Kirk Wentworth moved to find Ms. Pagayunan not guilty of the First Cause of Action.

Second: Don Fey

Action: Passed With One Negative Vote

Motion: Kirk Wentworth moved to find Ms. Pagayunan not guilty of the Second Cause of Action.

Second: No Second

Action: Motion Failed

Motion: Kam Gandhi moved to find Ms. Pagayunan guilty of the Second Cause of Action.

Second: Don Fey

Action: Passed With One Negative Vote

Motion: Kam Gandhi moved to find Wal-Mart #10-3729 not guilty of the Third Cause of Action.

Second: Don Fey

Action: Passed Unanimously

Motion: Kirk Wentworth moved in the First and Second Causes of Action to have Ms. Hsu go through the Your Success Rx program and pay one half of the fees and costs in this matter.

Second: Don Fey

Action: Motion Failed

Motion: Kam Gandhi moved in the First and Second Causes of Action to fine Ms. Hsu \$750.00, have her go through the Your Success Rx program and pay half of the fees and costs in this matter.

Second: Kirk Wentworth

Action: Passed Unanimously

Motion: Kam Gandhi moved in the First and Second Causes of Action to fine Ms. Brucato \$750.00, have her go through the Your Success Rx program and pay half of the fees and costs in this matter.

Second: Kirk Wentworth

Action: Passed Unanimously

Motion: Kirk Wentworth moved in the Second Cause of Action to fine Ms. Pagayunan \$500.00.

Second: Kam Gandhi

Action: Passed Unanimously

E. Tyler J. Dines, PT

(10-004-PT-N)

Tyler Dines appeared and was sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer reviewed the circumstances of this matter for the Board and presented two exhibits. Exhibit 1, DEA report and Exhibit 2, Managing Pharmacist's written statement. Mr. Dines agreed to the exhibits and they were marked and accepted into the record.

Mr. Dines testified that the circumstances as written in the Accusation were true but had no explanation as to why he had taken a bottle of Tussionex, that was to be returned to stock, into the bathroom of the pharmacy and consumed a small amount of it. Mr. Dines indicated that he had never done anything like that before and could not explain his actions. The Board asked Mr. Dines if he had ever taken any other drugs from the pharmacy for his personal use and he indicated that he had not. Mr. Dines acknowledged that what he did was wrong and asked the Board for another opportunity to continue his practice as a pharmaceutical technician.

Board Action:

Motion: Kam Gandhi moved to find Mr. Dines guilty of the alleged violation.

Second: Beth Foster

Action: Passed Unanimously

Motion: Kam Gandhi moved to suspend Mr. Dines' pharmaceutical technician registration until he is evaluated by PRN-PRN and reappears before the Board with Larry Espadero, PRN-PRN monitor, for his conclusion.

Second: Beth Foster

Action: Passed Unanimously

F. Jessica Avery, PT (09-085-PT-N)

Carolyn Cramer noted that Ms. Avery was noticed for the appearance today, however she was not present.

Ms. Cramer advised the Board that John Warren, Kelly Schott, and Joe Depczynski were present to testify if the Board felt the necessity.

Fourteen Exhibits were admitted and accepted into the record in this matter.

Ms. Cramer advised the Board that staff was notified by Ms. Avery's ex-boyfriend that he was in possession of drugs that Ms. Avery had obtained from two of her previous employers and he wanted to get rid of them. He sent them to Joe Depczynski, the Board's inspector/investigator, and Mr. Depczynski investigated. He found that Sierra Surgery Hospital identified the lot numbers for Midazolam, Ketamine and Meperidine as being consistent with those used at their facility and Carson Tahoe Regional Medical Center confirmed that lot numbers for Cyclobenzaprine, Haloperidol and Metaxalone matched those in their pharmacy stock. In a written statement Ms. Avery claimed that her ex-boyfriend threatened to get her fired from her jobs and have her children taken away from her if she did not obtain drugs for him.

Board Action:

Motion: Mary Lau moved to find Ms. Avery guilty of the alleged violations.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Mary Lau moved to revoke Ms. Avery's pharmaceutical technician registration.

Second: Kam Gandhi

Action: Passed Unanimously

4. Requests for Reinstatement of Pharmacist License – Appearance:

A. Thomas Danson

Tom Danson and Larry Espadero, PRN-PRN monitor, appeared and were sworn by President Fey prior to answering questions or offering testimony.

NOTE: Beth Foster recused from participation as she employs Mr. Danson's wife.

Mr. Danson indicated that he is basically retired now, however indicated that he may like to work on a part time basis to occasionally fill in for someone that needs to take time off. Mr. Danson stated that he can only earn a small amount of money since he is receiving social security benefits so he was not looking for full time work. He indicated that he would be privileged to have his pharmacist license reinstated.

Mr. Espadero testified that for the first time Mr. Danson is truly involved in the PRN-PRN program. He stated that when a member of PRN-PRN indicates that he wants to come before the Board to request reinstatement he increases their monitoring. Mr. Espadero indicated that Mr. Danson has shown true dedication to his program and would like redemption by making it right with himself and the Board. Mr. Espadero recommended reinstatement of Mr. Danson's pharmacist license.

Chad Luebke asked Mr. Danson what really happened at NNMC – the last hearing that revoked his license. Mr. Danson admitted that he was vague when he answered questions at that hearing because he did not want to admit that he had been diverting drugs for his personal use, however he admitted that everything the Board accused him of was true.

Mr. Danson testified how the PRN-PRN program has helped him learn about himself and to use coping skills. He finds his family supportive and they hold him accountable for his actions and behavior. Mr. Danson indicated that he has a sponsor and is very involved in the PRN-PRN program.

Larry Pinson expressed his disappointment in Mr. Danson's performance at the NNMC hearing. He considered Mr. Danson a friend and that he let Mr. Pinson down. Mr. Danson apologized to Mr. Pinson and indicated that he is ready to practice pharmacy again because he is stronger now than he has ever been and asked the Board to consider reinstatement of his pharmacist license.

Board Action:

Motion: Chad Luebke moved to reinstate Mr. Danson's pharmacist license with restrictions: 1) Mr. Danson needs to catch up on his CE's and provide 45 CE's to Board staff when they are complete; 2) Extend Mr. Danson's PRN-PRN contract two more years for a total of five years; 3) Inform any potential employers of this Board's Order and not practice as a managing pharmacist; and 4) Mr. Danson must work with another person in the pharmacy – either another pharmacist or a pharmaceutical technician.

Second: Kam Gandhi

Action: Passed Unanimously

B. Cindy Vert

Cindy Vert appeared and was sworn by President Fey prior to answering questions or offering testimony.

Larry Espadero was reminded that he was still under oath. Mr. Espadero testified that Ms. Vert had a revelation at the last hearing when her pharmacist license was revoked. She finally understood the gravity of her actions and has stepped up and taken responsibility. Mr. Espadero indicated that she has been very positive in the last year, unlike her previous involvement with PRN-PRN.

Ms. Vert testified that she became complacent the first time she was with the PRN-PRN program and was walking through her program without any dedication to it. For the past year Ms. Vert indicated that she has a strong support group and is genuinely participating in the program. She indicated that she was careless and realizes now that she needs to be held responsible for her actions.

The Board indicated that when they revoked her license they found her testimony incredible about confusing Vicodin with a vitamin. They could not believe that a pharmacist could make a mistake like that. Ms. Vert admitted that she did take the Vicodin however she was not paying attention to what she was doing. The Board questioned her regarding her CE. Ms. Vert stated that she has completed 26 CE's and that she reads the trade magazines.

Board Action:

Motion: Chad Luebke moved to reinstate Ms. Vert's pharmacist license with restrictions: 1) Ms. Vert needs to provide copies of her CE's to Board staff; 2) Extend Ms. Vert's PRN-PRN contract two more years; 3) Inform any potential employers of this Board's Order and not practice as a managing pharmacist; 4) Ms. Vert must work with another person in the pharmacy – either another pharmacist or a pharmaceutical technician; and 5) Not work more than 90 hours in a two week period.

Second: Mary Lau

Amendment: Kam Gandhi moved to amend the motion to include that Ms. Vert reappear at the June, 2010 Board meeting for an update on her reinstatement.

The First and Second accepted the Amendment

Action: Passed Unanimously

5. Request for Reinstatement of Pharmaceutical Technician – Appearance:

Celeste Martinez

Celeste Martinez appeared and was sworn by President Fey prior to answering questions or offering testimony.

Ms. Martinez testified that she had a drug problem and went into a 90 day inpatient treatment program after she was terminated from employment at Scolari's. That was the reason she did not appear before the Board for her hearing in June, 2008. Ms. Martinez also was unaware of a warrant that was out for her arrest because she was in the treatment program. When she was released she went through drug court and is now in the final phase of that program. Ms. Martinez indicated that she was drug tested regularly and that she has complied with all requirements of the Court. Ms. Martinez asked the Board to consider giving her pharmaceutical technician registration back as her goal is to become a pharmacist.

The Board questioned Ms. Martinez about what kind of programs she participates in and she indicated that she appears before the Judge in drug court once a month to report her progress, she attends four or five 12 step meetings a week and now has her family's support. Ms. Martinez indicated that she had to prove herself to her family for them to trust her again.

Board Action:

Motion: Mary Lau moved to table the request for reinstatement until June and require Ms. Martinez to have a PRN-PRN evaluation.

Second: Kam Gandhi

Action: Passed Unanimously

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

A. BioRx – Urbandale, IA

BioRx cancelled their appearance and will reschedule to the June Board meeting.

B. Precision Pharmacy – Bakersfield, CA

Patrick Wade, owner, appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Wade described his business practice in California. He indicated that they make sterile injectables for horses. Precision Pharmacy is currently licensed in 42 states and has been providing their products from their Bakersfield, California facility since 2005. The Board advised Mr. Wade that his injectable products needed to be patient (horse) specific and that he cannot ship bulk into Nevada without a wholesaler license. Mr. Wade acknowledged that he understood and indicated that he would not ship in bulk.

Board Action:

Motion: Kam Gandhi moved to accept the application for Precision Pharmacy.

Second: Kirk Wentworth

Action: Passed Unanimously

7. Applications for Nevada MDEG – Appearance:

A. Hathaway Medical – Las Vegas

Michael Hathaway, facility administrator, appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Hathaway indicated that he had worked for DJ Orthopedics in the bone growth stimulator business for several years and is now branching out on his own. Bone growth stimulators is the only product he will carry in his MDEG facility. Mr. Hathaway described why bone stimulators are prescribed and how bone growth stimulators are used for a patient's therapy.

Board Action:

Motion: Beth Foster moved to approve the MDEG application for Mr. Hathaway.

Second: Kirk Wentworth

Action: Passed Unanimously

B. Three Wishes Inc. – Las Vegas

Dennis Karnes appeared and was sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer explained that Mr. Karnes had previously applied for an MDEG license with the Board, however withdrew his application until he was more prepared to open a facility.

Mr. Karnes answered questions regarding his business practice to the Board's satisfaction.

Board Action:

Motion: Mary Lau moved to approve the MDEG application for Three Wishes.

Second: Beth Foster

Action: Passed Unanimously

8. Applications for Nevada Pharmacy – Appearance:

A. Biomed Pharmaceuticals – Las Vegas

Russell Lubriani appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Lubriani described the business practice and shipping methods used at Biomed Pharmaceuticals. Mr. Lubriani indicated that they serve patients who suffer from hemophilia. The Board questioned Mr. Lubriani regarding parenterals because it was checked on his application. Mr. Lubriani indicated that they were not planning to prepare parenterals.

Board Action:

Motion: Kirk Wentworth moved to accept the application for pharmacy from Biomed Pharmaceuticals with the removal of parenterals from the paperwork.

Second: Kam Gandhi

Action: Passed Unanimously

B. Pathway Specialty Compounds – Las Vegas

Vernon Gettys, president, and Kenton Crowley, pending managing pharmacist, appeared and were sworn by President Fey prior to answering questions or offering testimony.

Mr. Gettys described his professional career in the healthcare field and answered questions regarding his involvement with Pathway Specialty Compounds. Mr. Crowley

answered questions regarding the products Pathway planned to compound and who their marketing was directed toward. He indicated that they were planning to do hormone replacement products for now and would like to expand into doing parenterals in the future.

Board Action:

Motion: Kam Gandhi moved to accept the application for Pathway Specialty Compounds.

Second: Kirk Wentworth

Action: Passed Unanimously

9. Application for Nevada Pharmacy – Non Appearance:

Smoke Ranch Surgery Center – Las Vegas

Ms. Cramer advised the Board that she received information regarding the law suit involving Dr. Grover and noted that it was a malpractice case that had been resolved.

Board Action:

Motion: Beth Foster moved to accept the application for pharmacy for Smoke Ranch Surgery Center.

Second: Kirk Wentworth

Action: Passed Unanimously

10. Requested Appearances:

A. R. Kelly Hansen, Hospital Corporation of America (HCA)

Chad Luebke took over for President Fey as he recused from participation on this agenda item as he is employed by HCA. Kam Gandhi disclosed that he works for Specialty Surgicare as a consultant pharmacist.

Kelly Hansen, Division Director of Pharmacy for HCA, Peter VanNess, Director of Centralized Order Entry Pharmacy in Denver, Colorado, and Jim Blue Director of COE Pharmacy in Nashville, Tennessee, appeared and were sworn by Chad Luebke prior to answering questions or offering testimony.

Larry Pinson advised the Board that he received a letter from Mr. Hansen in January requesting an appearance and originally he thought they were going to request centralized order entry from one hospital to another in Las Vegas. He did a little research and found that this is a nationwide program and that the centralized order

entry facilities are not located in Nevada. Nevada law does not allow this practice. If a hospital has a pharmacy they can only provide remote order entry if the pharmacy is closed but the model HCA is proposing is not allowed per our current laws. Mr. Pinson asked the Board to hear the presentation and then make a determination if regs should be written to allow this practice.

Mr. Hansen stated that they have 160 hospitals across the United States and that 80 of them currently utilize the five remote order entry pharmacies. They are currently licensed in 23 states and 13 of those states allow this practice. Mr. Hansen further indicated that studies have shown that this practice of Centralized Order Entry (COE) enhances the practice so pharmacists can be more clinically astute and involved in the care of their patients. Mr. VanNess and Mr. Blue gave testimony as to how the practice works in Colorado and Tennessee for the hospitals they serve.

Adam Porath and Robert Long, representing the Nevada Society of Health-System Pharmacists, appeared and were sworn by President Fey prior to answering questions or offering testimony.

Mr. Porath and Mr. Long both voiced concerns about delays in patient care and safety if this procedure were allowed. They gave instances where this practice would impede the patient's care and ultimately require a local pharmacist to intervene in the completion of a remote order entry chart order and they may as well do it locally. They find no evidence that this practice would allow for more time to perform clinical services; on the contrary they would be dealing with problems and orders that were on hold. They recommend that the Board defer any decisions at this time and do a more comprehensive review of this practice when they rework the hospital regulations.

Board Action:

Motion: Beth Foster moved to look at this practice again when Board staff begins reworking the hospital regulations.

Second: Kam Gandhi

Action: Passed With One Negative Vote

B. Paul Vitkus – St Mary's Regional Medical Center

Paul Vitkus appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Vitkus appeared to request an extension for St. Mary's to comply with the March 18, 2010 deadline to be compliant with the Compounding reg requirements of having a functional clean room. He provided the Board with copies of the planned pharmacy clean room floor plan. Mr. Vitkus advised the Board that he went to his superiors at St. Mary's to make the request numerous times and advise them of the deadline for having a compliant clean room, however they did not heed his requests. The CFO has finally

allotted the funds for a clean room, and they now have permits to deconstruct and construct the clean room, however it cannot be accomplished by March 18th.

Mr. Vitkus was advised that when the Board passed the Compounding regs they were aware that hospitals could not produce an instant clean room which is why they allowed 18 months to comply. It was noted that this is the first deficiency brought to the Board's attention and probably will not be the only hospital pharmacy that is non-compliant. In all probability, more will be found during inspections.

Board Action:

Motion: Kam Gandhi moved to have Board staff write a letter to Mr. Vitkus advising him that interim provisions need to be made for compliance with the Compounding regs requirement of having a clean room.

Second: Mary Lau

Action: Passed Unanimously

11. General Counsel Report

Carolyn Cramer cited a Florida case involving Walgreens where a pharmaceutical technician made an error at input that was not caught by the pharmacist. The patient received and ingested ten times the amount of warfarin that was prescribed. The court awarded a \$25.8 million judgment in that case and when they took it to appeal, the court upheld the judgment. She also described another case against Rite Aid where a patient was awarded \$2.5 million for an ingested misfill caused by a pharmaceutical technician.

Ms. Cramer also advised the Board that she was going to speak to a group of veterinarians.

12. Executive Secretary Report:

- A. Financial Report
- B. Investment Report

Larry Pinson gave the financial and investment reports to the Board's satisfaction.

- C. Temporary Licenses

There were no temporary licenses issued since the last Board meeting.

- D. Staff Activities

1. Meetings

- a. MDEG Committee (1/19/10)

This was the quarterly meeting and nothing in particular came out of it to bring forth.

- b. LCHH working group (2/3/10)

- c. LCHH (2/17/10)

AB326 from the 2009 session mandated that we, along with the Board of Medical Examiners and the Board of Osteopathic Medicine work together to address the

escalating problem of prescription drug abuse in Nevada. To that end, Mr. Pinson formed and chaired a workgroup which held its first meeting with the goal of exploring the problem; identifying the issues that contribute to prescription drug abuse; then coming forth with draft legislation to address the problem. It became evident to the group that this issue is overwhelming in scope and will be quite challenging, especially with the lack of any available funds.

- d. Speaking Engagement – Nevada Osteopathic Medical Association (1/22/10)
- e. Speaking Engagement – Northern Nevada Dental Society (2/11/10)
- f. Speaking Engagement – Northern Nevada Practice Managers Association (3/9/10)

Mr. Pinson spoke to all three groups and gave them an overview of the purpose and function of the Board of Pharmacy, as well as addressing prescription drug abuse in Nevada.

E. Reports to Board

- 1. Opinion request on hCG

The Board of Medical Examiners asked Mr. Pinson to opine on hCG.

- 2. Student rotations

The Board of Pharmacy staff will host students from Idaho State University and Creighton University for six to eight week rotations.

F. Board Related News

- 1. Pharmacists given new power in Nova Scotia.

Pharmacists in Nova Scotia have been given the power to write prescriptions for minor ailments and will loosen the strict conditions for changing existing prescriptions.

G. Activities Report

13. Delegate for NABP

Board Action:

Motion: Kam Gandhi moved to appoint Beth Foster as the delegate and Kirk Wentworth as the alternate for the NABP Annual Meeting.

Second: Mary Lau

Action: Passed Unanimously

14. CE Committee Report

Larry Pinson advised the Board that two programs were discussed at the CE Committee meeting. One was "Pharmacy Safety and Security" and the other was "Reducing the Risk of Sudden Infant Death Syndrome (SIDS)" and Mr. Pinson asked the Board for approval of these programs.

Board Action:

Motion: Beth Foster moved to accept the recommendation of the CE Committee and approve the two programs described.

Second: Mary Lau

Action: Passed Unanimously

15. Discussion and Determination:

Pharmacists Filling Their Own Prescriptions

Larry Pinson noted that Kam Gandhi had requested this topic be placed on the agenda for discussion. Mr. Pinson indicated that ethically it is probably not a good idea for pharmacists to fill their own prescriptions if there is another pharmacist available. There are many circumstances to consider, however, such as the only pharmacy/pharmacist in a rural setting. Would he have to drive 200 miles to take his prescription to another pharmacy or could he fill his own? Carolyn Cramer reminded the Board that first and foremost there needs to be a legitimate written prescription. If the Board wanted to prohibit pharmacists from filling their own prescriptions they would have to write regs since there is nothing in Nevada law presently to prohibit this practice. After discussion it was determined that policies and procedures set by the individual pharmacies should be adequate without changing our laws.

WORKSHOP

16. **Proposed Regulation Amendment Workshop**

1. **Amendment of Nevada Administrative Code 639.NEW Telepharmacy Regulation** This language sets the parameters for a pharmacist or dispensing practitioner to practice from a remote site.

Carolyn Cramer advised the Board that the language before them was derived from their suggestions at the last Workshop.

Liz Macmenamin asked for clarification on the definition of service. Lillian Shell asked for clarification on initials for labels and Carolyn Cramer read comments provided by Roy Elsner. The Board and staff clarified the two questions raised and President Fey asked for a motion.

Board Action:

Motion: Mary Lau moved to continue the process and move to Public Hearing.

Second: Kirk Wentworth

Action: Passed Unanimously

- 2. Amendment of Nevada Administrative Code 639.525 Minimum requirements for work area and equipment.** This amendment will require the temperature of the pharmacy's refrigerator to be monitored and logged to ensure biologicals are protected for patient safety.

Chris Smith appeared from the Department of Health and indicated that vaccines are also at issue in the need for checking the temperature in pharmacy refrigerators. She would suggest the refrigerator be checked twice a day. If the vaccines temperature is lower than 35 degrees they could freeze and if they are maintained at a temperature over 46 degrees it is too warm and the vaccines could become ineffective. Ms. Smith added that pharmacists partnering with them to give immunizations in the community has been a huge help reducing their enormous volume.

Liz Macmenamin asked if pharmacies can use their own logs or if they had to use what was included in the Board book. Carolyn Cramer noted that she included examples in the Board book provided by the Department of Health, however if a pharmacy already has a log, that is acceptable as long as it is used.

Russ Smith appeared and noted that if a product goes out of temperature in their stores they call the manufacturer. He has found that some of the products need to be returned to the manufacturer and others just need to be destroyed.

After more discussion, Board staff was directed to re-workshop this regulation amendment.

17. Next Board Meeting:

April 14-15, 2010 – Las Vegas, Nevada

18. Public Comments and Discussion of and Deliberation Upon Those Comments

There were no public comments.

Blank

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

FEE: \$500.00 (non-refundable and not transferable) - Application must be printed legibly

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 MDEG X Ownership Change Name Change Location Change

FACILITY INFORMATION

Facility Name: Enteral Products, LLC

Physical Address: 11333 Greenstone Ave, Suite A

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

Mailing Address: 11333 Greenstone Ave, Suite A

City: Santa Fe Springs State: CA Zip Code: 90670

Telephone Number: (323) 826-2226 Fax Number: (866) 904-3584

E-mail: Not Applicable Website: Not Applicable

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 5pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pm
Fri: 9am to 5pm Sat: CLOSED to Sun: CLOSED to Holidays: CLOSED to

FACILITY ADMINISTRATOR INFORMATION

Name: Denise Voss

Address: 11333 Greenstone Ave, Suite A

City: Sante Fe Springs State: CA Zip Code: 90670

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 checked="" type="checkbox"/> Parenteral and Enteral Equipment |
| <input type="checkbox"/> Life-sustaining equipment | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | 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 MDEG PROVIDER CORPORATION

FEE: **\$500.00** (non-refundable and not transferable) - Application must be printed legibly

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New MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Home Delivery Incontinent Supplies, Co.

Physical Address: 9385 Dielman Industrial Drive, Olivette, MO 63132
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 9385 Dielman Industrial Drive

City: Olivette State: MO Zip Code: 63132

Telephone Number: (314) 997-8771 Fax Number: (314) 997-0997

E-mail: Michelle.Duepner@hdis.com Website: www.hdis.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 -

FACILITY ADMINISTRATOR INFORMATION

Name: Bruce Grench

Address: Same as above

City: _____ State: _____ Zip Code: _____

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 | |

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☐ No ☐ If yes please provide name and telephone number of local contact.

Name: _____ Telephone: _____

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New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: MDC Acquisiton Co.
Physical Address: 8595 Milliken Ave., Suite 101, Rancho Cucamonga, California, 91730
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 1810 Summit Commerce Park
City: Twinsburg State: OH Zip Code: 44087
Telephone Number: 909-948-1949 Fax Number: 330-405-6697
E-mail: jiml@rghent.com Website: www.meydist.com; www.millikenmedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30AM-5:00PM to 8:30AM-5:00PM Tue: 8:30AM-5:00PM to 8:30AM-5:00PM Wed: 8:30AM-5:00PM to 8:30AM-5:00PM Thu: 8:30AM-5:00PM to 8:30AM-5:00PM
Fri: 8:30AM-5:00PM to 8:30AM-5:00PM Sat: 8:30AM-5:00PM to 8:30AM-5:00PM Sun: 8:30AM-5:00PM to 8:30AM-5:00PM Holidays: 8:30AM-5:00PM to 8:30AM-5:00PM

FACILITY ADMINISTRATOR INFORMATION

Name: Luis Godinez
Address: 8595 Milliken Ave., Suite 101
City: Rancho Cucamonga State: CA Zip Code: 91730

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 checked="" 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: _____ |

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MAR 01 2010

Check Number

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Amount

500.00

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NEVADA STATE BOARD OF PHARMACY
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New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: MDC Acquisiton Co.
Physical Address: 1810 Summit Commerce Park, Twinsburg, Ohio, 44087
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 1810 Summit Commerce Park
City: Twinsburg State: OH Zip Code: 44087
Telephone Number: 330-963-6998 Fax Number: 330-405-6697
E-mail: jiml@rghent.com Website: www.meydist.com; www.millikenmedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30AM-5:30PM to 8:30AM-5:30PM Tue: 8:30AM-5:30PM to 8:30AM-5:30PM Wed: 8:30AM-5:30PM to 8:30AM-5:30PM Thu: 8:30AM-5:30PM to 8:30AM-5:30PM
Fri: 8:30AM-5:30PM to 8:30AM-5:30PM Sat: to Sun: to Holidays: to

FACILITY ADMINISTRATOR INFORMATION

Name: Matthew E. Siebert
Address: 1810 Summit Commerce Park
City: Twinsburg State: OH Zip Code: 44087

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 checked="" type="checkbox"/> Parenteral and Enteral Equipment |
| <input type="checkbox"/> Life-sustaining equipment | <input type="checkbox"/> Orthotics and Prosthethics |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u> </u> |

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG PROVIDER CORPORATION

FEE: **\$500.00** (non-refundable and not transferable) - Application must be printed legibly

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New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: Medi Trade

Physical Address: 7372 N.W. 56 Street Miami, FL 33166
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same as above

City: _____ State: _____ Zip Code: _____

Telephone Number: (305) 884-1904 Fax Number: (305) 884-1913

E-mail: meditrade10@gmail.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10 to 2 AM PM Tue: 10 to 2 AM PM Wed: 10AM to 2PM Thu: 10AM to 2PM
Fri: N/A Sat: N/A Sun: N/A Holidays: N/A

FACILITY ADMINISTRATOR INFORMATION

Name: Pablo Chapaval

Address: 7372 N.W. 56 Street

City: Miami State: FL Zip Code: 33166

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

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

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

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New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: Praxair Healthcare Services, Inc.

Physical Address: 1509 S 270 E Suite 9 St George, UT 84790
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Attn: Julie Davis 3220 Dalworth St.

City: Arlington State: TX Zip Code: 76011

Telephone Number: 972-660-7900 Fax Number: 203-702-6883

E-mail: n/a Website: www.Praxair.com

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: na to Sun: na to Holidays: to (on call)

FACILITY ADMINISTRATOR INFORMATION

Name: John Fairbanks

Address: 1509 S 270 E Suite 9

City: St George State: UT Zip Code: 84790

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

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

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☒ No ☐ If yes please provide name and telephone number of local contact.

Name: Praxair Healthcare Telephone: 435-673-3250 Page 1-2010

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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: RGH Enterprises, Inc.
Physical Address: 620 Pierce Road, Clifton Park, New York, 12065
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 1810 Summit Commerce Park
City: Twinsburg State: OH Zip Code: 44087
Telephone Number: 518-877-4916 Fax Number: 330-405-6697
E-mail: jiml@rghent.com Website: www.indemed.com; www.edgepark.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30AM-5:30PM to 8:30AM-5:30PM Tue: 8:30AM-5:30PM to 8:30AM-5:30PM Wed: 8:30AM-5:30PM to 8:30AM-5:30PM Thu: 8:30AM-5:30PM to 8:30AM-5:30PM
Fri: 8:30AM-5:30PM to 8:30AM-5:30PM Sat: 8:30AM-5:30PM to 8:30AM-5:30PM Sun: 8:30AM-5:30PM to 8:30AM-5:30PM Holidays: 8:30AM-5:30PM to 8:30AM-5:30PM

FACILITY ADMINISTRATOR INFORMATION

Name: Thomas J. Murphy
Address: 620 Pierce Road
City: Clifton Park State: NY Zip Code: 12065

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 checked="" 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: _____ |

Board Use Only

Received MAR 01 2010 Check Number 535 Amount 500.00

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643

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

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New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: RGH Enterprises, Inc.
Physical Address: 8510 Westside Industrial Drive, Dinsmore, Florida, 32219
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 1810 Summit Commerce Park
City: Twinsburg State: OH Zip Code: 44087
Telephone Number: 904-378-8940 Fax Number: 330-405-6697
E-mail: jiml@rghent.com Website: www.indemed.com; www.edgepark.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30AM-4:30PM to 8:30AM-4:30PM Tue: 8:30AM-4:30PM to 8:30AM-4:30PM Wed: 8:30AM-4:30PM to 8:30AM-4:30PM Thu: 8:30AM-4:30PM to 8:30AM-4:30PM
Fri: 8:30AM-4:30PM to 8:30AM-4:30PM Sat: to Sun: to Holidays: to

FACILITY ADMINISTRATOR INFORMATION

Name: James A. Eveland
Address: 8510 Westside Industrial Drive
City: Dinsmore State: FL Zip Code: 32219

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

Board Use Only
Received MAR 01 2010 Check Number 534 Amount 500.00

53147
641

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

FEE: **\$500.00** (non-refundable and not transferable) - Application must be printed legibly

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 MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: RGH Enterprises, Inc.
Physical Address: 1360 Madeline Lane, Suite 500, Elgin, Illinois, 60124
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 1810 Summit Commerce Park
City: Twinsburg State: OH Zip Code: 44087
Telephone Number: 847-695-1702 Fax Number: 330-405-6697
E-mail: jiml@rghent.com Website: www.indemed.com; www.edgepark.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30AM-5:00PM to 8:30AM-5:00PM Tue: 8:30AM-5:00PM to 8:30AM-5:00PM Wed: 8:30AM-5:00PM to 8:30AM-5:00PM Thu: 8:30AM-5:00PM to 8:30AM-5:00PM
Fri: 8:30AM-5:00PM to 8:30AM-5:00PM Sat: to Sun: to Holidays: to

FACILITY ADMINISTRATOR INFORMATION

Name: Kevin Mace
Address: 1360 Madeline Lane, Suite 500
City: Elgin State: IL Zip Code: 60124

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

☐ Medical Gases ☒ Assistive Equipment
☐ Respiratory Equipment ☒ Parenteral and Enteral Equipment
☐ Life-sustaining equipment ☐ Orthotics and Prosthesis
☒ Diabetic Supplies Other: _____

Board Use Only
Received MAR 01 2010 Check Number 536 Amount 500.00

53149
642

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

FEE: \$500.00 (non-refundable and not transferable) - Application must be printed legibly

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 MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: RGH Enterprises, Inc.
Physical Address: 731 Eight Twenty Blvd., Suite 400, Fort Worth, Texas, 76106
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 1810 Summit Commerce Park
City: Twinsburg State: OH Zip Code: 44087
Telephone Number: 817-740-3224 Fax Number: 330-405-6697
E-mail: jiml@rghent.com Website: www.indemed.com; www.edgepark.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:30AM-4:30PM to 9:30AM-4:30PM Tue: 9:30AM-4:30PM to 9:30AM-4:30PM Wed: 9:30AM-4:30PM to 9:30AM-4:30PM Thu: 9:30AM-4:30PM to 9:30AM-4:30PM
Fri: 9:30AM-4:30PM to 9:30AM-4:30PM Sat: to Sun: to Holidays: to

FACILITY ADMINISTRATOR INFORMATION

Name: Greg Contreras
Address: 731 Eight Twenty Blvd., Suite 400
City: Fort Worth State: TX Zip Code: 76106

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

Board Use Only
Received MAR 01 2010 Check Number 537 Amount 500.00

53146
644

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

FEE: \$500.00 (non-refundable and not transferable) - Application must be printed legibly

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 MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: ZEVEK, Inc.
Physical Address: 4314 Zevex Park Lane, Salt Lake City, UT 84123
(This must be a business address, we can not issue a license to a home address)
Mailing Address: Same as physical
City: _____ State: _____ Zip Code: _____
Telephone Number: 801.264.1001 x110 Fax Number: 801.264.1051
E-mail: shyink@moog.com Website: www.moog.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5
Fri: 9 to 5 Sat: N/A to _____ Sun: N/A to _____ Holidays: N/A to _____

FACILITY ADMINISTRATOR INFORMATION

Name: Shirley Hyink
Address: 4314 Zevex Park Lane
City: Salt Lake City State: UT Zip Code: 84123

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

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

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☐ No ☐ If yes please provide name and telephone number of local contact. N/A - Sales and distribution of infusion pumps and disposable on

Name: _____ Telephone: _____

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 X Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Almac Clinical Services, LLC
Physical Address: 4204 Technology Drive
Mailing Address: 4204 Technology Drive
City: Durham State: North Carolina Zip Code: 27704
Telephone Number: 919.479.8850 Fax Number: 919.471.2633
Toll Free Number: 1.800.923.3209
E-mail: clinicalservices@almacgroup.com Website: almacgroup.com
Managing Pharmacist: Donna L. Christopher License Number: 11083

Hours of Operation:

Monday thru Friday 7 am 11 pm Saturday N/A am N/A pm
Sunday N/A am N/A pm 24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

Received: MAR 23 2010 Check Number: 1067 Amount: 500.00

53357
1872

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 _____ Ownership Change ☒ Name Change ☒ Location Change _____
(Please provide current license number if making changes: PH021391)

GENERAL INFORMATION

Pharmacy Name: Cardinal Health Pharmacy Services, LLC.
Physical Address: 2868 West Trenton Rd. Edinburg Tx 78539
Mailing Address: 2868 West Trenton Rd.
City: Edinburg State: Tx Zip Code: 78539
Telephone Number: 956-686-7001 Fax Number: 956-928-0416
Toll Free Number: 866-599-8870
E-mail: N/A Website: N/A
Managing Pharmacist: John Varghese License Number: Tx-42321
NV-17550

Hours of Operation:

Monday thru Friday 7 am 6 pm Saturday 7 am 4 pm
Sunday 7 am 4 pm 24 Hours _____ → Should be 7pm to 6am 7pm to 4am

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
 - ☐ Parenteral
 - ☐ Parenteral (outpatient)
 - ☐ Outpatient/Discharge
 - ☐ Mail Service
 - ☐ Long Term Care
- * Off-site en- of physician medication order for hospital pharm non-drug dispens Pharmacy.

Board Use Only

Received: JAN 13 2010 Check Number: 143 Amount: 500.00

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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 X Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: SORKINS RX LTD D/B/A CAREMED PHARMACEUTICAL SERVICES
Physical Address: 1981 MARCUS AVE. SUITE 225 NY 11423
Mailing Address: 1981 MARCUS AVE. SUITE 225
City: LAKE SUCCESS State: NEW YORK Zip Code: 11042
Telephone Number: 516-355-2273 Fax Number: 516-326-2273
Toll Free Number: 877-227-3405
E-mail: SORKINSRX@YAHOO.COM Website: WWW.CAREMEDPS.COM
Managing Pharmacist: BINCY VARGHESE License Number: 050660

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday 9 am 6 pm
Sunday on am call pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

Received: MAR 08 2010 Check Number: 531 Amount: 500.00

53215
1849

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

FEE \$500.00 (**non-refundable** and **not transferable**)
Application must be printed legibly

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 ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Coram Alternate Site Services, Inc. dba Coram Specialty Infusion Services, an Apria Healthcare Company

Physical Address: 2345 Waters Drive, Mendota Heights, MN 55120-1163

Mailing Address: 1675 Broadway, Suite 900

City: Denver State: CO Zip Code: 80202

Telephone Number: (651) 452-5600 Fax Number: (651) 452-6510

Toll Free Number: (800) 624-8142

E-mail: N/A Website: www.coramhc.com

Managing Pharmacist: Tanyia Abel License Number: 115071-3

Hours of Operation:

Monday thru Friday 830 am 500 pm Saturday 24hr am call pm
Sunday 24hr am call pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

Received: MAR 18 2010 Check Number: 716 Amount: 500.00

53307
1862

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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 ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: EZ RX, Inc dba EZ Pass RX

Physical Address: 450 South 400 East Ste 50

Mailing Address: _____

City: Bountiful State: UT Zip Code: 84010

Telephone Number: 801-397-5900 Fax Number: 801-397-5910

Toll Free Number: _____

E-mail: brobertson@ezpassrx.com Website: _____

Managing Pharmacist: Bryan Nichols License Number: 150838-1701

Hours of Operation:

Monday thru Friday 8:00 am 6:00 pm

Saturday 8:00 am 2:00 pm

Sunday _____ am _____ pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☐ Mail Service
- ☒ Long Term Care

Board Use Only

Received: MAR 29 2010 Check Number: 142 Amount: 500.00

53410
1883

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Evergreen Pharmaceutical of California, INC.
Physical Address: 8220 Remmet Avenue d/b/a Omnicare Canoga Park, CA
Mailing Address: Same as physical
City: Canoga Park State: CA Zip Code: 91304
Telephone Number: 818-746-9800 Fax Number: 818-746-9853
Toll Free Number: 888-452-4808
E-mail: Christine.garcia@omnicare.com Website: N/A
Managing Pharmacist: Flynn Lew License Number: 37120

Hours of Operation:

Monday thru Friday _____ am _____ pm
Sunday _____ am _____ pm
Saturday _____ am _____ pm
24 Hours ☒

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☐ Mail Service
- ☒ Long Term Care

Board Use Only

Received: FEB 24 2010 Check Number: 241 Amount: 500.00

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 X Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: PETMEDSUMORE INC
Physical Address: 6914 CANBY AVE #111 RESEDA CA 91335
Mailing Address: 6914 CANBY AVE #111
City: RESEDA State: CA Zip Code: 91335
Telephone Number: 877-815-6337 Fax Number: 310-775-9707
Toll Free Number: 877-815-6337
E-mail: SUPPORT@PETMEDSUMORE.COM Website: WWW.PETMEDSUMORE.COM
Managing Pharmacist: ROBERT ADAMS License Number: 21109

Hours of Operation:

Monday thru Friday 8 am 5 pm PST Saturday N/A am _____ pm
Sunday N/A am N/A pm 24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|--|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Off-site Cognitive Services |
| <input type="checkbox"/> Hospital (# beds _____) | <input type="checkbox"/> Parenteral |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Parenteral (outpatient) |
| <input type="checkbox"/> Nuclear | <input type="checkbox"/> Outpatient/Discharge |
| <input checked="" type="checkbox"/> Out of State | <input checked="" type="checkbox"/> Mail Service |
| <input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Long Term Care |

Board Use Only

Received: MAR 10 2010 Check Number: 1016 Amount: 500.00

53227
1851

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Russellville Pharmacy

Physical Address: 14005 Highway 43, Suite 13

Mailing Address: _____

City: Russellville State: AL Zip Code: 35653

Telephone Number: 256-331-1919 Fax Number: 256-331-1960

Toll Free Number: 1-888-482-3972

E-mail: Russellvillepharmacy@Bellsouth.net Website: _____

Managing Pharmacist: Timothy Aaron Rph License Number: 10300

Hours of Operation:

Monday thru Friday 8 am 6 pm Saturday 8 am 2 pm
Sunday Closed am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☒ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

Board Use Only

Received: MAR 11 2010 Check Number: 220 Amount: 500.00

53238
1854

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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

New Wholesaler _____ Ownership Change ☒ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH00759)

GENERAL INFORMATION

Facility Name: Banyan International Corporation

Physical Address: 2118 E. Interstate 20, Abilene, TX 79601

Mailing Address: 2118 E. Interstate 20

City: Abilene State: TX Zip Code: 79601

Telephone Number: 325.677.1874 Fax Number: 325.677.1372

Toll Free Number: 800.351.4530

E-mail: dougp@statkit.com Website: www.statkit.com

Facility Manager: Doug Phariss

Professional qualifications and experience of facility manager: BBA Accounting; 27 years with Banyan

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: _____

Board Use Only

Received: MAR 15 2010 Check Number: 2037 Amount: 500.00

Page 1 - 2009

219

315

24933

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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	<u>X</u>	Ownership Change	Name Change	Location Change	
(Please provide current license number if making changes: WH _____)					

GENERAL INFORMATION

Facility Name: Bard Access Systems, Inc.
Physical Address: 605 N 5600 W
Mailing Address: 605 N 5600 W, Salt Lake City, UT 84116
City: Salt Lake City State: Utah Zip Code: 84116
Telephone Number: 801- 522-5000 Fax Number: 801- 522-4969
Toll Free Number: 1-800-443-5505
E-mail: ramon.ricart@crbard.com Website: www.bardaccess.com
Facility Manager: Ramon A. Ricart
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: 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: OTC

Board Use Only

Received: **FEB 23 2010** Check Number: 740 Amount: 500.00

Page 1 - 2009

10-K

53163
985

NEVADA STATE BOARD OF PHARMACY
555 Double Eagle Court #1100 • Reno, NV 87521 • (775) 850-1440
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
CORPORATION**

FEE: \$500.00 (non-refundable and not transferable)
Application must be typed or printed legibly

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 and is a violation of the laws of the State of Nevada.

New Wholesaler ☒

Ownership Change ☐

Name Change ☐

(Please provide current license number if making changes: WH

FACILITY INFORMATION

Facility Name: **Bard Brachytherapy, Inc.**

Physical Address: **295 E. Lies Rd.**

Mailing Address: **295 E. Lies Rd.**

City: **Carol Stream**

State: **IL**

Zip Code: **60188**

Telephone Number: **(630) 933-7610**

Fax Number: **(630) 933-7650**

E-mail: **david.sieracki@crbard.com**

Facility Manager: **David T. Sieracki**

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 **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 certificate)

☐ Other

Board Use Only

Received

MAR 22 2010

Check Number **128**

Amount **500.00**

PT

53316
993

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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

GENERAL INFORMATION

Facility Name: Cangene BioPharma, Inc.
Physical Address: 1111 South Paca Street
Mailing Address: 1111 South Paca Street
City: Baltimore State: MD Zip Code: 21230
Telephone Number: 410-843-5000 Fax Number: 410-843-4414
Toll Free Number: N/A
E-mail: wolfflong@cblinc.com Website: www.cblinc.com
Facility Manager: Vicki Wolff-Long, Ph.D.
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: 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: _____

Board Use Only

Received: MAR 01 2010 Check Number: 717 Amount: 500.00

53143
989

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 X Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Priority Healthcare Distribution, Inc dba CuraScript SD
Specialty Distribution

Physical Address: 7909 S Hardy Drive, Ste 104

Mailing Address: same

City: Tempe State: AZ Zip Code: 85284

Telephone Number: 800-955-1171 Fax Number: 480-403-3672

Toll Free Number: 800-955-1171

E-mail: lmsanchez@express-scripts.com Website: www.curascript.com

Facility Manager: Candice Miller

Professional qualifications and experience of facility manager: Director of Procurement.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: MAR 01 2010 Check Number: 9030 Amount: 500.00

Page 1 - 2009

115

45-

53142
990

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

New Wholesaler x Ownership Change Name Change Location Change
(Please provide current license number if making changes: WH)

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

☐ Hypodermic Devices
☒ Veterinary Legend Drugs

53358
998

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

New Wholesaler ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Nephron Pharmaceuticals Corporation
Physical Address: 840 S. 67th Avenue (Phoenix Industry Center Bldg.) Phoenix, AZ 85043
Mailing Address: 4121 SW. 34th Street
City: Orlando State: FL Zip Code: 32811
Telephone Number: 623-414-4401 Fax Number: 623-414-4406
Toll Free Number: 800-443-4313
E-mail: mjuliano@nephronpharm.com Website: nephronpharm.com
Facility Manager: Arthur Litchfield

Professional qualifications and experience of facility manager: 7 years experience as warehouse manager (pharmaceutical distribution)

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: OTC drugs

Board Use Only

Received: MAR 17 2010 Check Number: 884 Amount: 500 -

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884

315

53278
992

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

New Wholesaler ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: OZBURN-HESSEY LOGISTICS, LLC.
Physical Address: 1101 WHITAKER RD., PLAINFIELD, IN 46168
Mailing Address: 1101 WHITAKER RD., PLAINFIELD, IN 46168
City: PLAINFIELD State: IN Zip Code: 46168
Telephone Number: 317-838-5500 Fax Number: 317-838-5504
Toll Free Number: 877-401-6400
E-mail: belrod@ohl.com Website: www.ohl.com
Facility Manager: JAMES MCCLAIN

Professional qualifications and experience of facility manager: 3+ YEARS IN DRUG DISTRIBUTION; 16 YEARS IN RAW MATERIAL PRODUCTION FOR THE PHARMACEUTICAL INDUSTRY (NATIONAL STARCH)
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: OTC DRUGS

Board Use Only

Received: MAR 01 2010 Check Number: 691 Amount: 500.00

VAWD

53139
988

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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 ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: ALTA Surgery Center
Physical Address: 9480 Double Diamond Parkway STE 100 RENO NV 89521
Mailing Address: 9480 Double Diamond Parkway STE 100
City: RENO State: NEVADA Zip Code: 89521
Telephone Number: 775-329-3100 Fax Number: 775-329-3199
Toll Free Number: 877-482-7285
E-mail: doc@renoventclinic.com Website: renoventclinic.com
Managing Pharmacist: Jeffrey Monaghan License Number: 6078

Hours of Operation:

Monday thru Friday 7:30 am 6 pm Saturday _____ am _____ pm
Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|---|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Off-site Cognitive Services |
| <input type="checkbox"/> Hospital (# beds _____) | <input type="checkbox"/> Parenteral |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Parenteral (outpatient) |
| <input type="checkbox"/> Nuclear | <input type="checkbox"/> Outpatient/Discharge |
| <input type="checkbox"/> Out of State | <input type="checkbox"/> Mail Service |
| <input checked="" type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Long Term Care |

Board Use Only

Received: MAR 17 2010 Check Number: 345 Amount: 500-

53299
1859

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE
NON PUBLICLY TRADED CORPORATION – 50% Pharmacist Owner
FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 _____ Ownership Change ☒ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: MedCare Pharmacy PH00611
Physical Address: 1851 North Carson St
Mailing Address: 1851 North Carson Street
City: Carson City State: NV Zip Code: 89701
Telephone Number: 775-885-8881 Fax Number: 775-885-2690
Toll Free Number: _____
E-mail: BOBTUCKER@CHARTERNET.COM Website: WWW.CARSON4.COM
Managing Pharmacist: Kirk Wentworth License Number: 07427

Hours of Operation:

Monday thru Friday 9:30 am 6 pm Saturday 9:30 am 1 pm
Sunday CLOSURE am CLOSURE pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail | <input type="checkbox"/> Off-site Cognitive Services |
| <input type="checkbox"/> Hospital (# beds _____) | <input type="checkbox"/> Parenteral |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Parenteral (outpatient) |
| <input type="checkbox"/> Nuclear | <input type="checkbox"/> Outpatient/Discharge |
| <input type="checkbox"/> Out of State | <input type="checkbox"/> Mail Service |
| <input type="checkbox"/> Ambulatory Surgery Center | <input checked="" type="checkbox"/> Long Term Care |

Board Use Only

Received: MAR 20 2010 Check Number: 128 Amount: 500.00

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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 X Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Walgreens #11766

Physical Address: 8595 S DECATUR BLVD

Mailing Address: P.O. Box 901, Deerfield, IL 60015

City: LAS VEGAS State: NV Zip Code: 89139

Telephone Number: TBD Fax Number: TBD

Toll Free Number: _____

E-mail: _____ Website: _____

Managing Pharmacist: Holly Prieto License Number: 15932

Hours of Operation:

Monday thru Friday 8 am 10 pm Saturday 9 am 6 pm
Sunday 10 am 6 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☒ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☐ Mail Service
- ☐ Long Term Care

Board Use Only

Received: MAR 18 2010 Check Number: 828 Amount: 500.00

53308
1861

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 X Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Walgreens #12539
Physical Address: 6825 N. Durango Dr.
Mailing Address: P.O. Box 901, Deerfield, IL 60015
City: Las Vegas State: NV Zip Code: 89149
Telephone Number: TBD Fax Number: TBD
Toll Free Number: _____
E-mail: _____ Website: _____
Managing Pharmacist: Holly Prieto License Number: 15932

Hours of Operation:

Monday thru Friday 8 am 10 pm Saturday 9 am 6 pm
Sunday 10 am 6 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail | <input type="checkbox"/> Off-site Cognitive Services |
| <input type="checkbox"/> Hospital (# beds _____) | <input type="checkbox"/> Parenteral |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Parenteral (outpatient) |
| <input type="checkbox"/> Nuclear | <input type="checkbox"/> Outpatient/Discharge |
| <input type="checkbox"/> Out of State | <input type="checkbox"/> Mail Service |
| <input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Long Term Care |

Board Use Only

Received: MAR 29 2010 Check Number: 209 Amount: 500.00

53409
1882

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA MDEG PROVIDER

NON PUBLICLY TRADED CORPORATION

FEE: **\$500.00** (non-refundable and not transferable) - Application must be printed legibly

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 MDEG ☒ Ownership Change _____ Name Change _____ Location Change _____
Please provide current license number if making changes: _____

FACILITY INFORMATION

Facility Name: AMERICAN HOME COMPANION, INC.
Physical Address: 2701 CONESTOGA DR. SUITE 108-CARSON CITY 89101
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 3708 LAKESIDE DR. SUITE 200
City: RENO State: NV Zip Code: 89509
Telephone Number: 775/826-8090 Fax Number: 775/826-9008
E-mail: CBONILLA@CAREAHC.COM Website: WWW.CAREAHC.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: N/A to CLOSED Sun: N/A to CLOSED Holidays: N/A to CLOSED

FACILITY ADMINISTRATOR INFORMATION

Name: JOHN CARSTARPHEN
Address: 3708 LAKESIDE DR. SUITE 200
City: RENO State: NV Zip Code: 89509

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

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

Board Use Only
Received MAR 17 2010 Check Number 633 Amount 500

53281
650

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA MDEG PROVIDER

NON PUBLICLY TRADED CORPORATION

FEE: \$500.00 (non-refundable and not transferable) - Application must be printed legibly

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 MDEG ☒ Ownership Change _____ Name Change _____ Location Change _____
Please provide current license number if making changes: _____

FACILITY INFORMATION

Facility Name: AMERICAN HOME COMPANION, INC.

Physical Address: 2556 IDAHO ST. ELKO - NEVADA 89801
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3708 LAKESIDE DR. SUITE 200

City: RENO State: NV Zip Code: 89509

Telephone Number: 775/826-8090 Fax Number: 775/826-9008

E-mail: CBONILLA@CAREAHC.COM Website: WWW.CAREAHC.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: N/A to CLOSED Sun: N/A to CLOSED Holidays: N/A to CLOSED

FACILITY ADMINISTRATOR INFORMATION

Name: JOAN CARSTARPHEN

Address: 3708 LAKESIDE DR. SUITE 200

City: RENO State: NV Zip Code: 89509

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

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

Board Use Only

Received

MAR 17 2010

Check Number

632

Amount

500 -

53282
649

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NEVADA STATE BOARD OF PHARMACY.

NOTICE OF INTENDED ACTION AND ACCUSATION

Case No. 09-029-RPH-S

Case No. 09-029-PH-S

Respondents.

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and 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.

1.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Sean H. Tran is a pharmacist licensed by the Board, Respondent Evergreens Drug (Evergreens) is a pharmacy licensed by the Board, located at 10001 South Eastern Avenue #105, Henderson Nevada, and Respondent Quan Haduong has a controlled substance registration issued by the Board.

11.

In April 2009, the Board received a complaint and supporting documentation from Eleanor Fodell seeking an investigation into the death of her husband, Gregory Fodell. Eleanor Fodell claimed that her husband Gregory Fodell was issued

prescriptions for Methadone and Oxycodone on September 15, 2008 by Respondent Quan Haduong, M.D., that were filled at Walgreens Pharmacy #6545. Mrs. Fodell claimed that her husband had the exact same prescriptions that were filled at Walgreens Pharmacy #6545 on September 15, 2008, also filled at Evergreens Drug on November 6, 2008. Mrs. Fodell concluded that her husband, Gregory, died on November 11, 2008 as a result of opiate intoxication.

III.

On August 24, 2009, the Board was provided by the staff of Respondent Evergreens Drug copies of the front of the two prescriptions that were filled on November 6, 2008 as well as the patient profile of Gregory Fodell from its computer system. These documents were provided by the staff of Respondent Evergreens Drug at Respondent Tran's direction. These prescriptions were faxed and the fax showed a time and date stamp of August 24, 2009. The prescriptions that were faxed to the Board on August 24, 2009 were issued by Respondent Haduong and showed an issue date of November 6, 2008.

IV.

On September 2, 2009, Board staff contacted Walgreens Pharmacy #6545 and requested patient records for Gregory Fodell. Walgreens #6545 provided Gregory Fodell's patient profile as well as copies of the Methadone and Oxycodone prescriptions that were filled on September 15, 2008.

V.

On September 4, 2009, Respondent Tran, who is the owner of and pharmacy manager for Respondent Evergreens Drug, stated that on November 6, 2008 he had received a telephone call from Jennifer Palmer, a medical assistant from Respondent

Haduong's office, advising him that she had a patient (Gregory Fodell) for whom Respondent Haduong had approved a one week emergency fill for Methadone and Oxycodone, but because Respondent Haduong was performing a procedure, he was unable to write the prescriptions at that time. Respondent Tran stated that Ms. Palmer told him that Gregory Fodell had an appointment to be seen by Respondent Haduong the following week but was not able to come to the office at this time. Ms. Palmer faxed Respondent Tran a copy of the prescriptions that had been written by Respondent Haduong on September 15, 2008. Respondent Tran said that he told Ms. Palmer that the original prescriptions would need to be mailed within 72 hours. Respondent Tran stated that on November 6, 2008 he filled the prescriptions for the Methadone and Oxycodone off of the faxed copies of the September 15, 2008 prescriptions and then dispensed the medication to Gregory Fodell. Both Methadone and Oxycodone are CII controlled substances.

VI.

On September 8, 2009, in her oral interview, Eleanor Fodell stated that her husband had suffered a back injury and was referred to pain management physician Respondent Haduong. Eleanor Fodell stated that on September 15, 2008, her husband Gregory Fodell was seen by Respondent Haduong and was issued a prescription for Methadone 10 mg. #140 and for Oxycodone 30 mg. immediate release #28. Mrs. Fodell stated that these prescriptions were filled at Walgreens that same day. Mrs. Fodell stated that her husband died on November 11, 2008 and it was determined by the Clark County Coroner's Office that he died as a result of coronary atherosclerosis and a significant contributing condition was opiate intoxication. Mrs. Fodell explained that when she was going through her husband's things after his death,

she found two prescription bottles that were filled by Evergreens Drug on November 6, 2008. One bottle was for Methadone 10 mg. # 140 and the other was for Oxycodone 30 mg. immediate release #28. Mrs. Fodell counted the pills and found that 29 of the Methadone were missing and eight and-a-half of the Oxycodone tablets were missing. Mrs. Fodell was unaware that her husband had the prescriptions filled at Evergreens Drug. Mrs. Fodell believed that Mr. Fodell had consumed the medication he received from Evergreens Drug and he was hiding them from her. Mrs. Fodell went to Walgreens and was given her husband's prescription records without problem. But when she tried to obtain her husband's information from Respondent Evergreens Drug, she was initially refused. When Mrs. Fodell returned one week later, she was given a copy of the prescriptions on file and his patient profile. Mrs. Fodell reviewed the Walgreen's prescriptions and the Evergreens Drug prescriptions and found that they were exactly the same. Additionally, Mrs. Fodell reviewed a copy of the Nevada Controlled Substances Task Force patient profile for her husband and found that the prescriptions that had been filled by Respondent Evergreens Drugs were not listed on the report.

VII.

On October 1, 2009, Respondent Tran was interviewed and admitted that he had provided Mrs. Fodell a copy of the prescriptions on April 7, 2009 that had been faxed to him by Respondent Haduong's office on November 6, 2008. When questioned about why the prescriptions that had been faxed to the Board of Pharmacy on August 24, 2009 were dated November 6, 2008, Respondent Tran admitted that he could not find the original prescriptions and as a result of this investigation contacted Respondent Haduong's office to have the original prescriptions re-written and that is what was

provided to the Board for its investigation. Respondent Tran did not have an explanation as to why he did not contact Respondent Haduong for the prescriptions when Mrs. Fodell first contacted him. Respondent Tran admitted that he was aware that only a physician may call in an emergency prescription fill. When asked why Respondent Tran would fill a prescription for two CII prescriptions based on a fax that was written three months earlier and then not follow-up with a hard copy prescription, Respondent Tran stated that he filled the prescriptions in good faith but now realizes that his actions did not comply with Nevada law.

VIII.

On November 9, 2009, Respondent Haduong stated in his oral interview that he had seen Gregory Fodell one time, on September 15, 2008, and after examining him had issued him a prescription for Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28. Both prescriptions were for a seven-day supply. Respondent Haduong stated that Gregory Fodell was to follow up in one week but failed to make his appointment. Respondent Haduong maintains that he only had contact with Gregory Fodell that one time and that his medical assistant Jennifer Palmer, who left his practice in January 2009, was the one who made contact with Respondent Tran at Evergreens Drug and faxed the copy of the September 15, 2008 prescriptions to Evergreens Drug to be filled for Gregory Fodell. Respondent Haduong stated and maintained that he did not authorize the prescriptions for Gregory Fodell that were filled by Respondent Tran at Evergreens Drug. He did admit that he has on occasion authorized his staff to call in prescriptions for patients, but again stated he did not believe he authorized the prescriptions for Gregory Fodell on November 6, 2008. Respondent Haduong stated that his office had been contacted by Respondent Tran in August of 2009 to have the

prescriptions re-written for November 6, 2008. Respondent Haduong admitted that he rewrote the prescriptions without looking at Gregory Fodell's chart, believing that Respondent Tran must have lost or misplaced the prescriptions. When asked why Respondent Haduong had rewritten prescriptions ten months later for prescriptions he claimed he never issued in the first place, Respondent Haduong stated he did it in good faith.

IX.

On November 24, 2009, Respondent Haduong submitted a written response to the Board in which he stated in part:

"The investigation I undertook after you contacted me, has lead me to conclude that on November 6, 2008, my office staff contacted Walgreens and approved the transfer of the September 15, 2008 prescription Mr. Fodell had filled at the pharmacy to Evergreen Pharmacy; that my staff authorized the pharmacist at Evergreen Pharmacy to refill the prescriptions and told him that a hard copy would follow. In addition, my office staff made a follow-up appointment for Mr. Fodell for November 11, 2008. I later learned that the patient died on the date he was to have come and see me."

FIRST CAUSE OF ACTION

X.

For dispensing an oral order for the CII controlled substances namely, Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, without an emergency circumstance that would have justified the filling of an orally issued CII prescription, Respondents Tran and Evergreens Drug have violated NRS 453.256(2)(a) and/or NRS 639.210(4) and/or NAC 453.010(2) and/or NAC 453.420 and/or 453.450(1)(b) and/or NAC 639.945(1)(i).

SECOND CAUSE OF ACTION

XI.

For dispensing an order for the CII controlled substances namely, Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, without a legally sufficient written prescription of a practitioner, Respondents Tran and Evergreens Drug have violated NRS 453.256(1) and/or NRS 453.377(1) and/or NRS 639.210(4) and/or NAC 453.450(1)(a) and/or NAC 639.945(1)(i).

THIRD CAUSE OF ACTION

XII.

For dispensing faxed prescriptions for the CII controlled substances, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, that were not compounded for the direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous or intraspinal infusion, issued to a resident of a facility for long-term care, or issued to a patient enrolled in a licensed program that provides hospice care, Respondents Tran and Evergreens Drug have violated NRS 453.256(2)(b) and/or NRS 639.210(4) and/or NAC 639.711(1)(a), (b) and (c) and/or NAC 639.945(1)(i).

FOURTH CAUSE OF ACTION

XIII.

For dispensing CII controlled substances, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, more than 14 days after the date of issue of the prescriptions filled, Respondents Tran and Evergreens Drug have violated NRS 453.431(4) and/or NRS 639.210(4) and/or NAC 639.945(1)(i).

FIFTH CAUSE OF ACTION

XIV.

For soliciting and obtaining the CII controlled substance prescriptions from Dr. Haduong, namely the Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28 prescriptions with the issue date of November 6, 2008, under circumstances in which the prescriptions were false, deceitful, or fraudulent, Respondents Tran and Evergreens Drug have violated NRS 453.331(1)(d) and/or NRS 639.210(4),(9),(15) and/or (17) and/or NAC 639.945(1)(h) and/or (i).

SIXTH CAUSE OF ACTION

XV.

For participating in a course of action that assisted in the fraudulent and deceitful dispensing of controlled substances, or under circumstances that Respondents Tran and Evergreens Drug should have reasonably known that the dispensing of the controlled substances was unlawful, questionable, or illegal, Respondents Tran and Evergreens Drug violated NRS 639.210(4) and/or (12) and/or NAC 945(1)(h), and/or (i). Pursuant to NAC 639.955(7), both orders that were dispensed to Gregory Fodell by Respondents Tran and Evergreens Drug are grouped in this Cause of Action for the Board's administrative convenience, but the Board may impose separate discipline for both the drug orders.

SEVENTH CAUSE OF ACTION

XVI.

For violating the corresponding duty stated in 21 CFR §1306.04(a) by dispensing controlled substance prescriptions for Mr. Fodell that were not issued by a practitioner, namely Respondent Haduong, acting in the usual course of his professional practice,

Respondents Tran and Evergreens Drug, violated NRS 639.210(11) and/or NAC 639.945(1)(i).

EIGHTH CAUSE OF ACTION

XVII.

In owning and operating the pharmacy in which the above acts and violations occurred, Respondent Evergreens Drug, violated NRS 639.210(4) and/or NAC 639.945(1)(i) and/or (2).

NINTH CAUSE OF ACTION

XVIII.

For his office's issuance of the oral order for the CII controlled substances for Mr. Fodell, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, placed by his staff to Respondents Tran and Evergreens Drug on November 6, 2008, which oral prescriptions were for CII controlled substances under non-emergency circumstances, Respondent Haduong has violated NRS 639.2355 and/or NRS 453.256(2)(a) and/or NRS 639.210(4) and/or NAC 453.010(2) and/or NAC 453.450(1)(b) and/or NAC 639.945(1)(i).

TENTH CAUSE OF ACTION

XIX.

For issuing oral orders on November 6, 2008 for the CII controlled substances for Mr. Fodell, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, without an emergency that would justify the oral prescriptions, Respondent Haduong has violated NRS 453.256(2)(a) and/or NRS 639.210(4) and/or NAC 453.010(2) and/or NAC 639.945(1)(i).

ELEVENTH CAUSE OF ACTION

XX.

For issuing the false or fraudulent CII controlled substance prescriptions with a purported issuance date of November 6, 2008 for Mr. Fodell, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, but which were actually written in August 2009, ten months after the date of the purported issuance date, Respondent Haduong has violated NRS 453.331(1)(i) and/or NRS 639.210(4) and/or (9) and/or NAC 639.945(1)(h) and/or (i).

TWELFTH CAUSE OF ACTION

XXI.

For violating the his duty stated in 21 CFR §1306.04(a) to assure that his CII controlled substances prescriptions for Mr. Fodell were issued in the regular course of his practice and for a legitimate medical purpose under circumstances which were not in the usual course of his practice and could not be known by him to be for a legitimate medical purpose by issuing prescriptions for CII controlled substances for Mr. Fodell on November 6, 2008, Respondent Haduong, violated 21 CFR § 1306.04(a) and/or NRS 639.210(4) and/or (11) and/or NAC 639.945(1)(i).

THIRTEENTH CAUSE OF ACTION

XXII.

For prescribing an order for the CII controlled substances for Mr. Fodell, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, without a legally sufficient written prescription, Respondent Haduong has violated NRS 453.256(1) and/or NRS 639.210(4) and/or NAC 639.945(1)(i).

FOURTEENTH CAUSE OF ACTION

XXIII.

For authorizing a refill for the CII controlled substance prescriptions for Mr. Fodell, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, Respondent Haduong has violated 21 CFR §1306.12(a) and/or NRS 453.256(2)(b) and/or NRS 639.210(4) and/or (11) and/or NAC 639.945(1)(i).

FIFTEENTH CAUSE OF ACTION

XXIV.

For participating in a course of action that assisted in the fraudulent and deceitful dispensing of controlled substances to Mr. Fodell, or under circumstances that Respondent Haduong should have reasonably known that the dispensing controlled substances was unlawful, questionable, or illegal, Respondent Haduong violated NRS 639.210(4) and/or (12) and/or NAC 945(1)(h), and/or (i). Pursuant to NAC 639.955(7), both orders that were dispensed to Gregory Fodell by Respondents Tran and Evergreens Drug are grouped in this cause of action for the Board's administrative convenience, but the Board may impose separate discipline for both of the drug orders.

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

Signed this 11th day of December, 2009.


Larry L. Pinson, 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.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

v.

**Petitioner, STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING**

**SEAN H. TRAN, RPH
Certificate of Registration No. 14352**

Case No. 09-029-RPH-S

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 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 Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. It is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

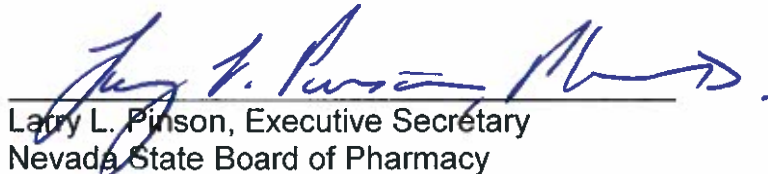
III.

The Board has reserved Wednesday, January 13, 2010 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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 December, 2009.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**ANSWER AND NOTICE
OF DEFENSE**

**SEAN H. TRAN, RPH
Certificate of Registration No. 14352**

Case No. 09-029-RPH-S

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").

DEC 21 2009

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

I would like to explain my action at the board hearing on Jan. 13, 2010. Thank you

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 18 day of December, 2009.



Sean H. Tran

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

v.	Petitioner,	<u>NOTICE OF INTENDED ACTION AND ACCUSATION</u>
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SEAN H. TRAN, R.Ph., Certificate of Registration No: 14352,	Case No. 09-029-RPH-S
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EVERGREENS DRUG, Certificate of Registration No: PH02055,	Case No. 09-029-PH-S
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QUAN HADUONG, M.D., Controlled Substance Registration No: CS08110,	Case No. 09-029-CS-S
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Respondents.

_____ /

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and 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 has jurisdiction over this matter because Respondent Sean H. Tran is a pharmacist licensed by the Board, Respondent Evergreens Drug (Evergreens) is a pharmacy licensed by the Board, located at 10001 South Eastern Avenue #105, Henderson Nevada, and Respondent Quan Haduong has a controlled substance registration issued by the Board.

II.

In April 2009, the Board received a complaint and supporting documentation from Eleanor Fodell seeking an investigation into the death of her husband, Gregory Fodell. Eleanor Fodell claimed that her husband Gregory Fodell was issued

prescriptions for Methadone and Oxycodone on September 15, 2008 by Respondent Quan Haduong, M.D., that were filled at Walgreens Pharmacy #6545. Mrs. Fodell claimed that her husband had the exact same prescriptions that were filled at Walgreens Pharmacy #6545 on September 15, 2008, also filled at Evergreens Drug on November 6, 2008. Mrs. Fodell concluded that her husband, Gregory, died on November 11, 2008 as a result of opiate intoxication.

III.

On August 24, 2009, the Board was provided by the staff of Respondent Evergreens Drug copies of the front of the two prescriptions that were filled on November 6, 2008 as well as the patient profile of Gregory Fodell from its computer system. These documents were provided by the staff of Respondent Evergreens Drug at Respondent Tran's direction. These prescriptions were faxed and the fax showed a time and date stamp of August 24, 2009. The prescriptions that were faxed to the Board on August 24, 2009 were issued by Respondent Haduong and showed an issue date of November 6, 2008.

IV.

On September 2, 2009, Board staff contacted Walgreens Pharmacy #6545 and requested patient records for Gregory Fodell. Walgreens #6545 provided Gregory Fodell's patient profile as well as copies of the Methadone and Oxycodone prescriptions that were filled on September 15, 2008.

V.

On September 4, 2009, Respondent Tran, who is the owner of and pharmacy manager for Respondent Evergreens Drug, stated that on November 6, 2008 he had received a telephone call from Jennifer Palmer, a medical assistant from Respondent

Haduong's office, advising him that she had a patient (Gregory Fodell) for whom Respondent Haduong had approved a one week emergency fill for Methadone and Oxycodone, but because Respondent Haduong was performing a procedure, he was unable to write the prescriptions at that time. Respondent Tran stated that Ms. Palmer told him that Gregory Fodell had an appointment to be seen by Respondent Haduong the following week but was not able to come to the office at this time. Ms. Palmer faxed Respondent Tran a copy of the prescriptions that had been written by Respondent Haduong on September 15, 2008. Respondent Tran said that he told Ms. Palmer that the original prescriptions would need to be mailed within 72 hours. Respondent Tran stated that on November 6, 2008 he filled the prescriptions for the Methadone and Oxycodone off of the faxed copies of the September 15, 2008 prescriptions and then dispensed the medication to Gregory Fodell. Both Methadone and Oxycodone are CII controlled substances.

VI.

On September 8, 2009, in her oral interview, Eleanor Fodell stated that her husband had suffered a back injury and was referred to pain management physician Respondent Haduong. Eleanor Fodell stated that on September 15, 2008, her husband Gregory Fodell was seen by Respondent Haduong and was issued a prescription for Methadone 10 mg. #140 and for Oxycodone 30 mg. immediate release #28. Mrs. Fodell stated that these prescriptions were filled at Walgreens that same day. Mrs. Fodell stated that her husband died on November 11, 2008 and it was determined by the Clark County Coroner's Office that he died as a result of coronary atherosclerosis and a significant contributing condition was opiate intoxication. Mrs. Fodell explained that when she was going through her husband's things after his death,

she found two prescription bottles that were filled by Evergreens Drug on November 6, 2008. One bottle was for Methadone 10 mg. # 140 and the other was for Oxycodone 30 mg. immediate release #28. Mrs. Fodell counted the pills and found that 29 of the Methadone were missing and eight and-a-half of the Oxycodone tablets were missing. Mrs. Fodell was unaware that her husband had the prescriptions filled at Evergreens Drug. Mrs. Fodell believed that Mr. Fodell had consumed the medication he received from Evergreens Drug and he was hiding them from her. Mrs. Fodell went to Walgreens and was given her husband's prescription records without problem. But when she tried to obtain her husband's information from Respondent Evergreens Drug, she was initially refused. When Mrs. Fodell returned one week later, she was given a copy of the prescriptions on file and his patient profile. Mrs. Fodell reviewed the Walgreen's prescriptions and the Evergreens Drug prescriptions and found that they were exactly the same. Additionally, Mrs. Fodell reviewed a copy of the Nevada Controlled Substances Task Force patient profile for her husband and found that the prescriptions that had been filled by Respondent Evergreens Drugs were not listed on the report.

VII.

On October 1, 2009, Respondent Tran was interviewed and admitted that he had provided Mrs. Fodell a copy of the prescriptions on April 7, 2009 that had been faxed to him by Respondent Haduong's office on November 6, 2008. When questioned about why the prescriptions that had been faxed to the Board of Pharmacy on August 24, 2009 were dated November 6, 2008, Respondent Tran admitted that he could not find the original prescriptions and as a result of this investigation contacted Respondent Haduong's office to have the original prescriptions re-written and that is what was

provided to the Board for its investigation. Respondent Tran did not have an explanation as to why he did not contact Respondent Haduong for the prescriptions when Mrs. Fodell first contacted him. Respondent Tran admitted that he was aware that only a physician may call in an emergency prescription fill. When asked why Respondent Tran would fill a prescription for two CII prescriptions based on a fax that was written three months earlier and then not follow-up with a hard copy prescription, Respondent Tran stated that he filled the prescriptions in good faith but now realizes that his actions did not comply with Nevada law.

VIII.

On November 9, 2009, Respondent Haduong stated in his oral interview that he had seen Gregory Fodell one time, on September 15, 2008, and after examining him had issued him a prescription for Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28. Both prescriptions were for a seven-day supply. Respondent Haduong stated that Gregory Fodell was to follow up in one week but failed to make his appointment. Respondent Haduong maintains that he only had contact with Gregory Fodell that one time and that his medical assistant Jennifer Palmer, who left his practice in January 2009, was the one who made contact with Respondent Tran at Evergreens Drug and faxed the copy of the September 15, 2008 prescriptions to Evergreens Drug to be filled for Gregory Fodell. Respondent Haduong stated and maintained that he did not authorize the prescriptions for Gregory Fodell that were filled by Respondent Tran at Evergreens Drug. He did admit that he has on occasion authorized his staff to call in prescriptions for patients, but again stated he did not believe he authorized the prescriptions for Gregory Fodell on November 6, 2008. Respondent Haduong stated that his office had been contacted by Respondent Tran in August of 2009 to have the

prescriptions re-written for November 6, 2008. Respondent Haduong admitted that he rewrote the prescriptions without looking at Gregory Fodell's chart, believing that Respondent Tran must have lost or misplaced the prescriptions. When asked why Respondent Haduong had rewritten prescriptions ten months later for prescriptions he claimed he never issued in the first place, Respondent Haduong stated he did it in good faith.

IX.

On November 24, 2009, Respondent Haduong submitted a written response to the Board in which he stated in part:

"The investigation I undertook after you contacted me, has lead me to conclude that on November 6, 2008, my office staff contacted Walgreens and approved the transfer of the September 15, 2008 prescription Mr. Fodell had filled at the pharmacy to Evergreen Pharmacy; that my staff authorized the pharmacist at Evergreen Pharmacy to refill the prescriptions and told him that a hard copy would follow. In addition, my office staff made a follow-up appointment for Mr. Fodell for November 11, 2008. I later learned that the patient died on the date he was to have come and see me."

FIRST CAUSE OF ACTION

X.

For dispensing an oral order for the CII controlled substances namely, Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, without an emergency circumstance that would have justified the filling of an orally issued CII prescription, Respondents Tran and Evergreens Drug have violated NRS 453.256(2)(a) and/or NRS 639.210(4) and/or NAC 453.010(2) and/or NAC 453.420 and/or 453.450(1)(b) and/or NAC 639.945(1)(i).

SECOND CAUSE OF ACTION

XI.

For dispensing an order for the CII controlled substances namely, Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, without a legally sufficient written prescription of a practitioner, Respondents Tran and Evergreens Drug have violated NRS 453.256(1) and/or NRS 453.377(1) and/or NRS 639.210(4) and/or NAC 453.450(1)(a) and/or NAC 639.945(1)(i).

THIRD CAUSE OF ACTION

XII.

For dispensing faxed prescriptions for the CII controlled substances, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, that were not compounded for the direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous or intraspinal infusion, issued to a resident of a facility for long-term care, or issued to a patient enrolled in a licensed program that provides hospice care, Respondents Tran and Evergreens Drug have violated NRS 453.256(2)(b) and/or NRS 639.210(4) and/or NAC 639.711(1)(a), (b) and (c) and/or NAC 639.945(1)(i).

FOURTH CAUSE OF ACTION

XIII.

For dispensing CII controlled substances, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, more than 14 days after the date of issue of the prescriptions filled, Respondents Tran and Evergreens Drug have violated NRS 453.431(4) and/or NRS 639.210(4) and/or NAC 639.945(1)(i).

FIFTH CAUSE OF ACTION

XIV.

For soliciting and obtaining the CII controlled substance prescriptions from Dr. Haduong, namely the Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28 prescriptions with the issue date of November 6, 2008, under circumstances in which the prescriptions were false, deceitful, or fraudulent, Respondents Tran and Evergreens Drug have violated NRS 453.331(1)(d) and/or NRS 639.210(4),(9),(15) and/or (17) and/or NAC 639.945(1)(h) and/or (i).

SIXTH CAUSE OF ACTION

XV.

For participating in a course of action that assisted in the fraudulent and deceitful dispensing of controlled substances, or under circumstances that Respondents Tran and Evergreens Drug should have reasonably known that the dispensing of the controlled substances was unlawful, questionable, or illegal, Respondents Tran and Evergreens Drug violated NRS 639.210(4) and/or (12) and/or NAC 945(1)(h), and/or (i). Pursuant to NAC 639.955(7), both orders that were dispensed to Gregory Fodell by Respondents Tran and Evergreens Drug are grouped in this Cause of Action for the Board's administrative convenience, but the Board may impose separate discipline for both the drug orders.

SEVENTH CAUSE OF ACTION

XVI.

For violating the corresponding duty stated in 21 CFR §1306.04(a) by dispensing controlled substance prescriptions for Mr. Fodell that were not issued by a practitioner, namely Respondent Haduong, acting in the usual course of his professional practice,

Respondents Tran and Evergreens Drug, violated NRS 639.210(11) and/or NAC 639.945(1)(i).

EIGHTH CAUSE OF ACTION

XVII.

In owning and operating the pharmacy in which the above acts and violations occurred, Respondent Evergreens Drug, violated NRS 639.210(4) and/or NAC 639.945(1)(i) and/or (2).

NINTH CAUSE OF ACTION

XVIII.

For his office's issuance of the oral order for the CII controlled substances for Mr. Fodell, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, placed by his staff to Respondents Tran and Evergreens Drug on November 6, 2008, which oral prescriptions were for CII controlled substances under non-emergency circumstances, Respondent Haduong has violated NRS 639.2355 and/or NRS 453.256(2)(a) and/or NRS 639.210(4) and/or NAC 453.010(2) and/or NAC 453.450(1)(b) and/or NAC 639.945(1)(i).

TENTH CAUSE OF ACTION

XIX.

For issuing oral orders on November 6, 2008 for the CII controlled substances for Mr. Fodell, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, without an emergency that would justify the oral prescriptions, Respondent Haduong has violated NRS 453.256(2)(a) and/or NRS 639.210(4) and/or NAC 453.010(2) and/or NAC 639.945(1)(i).

ELEVENTH CAUSE OF ACTION

XX.

For issuing the false or fraudulent CII controlled substance prescriptions with a purported issuance date of November 6, 2008 for Mr. Fodell, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, but which were actually written in August 2009, ten months after the date of the purported issuance date, Respondent Haduong has violated NRS 453.331(1)(i) and/or NRS 639.210(4) and/or (9) and/or NAC 639.945(1)(h) and/or (i).

TWELFTH CAUSE OF ACTION

XXI.

For violating the his duty stated in 21 CFR §1306.04(a) to assure that his CII controlled substances prescriptions for Mr. Fodell were issued in the regular course of his practice and for a legitimate medical purpose under circumstances which were not in the usual course of his practice and could not be known by him to be for a legitimate medical purpose by issuing prescriptions for CII controlled substances for Mr. Fodell on November 6, 2008, Respondent Haduong, violated 21 CFR § 1306.04(a) and/or NRS 639.210(4) and/or (11) and/or NAC 639.945(1)(i).

THIRTEENTH CAUSE OF ACTION

XXII.

For prescribing an order for the CII controlled substances for Mr. Fodell, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, without a legally sufficient written prescription, Respondent Haduong has violated NRS 453.256(1) and/or NRS 639.210(4) and/or NAC 639.945(1)(i).

FOURTEENTH CAUSE OF ACTION

XXIII.

For authorizing a refill for the CII controlled substance prescriptions for Mr. Fodell, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, Respondent Haduong has violated 21 CFR §1306.12(a) and/or NRS 453.256(2)(b) and/or NRS 639.210(4) and/or (11) and/or NAC 639.945(1)(i).

FIFTEENTH CAUSE OF ACTION

XXIV.

For participating in a course of action that assisted in the fraudulent and deceitful dispensing of controlled substances to Mr. Fodell, or under circumstances that Respondent Hadoung should have reasonably known that the dispensing controlled substances was unlawful, questionable, or illegal, Respondent Hadoung violated NRS 639.210(4) and/or (12) and/or NAC 945(1)(h), and/or (i). Pursuant to NAC 639.955(7), both orders that were dispensed to Gregory Fodell by Respondents Tran and Evergreens Drug are grouped in this cause of action for the Board's administrative convenience, but the Board may impose separate discipline for both of the drug orders.

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

Signed this 11th day of December, 2009.


Larry L. Pinson, 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.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

**Petitioner, STATEMENT TO THE RESPONDENT
v. NOTICE OF INTENDED ACTION
 AND ACCUSATION
 RIGHT TO HEARING**

**EVERGREENS DRUG
Certificate of Registration No. PH02055**

Case No. 09-029-PH-S

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 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 Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. It is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.


III.

The Board has reserved Wednesday, January 13, 2010 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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 December, 2009.



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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

v.

Petitioner,

ANSWER AND NOTICE
OF DEFENSE

EVERGREENS DRUG
Certificate of Registration No. PH02055

Case No. 09-029-PH-S

Respondent.

Evergreens Drug /

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").

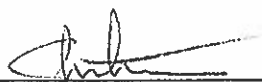
DEC 21 2009

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 18 day of December, 2009.

Sean Tran
type or print name


For Evergreens Drug

prescriptions for Methadone and Oxycodone on September 15, 2008 by Respondent Quan Haduong, M.D., that were filled at Walgreens Pharmacy #6545. Mrs. Fodell claimed that her husband had the exact same prescriptions that were filled at Walgreens Pharmacy #6545 on September 15, 2008, also filled at Evergreens Drug on November 6, 2008. Mrs. Fodell concluded that her husband, Gregory, died on November 11, 2008 as a result of opiate intoxication.

III.

On August 24, 2009, the Board was provided by the staff of Respondent Evergreens Drug copies of the front of the two prescriptions that were filled on November 6, 2008 as well as the patient profile of Gregory Fodell from its computer system. These documents were provided by the staff of Respondent Evergreens Drug at Respondent Tran's direction. These prescriptions were faxed and the fax showed a time and date stamp of August 24, 2009. The prescriptions that were faxed to the Board on August 24, 2009 were issued by Respondent Haduong and showed an issue date of November 6, 2008.

IV.

On September 2, 2009, Board staff contacted Walgreens Pharmacy #6545 and requested patient records for Gregory Fodell. Walgreens #6545 provided Gregory Fodell's patient profile as well as copies of the Methadone and Oxycodone prescriptions that were filled on September 15, 2008.

V.

On September 4, 2009, Respondent Tran, who is the owner of and pharmacy manager for Respondent Evergreens Drug, stated that on November 6, 2008 he had received a telephone call from Jennifer Palmer, a medical assistant from Respondent

Haduong's office, advising him that she had a patient (Gregory Fodell) for whom Respondent Haduong had approved a one week emergency fill for Methadone and Oxycodone, but because Respondent Haduong was performing a procedure, he was unable to write the prescriptions at that time. Respondent Tran stated that Ms. Palmer told him that Gregory Fodell had an appointment to be seen by Respondent Haduong the following week but was not able to come to the office at this time. Ms. Palmer faxed Respondent Tran a copy of the prescriptions that had been written by Respondent Haduong on September 15, 2008. Respondent Tran said that he told Ms. Palmer that the original prescriptions would need to be mailed within 72 hours. Respondent Tran stated that on November 6, 2008 he filled the prescriptions for the Methadone and Oxycodone off of the faxed copies of the September 15, 2008 prescriptions and then dispensed the medication to Gregory Fodell. Both Methadone and Oxycodone are CII controlled substances.

VI.

On September 8, 2009, in her oral interview, Eleanor Fodell stated that her husband had suffered a back injury and was referred to pain management physician Respondent Haduong. Eleanor Fodell stated that on September 15, 2008, her husband Gregory Fodell was seen by Respondent Haduong and was issued a prescription for Methadone 10 mg. #140 and for Oxycodone 30 mg. immediate release #28. Mrs. Fodell stated that these prescriptions were filled at Walgreens that same day. Mrs. Fodell stated that her husband died on November 11, 2008 and it was determined by the Clark County Coroner's Office that he died as a result of coronary atherosclerosis and a significant contributing condition was opiate intoxication. Mrs. Fodell explained that when she was going through her husband's things after his death,

she found two prescription bottles that were filled by Evergreens Drug on November 6, 2008. One bottle was for Methadone 10 mg. # 140 and the other was for Oxycodone 30 mg. immediate release #28. Mrs. Fodell counted the pills and found that 29 of the Methadone were missing and eight and-a-half of the Oxycodone tablets were missing. Mrs. Fodell was unaware that her husband had the prescriptions filled at Evergreens Drug. Mrs. Fodell believed that Mr. Fodell had consumed the medication he received from Evergreens Drug and he was hiding them from her. Mrs. Fodell went to Walgreens and was given her husband's prescription records without problem. But when she tried to obtain her husband's information from Respondent Evergreens Drug, she was initially refused. When Mrs. Fodell returned one week later, she was given a copy of the prescriptions on file and his patient profile. Mrs. Fodell reviewed the Walgreen's prescriptions and the Evergreens Drug prescriptions and found that they were exactly the same. Additionally, Mrs. Fodell reviewed a copy of the Nevada Controlled Substances Task Force patient profile for her husband and found that the prescriptions that had been filled by Respondent Evergreens Drugs were not listed on the report.

VII.

On October 1, 2009, Respondent Tran was interviewed and admitted that he had provided Mrs. Fodell a copy of the prescriptions on April 7, 2009 that had been faxed to him by Respondent Haduong's office on November 6, 2008. When questioned about why the prescriptions that had been faxed to the Board of Pharmacy on August 24, 2009 were dated November 6, 2008, Respondent Tran admitted that he could not find the original prescriptions and as a result of this investigation contacted Respondent Haduong's office to have the original prescriptions re-written and that is what was

provided to the Board for its investigation. Respondent Tran did not have an explanation as to why he did not contact Respondent Haduong for the prescriptions when Mrs. Fodell first contacted him. Respondent Tran admitted that he was aware that only a physician may call in an emergency prescription fill. When asked why Respondent Tran would fill a prescription for two CII prescriptions based on a fax that was written three months earlier and then not follow-up with a hard copy prescription, Respondent Tran stated that he filled the prescriptions in good faith but now realizes that his actions did not comply with Nevada law.

VIII.

On November 9, 2009, Respondent Haduong stated in his oral interview that he had seen Gregory Fodell one time, on September 15, 2008, and after examining him had issued him a prescription for Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28. Both prescriptions were for a seven-day supply. Respondent Haduong stated that Gregory Fodell was to follow up in one week but failed to make his appointment. Respondent Haduong maintains that he only had contact with Gregory Fodell that one time and that his medical assistant Jennifer Palmer, who left his practice in January 2009, was the one who made contact with Respondent Tran at Evergreens Drug and faxed the copy of the September 15, 2008 prescriptions to Evergreens Drug to be filled for Gregory Fodell. Respondent Haduong stated and maintained that he did not authorize the prescriptions for Gregory Fodell that were filled by Respondent Tran at Evergreens Drug. He did admit that he has on occasion authorized his staff to call in prescriptions for patients, but again stated he did not believe he authorized the prescriptions for Gregory Fodell on November 6, 2008. Respondent Haduong stated that his office had been contacted by Respondent Tran in August of 2009 to have the

prescriptions re-written for November 6, 2008. Respondent Haduong admitted that he rewrote the prescriptions without looking at Gregory Fodell's chart, believing that Respondent Tran must have lost or misplaced the prescriptions. When asked why Respondent Haduong had rewritten prescriptions ten months later for prescriptions he claimed he never issued in the first place, Respondent Haduong stated he did it in good faith.

IX.

On November 24, 2009, Respondent Haduong submitted a written response to the Board in which he stated in part:

"The investigation I undertook after you contacted me, has lead me to conclude that on November 6, 2008, my office staff contacted Walgreens and approved the transfer of the September 15, 2008 prescription Mr. Fodell had filled at the pharmacy to Evergreen Pharmacy; that my staff authorized the pharmacist at Evergreen Pharmacy to refill the prescriptions and told him that a hard copy would follow. In addition, my office staff made a follow-up appointment for Mr. Fodell for November 11, 2008. I later learned that the patient died on the date he was to have come and see me."

FIRST CAUSE OF ACTION

X.

For dispensing an oral order for the CII controlled substances namely, Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, without an emergency circumstance that would have justified the filling of an orally issued CII prescription, Respondents Tran and Evergreens Drug have violated NRS 453.256(2)(a) and/or NRS 639.210(4) and/or NAC 453.010(2) and/or NAC 453.420 and/or 453.450(1)(b) and/or NAC 639.945(1)(i).

SECOND CAUSE OF ACTION

XI.

For dispensing an order for the CII controlled substances namely, Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, without a legally sufficient written prescription of a practitioner, Respondents Tran and Evergreens Drug have violated NRS 453.256(1) and/or NRS 453.377(1) and/or NRS 639.210(4) and/or NAC 453.450(1)(a) and/or NAC 639.945(1)(i).

THIRD CAUSE OF ACTION

XII.

For dispensing faxed prescriptions for the CII controlled substances, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, that were not compounded for the direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous or intraspinal infusion, issued to a resident of a facility for long-term care, or issued to a patient enrolled in a licensed program that provides hospice care, Respondents Tran and Evergreens Drug have violated NRS 453.256(2)(b) and/or NRS 639.210(4) and/or NAC 639.711(1)(a), (b) and (c) and/or NAC 639.945(1)(i).

FOURTH CAUSE OF ACTION

XIII.

For dispensing CII controlled substances, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, more than 14 days after the date of issue of the prescriptions filled, Respondents Tran and Evergreens Drug have violated NRS 453.431(4) and/or NRS 639.210(4) and/or NAC 639.945(1)(i).

FIFTH CAUSE OF ACTION

XIV.

For soliciting and obtaining the CII controlled substance prescriptions from Dr. Haduong, namely the Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28 prescriptions with the issue date of November 6, 2008, under circumstances in which the prescriptions were false, deceitful, or fraudulent, Respondents Tran and Evergreens Drug have violated NRS 453.331(1)(d) and/or NRS 639.210(4),(9),(15) and/or (17) and/or NAC 639.945(1)(h) and/or (i).

SIXTH CAUSE OF ACTION

XV.

For participating in a course of action that assisted in the fraudulent and deceitful dispensing of controlled substances, or under circumstances that Respondents Tran and Evergreens Drug should have reasonably known that the dispensing of the controlled substances was unlawful, questionable, or illegal, Respondents Tran and Evergreens Drug violated NRS 639.210(4) and/or (12) and/or NAC 945(1)(h), and/or (i). Pursuant to NAC 639.955(7), both orders that were dispensed to Gregory Fodell by Respondents Tran and Evergreens Drug are grouped in this Cause of Action for the Board's administrative convenience, but the Board may impose separate discipline for both the drug orders.

SEVENTH CAUSE OF ACTION

XVI.

For violating the corresponding duty stated in 21 CFR §1306.04(a) by dispensing controlled substance prescriptions for Mr. Fodell that were not issued by a practitioner, namely Respondent Haduong, acting in the usual course of his professional practice,

Respondents Tran and Evergreens Drug, violated NRS 639.210(11) and/or NAC 639.945(1)(i).

EIGHTH CAUSE OF ACTION

XVII.

In owning and operating the pharmacy in which the above acts and violations occurred, Respondent Evergreens Drug, violated NRS 639.210(4) and/or NAC 639.945(1)(i) and/or (2).

NINTH CAUSE OF ACTION

XVIII.

For his office's issuance of the oral order for the CII controlled substances for Mr. Fodell, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, placed by his staff to Respondents Tran and Evergreens Drug on November 6, 2008, which oral prescriptions were for CII controlled substances under non-emergency circumstances, Respondent Haduong has violated NRS 639.2355 and/or NRS 453.256(2)(a) and/or NRS 639.210(4) and/or NAC 453.010(2) and/or NAC 453.450(1)(b) and/or NAC 639.945(1)(i).

TENTH CAUSE OF ACTION

XIX.

For issuing oral orders on November 6, 2008 for the CII controlled substances for Mr. Fodell, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, without an emergency that would justify the oral prescriptions, Respondent Haduong has violated NRS 453.256(2)(a) and/or NRS 639.210(4) and/or NAC 453.010(2) and/or NAC 639.945(1)(i).

ELEVENTH CAUSE OF ACTION

XX.

For issuing the false or fraudulent CII controlled substance prescriptions with a purported issuance date of November 6, 2008 for Mr. Fodell, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, but which were actually written in August 2009, ten months after the date of the purported issuance date, Respondent Haduong has violated NRS 453.331(1)(i) and/or NRS 639.210(4) and/or (9) and/or NAC 639.945(1)(h) and/or (i).

TWELFTH CAUSE OF ACTION

XXI.

For violating the his duty stated in 21 CFR §1306.04(a) to assure that his CII controlled substances prescriptions for Mr. Fodell were issued in the regular course of his practice and for a legitimate medical purpose under circumstances which were not in the usual course of his practice and could not be known by him to be for a legitimate medical purpose by issuing prescriptions for CII controlled substances for Mr. Fodell on November 6, 2008, Respondent Haduong, violated 21 CFR § 1306.04(a) and/or NRS 639.210(4) and/or (11) and/or NAC 639.945(1)(i).

THIRTEENTH CAUSE OF ACTION

XXII.

For prescribing an order for the CII controlled substances for Mr. Fodell, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, without a legally sufficient written prescription, Respondent Haduong has violated NRS 453.256(1) and/or NRS 639.210(4) and/or NAC 639.945(1)(i).

FOURTEENTH CAUSE OF ACTION

XXIII.

For authorizing a refill for the CII controlled substance prescriptions for Mr. Fodell, namely Methadone 10 mg. #140 and Oxycodone 30 mg. immediate release #28, Respondent Haduong has violated 21 CFR §1306.12(a) and/or NRS 453.256(2)(b) and/or NRS 639.210(4) and/or (11) and/or NAC 639.945(1)(i).

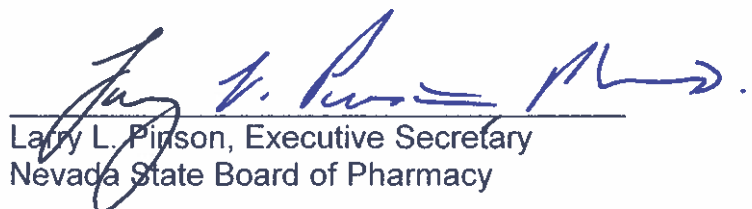
FIFTEENTH CAUSE OF ACTION

XXIV.

For participating in a course of action that assisted in the fraudulent and deceitful dispensing of controlled substances to Mr. Fodell, or under circumstances that Respondent Haduong should have reasonably known that the dispensing controlled substances was unlawful, questionable, or illegal, Respondent Haduong violated NRS 639.210(4) and/or (12) and/or NAC 945(1)(h), and/or (i). Pursuant to NAC 639.955(7), both orders that were dispensed to Gregory Fodell by Respondents Tran and Evergreens Drug are grouped in this cause of action for the Board's administrative convenience, but the Board may impose separate discipline for both of the drug orders.

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

Signed this 11th day of December, 2009.


Larry L. Pinson, 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.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

**Petitioner, STATEMENT TO THE RESPONDENT
v. NOTICE OF INTENDED ACTION
 AND ACCUSATION
 RIGHT TO HEARING**

**QUAN HADUONG, M.D.
Certificate of Registration No. CS08110**

Case No. 09-029-CS-S

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 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 Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. It is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.


III.

The Board has reserved Wednesday, January 13, 2010 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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 December, 2009.



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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,
v.

**ANSWER AND NOTICE
OF DEFENSE**

**QUAN HADUONG, M.D.
Certificate of Registration No. CS08110**

Case No. 09-029-CS-S

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 _____, 2009.

Quan Haduong, M.D.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,
v.
JAMES R. THOMPSON, RPH
Certificate of Registration No. 16742

NOTICE OF INTENDED ACTION
AND ACCUSATION

Case No. 09-016-RPH-S

CVS #8789
Certificate of Registration No. PH01257,
Respondents.

Case No. 09-016-PH-S

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and 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 has jurisdiction over this matter because Respondent James R. Thompson is a pharmacist licensed by the Board and CVS #8789 is a pharmacy licensed by the Board, located at 100 South Nevada Highway 160, Pahrump, Nevada.

II.

On or about November 25, 2008, Richard Linton had his prescription for Humulin R filled at CVS #8789. When Mr. Linton returned home with the medication that was given to him at CVS #8789 he noticed that the bottle was larger in diameter than what he had been using but he used what he was given as he normally would. In December, 2008, Mr. Linton went on vacation to Missouri and Kentucky where he experienced severe low blood sugar on two or three occasions and paramedics were called to

stabilize him.

III.

When Mr. Linton got home from his vacation he went to use another one of the bottles of Humulin R he was given on November 25, 2008 and noticed that the expiration date on the bottle he was about to use was January 2009 even though the label indicated it would expire in November 2009. Mr. Linton returned to CVS #8789 to exchange it for one that was not about to expire. It was then discovered that Mr. Linton had received Humulin that was meant to be used with an insulin pump rather than taken by injection.

IV.

Mr. Thompson was the managing pharmacist for CVS #8789 who was responsible for filling and verification of the prescription, however Mr. Thompson admitted that he did not scan the medication nor did he notice that he was filling the prescription with Humulin U-500 rather than the prescribed Humulin R U-100.

FIRST CAUSE OF ACTION

V.

By filling and dispensing a prescription for Richard Linton that was the wrong medication, namely Humulin U-500 insulin rather than the Humulin R U-100 insulin prescribed by Mr. Linton's physician and transferred from Smith's pharmacy, Respondent Thompson violated NRS 639.210(4) and/or NAC 639.945(1)(d) and/or (i).

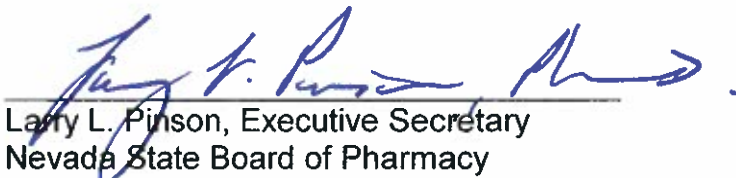
SECOND CAUSE OF ACTION

VI.

In owning and operating the store in which the violations occurred, CVS #8789 violated NRS 639.210(4) and/or NAC 639.945(1)(i) and/or (2).

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

Signed this 8th day of December, 2009.


Larry L. Pinson, 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.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

v.

**Petitioner, STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING**

**JAMES R. THOMPSON, RPH
Certificate of Registration No. 16742**

Case No. 09-016-RPH-S

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 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 Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. It is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has reserved Wednesday, January 14, 2010 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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 8th day of December, 2009.



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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,
v.

ANSWER AND NOTICE
OF DEFENSE

JAMES R. THOMPSON, RPH
Certificate of Registration No. 16742

Case No. 09-016-RPH-S

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").

None, at this time.

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

CVS records indicate that the patient received one vial of insulin, which was returned to the pharmacy unopened. Patient stated that he had not used it, and the unopened vial returned confirms it was not used.

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 8th day of February, 2010, ~~2009~~ //


James R. Thompson

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

JAMES R. THOMPSON, RPH

Certificate of Registration No. 16742

CVS #8789

Certificate of Registration No. PH01257,

Respondents.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

Case No. 09-016-RPH-S

Case No. 09-016-PH-S

_____ /

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and 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 has jurisdiction over this matter because Respondent James R. Thompson is a pharmacist licensed by the Board and CVS #8789 is a pharmacy licensed by the Board, located at 100 South Nevada Highway 160, Pahrump, Nevada.

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stabilize him.

III.

When Mr. Linton got home from his vacation he went to use another one of the bottles of Humulin R he was given on November 25, 2008 and noticed that the expiration date on the bottle he was about to use was January 2009 even though the label indicated it would expire in November 2009. Mr. Linton returned to CVS #8789 to exchange it for one that was not about to expire. It was then discovered that Mr. Linton had received Humulin that was meant to be used with an insulin pump rather than taken by injection.

IV.

Mr. Thompson was the managing pharmacist for CVS #8789 who was responsible for filling and verification of the prescription, however Mr. Thompson admitted that he did not scan the medication nor did he notice that he was filling the prescription with Humulin U-500 rather than the prescribed Humulin R U-100.

FIRST CAUSE OF ACTION

V.

By filling and dispensing a prescription for Richard Linton that was the wrong medication, namely Humulin U-500 insulin rather than the Humulin R U-100 insulin prescribed by Mr. Linton's physician and transferred from Smith's pharmacy, Respondent Thompson violated NRS 639.210(4) and/or NAC 639.945(1)(d) and/or (i).

SECOND CAUSE OF ACTION

VI.

In owning and operating the store in which the violations occurred, CVS #8789 violated NRS 639.210(4) and/or NAC 639.945(1)(i) and/or (2).

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

Signed this 8th day of December, 2009.


Larry L. Pinson, 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.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

**Petitioner, STATEMENT TO THE RESPONDENT
v. NOTICE OF INTENDED ACTION
 AND ACCUSATION
 RIGHT TO HEARING**

**CVS #8789
Certificate of Registration No. PH01257**

Case No. 09-016-PH-S

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 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 Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. It is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has reserved Wednesday, January 14, 2010 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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 8th day of December, 2009.



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

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 _____, 2009.

type or print name

For CVS #8789

MICHAEL W. DYER
SANDRA G. LAWRENCE*
JAMES W. PENROSE*
FRANCIS C. FLAHERTY
THOMAS J. DONALDSON
JESSICA C. PRUNTY

* ALSO ADMITTED IN CALIFORNIA



PAUL D. COTSONIS
TODD E. REESE*
SUE S. MATUSKA*
J. DANIEL YU

OF COUNSEL
MARGARET A. TWEDT*
HON. MICHAEL E. FONDI*



March 24, 2010

Ms. Jeri L. Walter, Board Coordinator
Nevada State Board of Pharmacy
431 West Plumb Lane
Reno, NV 89509

RE: CVS PHARMACY #8789; Case No. 09-016-PH-S

Dear Ms. Walter:

Enclosed, please find the original and one copy of *Respondent's Motion to Dismiss for Failure to State a Claim and for Lack of Jurisdiction; Memorandum in Support Thereof* in the above referenced matter. Please file the original and return a file-stamped copy to us in the enclosed self addressed, stamped envelope.

Thank you for your assistance in this matter.

Sincerely,

Dyer, Lawrence, Penrose,
Flaherty, Donaldson & Prunty

Sharon Coates, PP, PLS
Legal Secretary to Michael W. Dyer

Enclosures

F:\cases\cases09\09240\100324PharBdLtr.wpd

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

JAMES R. THOMPSON, RPH
Certificate of Registration No. 16742;

CVS PHARMACY #8789
Certificate of Registration No. PH01257;

Respondents.

MOTION TO DISMISS FOR FAILURE
TO STATE A CLAIM AND FOR LACK
OF JURISDICTION; MEMORANDUM
IN SUPPORT THEREOF

Case No. 09-016-RPH-S

Case No. 09-016-PH-S

TO THE NEVADA STATE BOARD OF PHARMACY AND THEIR ATTORNEYS
OF RECORD:

PLEASE TAKE NOTICE THAT, pursuant to Nevada Revised Statute ("NRS") 639.241 *et seq.*, and NRS 233B.121 *et seq.*, Respondent CVS Pharmacy #8789 ("CVS") by and through its counsel, Michael W. Dyer, of Dyer, Lawrence, Penrose, Flaherty, Donaldson & Prunty, hereby moves to dismiss the Second alleged Cause of Action against CVS in Case No. 09-016-PH-S in the Notice of Intended Action and Accusation, filed on December 8, 2009, ("Accusation") by Petitioner, the Nevada State Board of Pharmacy ("Board"), for failure to state a claim and for lack of jurisdiction. CVS requests that its motion to dismiss be heard at the April 2010 Board meeting, prior to the disciplinary hearing on the Accusation.

This motion is based upon the following facts: (a) the Board's Accusation does not allege any facts indicating that CVS took any actions or made any omissions; (b) the

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Board lacks jurisdiction and/or the authority to impose vicarious or strict liability against CVS under NAC 639.945, as enacted under NRS 639.070 and/or NRS 639.210, solely based upon the Pharmacist's actions.

This motion is based on this notice and motion to dismiss, the accompanying memorandum of points and authorities, the pleadings, documents, and files of record for the Board in this case, and on such evidence and argument as may be presented at the time of the hearings on this matter.

Respectfully submitted this 24th day of March, 2010.

DYER, LAWRENCE, PENROSE,
FLAHERTY, DONALDSON & PRUNTY

By: 
Michael W. Dyer
Todd E. Reese
Attorneys for Respondent CVS #8789

MEMORANDUM OF POINTS AND AUTHORITIES

The Nevada State Board of Pharmacy ("Board") filed a Notice of Intended Action and Accusation on December 8, 2009, ("Accusation") against CVS Pharmacy #8789, ("CVS") Case No. 09-016-PH-S, and against James R. Thompson, RPH, ("Mr. Thompson") Case No. 09-016-RPH-S. This motion is filed solely on behalf of CVS. Mr. Thompson was terminated by CVS, and is not represented by the Dyer Lawrence law firm.

In this action, the Board seeks to, among other things, impose penalties and sanctions on CVS for alleged violations of NRS Chapter 639 and NAC Chapter 639, even though the Board has not alleged that CVS took, or failed to take, any actions which are in violation of any specified provision of NRS Chapter 639, or which caused the misfill of the prescription by Mr. Thompson. Instead, the Accusation merely asserts that CVS violated "NRS 639.210(4) and/or NAC 639.945(1) and/or (2)" by "owning and operating the store in which the violations occurred. . . ." Since it is literally and legally impossible for a properly licensed entity to "violate" any provision of NRS Chapter 639 or NAC Chapter 639 merely by "owning and operating" a pharmacy, which it is properly licensed to own and operate, the only logical conclusion is that the Board is attempting to individually discipline CVS based solely on vicarious and/or strict liability through NAC 639.945(2).

CVS asserts in this Motion to Dismiss that: (a) the Accusation fails to allege facts sufficient to state a claim in the Second Cause of Action for a violation by CVS of NRS 639.210(4) or NAC 639.945(1)(i), and; (b) the Board has no jurisdiction or authority to impose discipline upon CVS based solely on the improper acts of the Pharmacist.

I. FACTUAL AND PROCEDURAL HISTORY

The facts presented for purposes of this Motion to Dismiss are the facts presented by the Board in the Accusation. In relevant portion, they are as follows.

“On or about November 25, 2008, Richard Linton had his prescription for Humulin R filled at CVS #8789.” Accusation, ¶ II. “Mr. Thompson was the managing pharmacist for CVS #8789 who was responsible for filling and verification of the prescription, however Mr. Thompson admitted that he did not scan the medication [at the time when he dispensed the medication to Mr. Linton] nor did [Mr. Thompson] notice that he was filling the prescription with Humulin U-500 rather than the prescribed Humulin R U-100.” Id., ¶ IV.

The Board filed the Accusation on December 8, 2009. The Accusation notes that the Board “has jurisdiction over this matter because Respondent, James R. Thompson, is a pharmacist licensed by the Board and CVS #8789 is a pharmacy licensed by the Board, located at 100 South Nevada Highway 160, Pahrump, Nevada.” Id., ¶ I.

II. DISCUSSION

While considering CVS’s motion to dismiss for failure to state a claim, the Board may view “all factual allegations [in the Accusation] . . . as true and draw all inferences in [the Board’s] favor. [The Accusation] . . . should be dismissed only if it appears beyond a doubt that . . . [the Board] could prove no set of facts, which, if true, would entitle it to relief.” Buzz Stew, LLC v. City of N. Las Vegas, 124 Nev. Adv. Rep. 21, 181 P.3d 670, 672 (2008). “Dismissal is proper where the allegations are insufficient to

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establish the elements of a claim for relief.” Stockmeier v. Nev. Dep’t of Corr. Psychological Review Panel, 124 Nev. Adv. Rep. 30, 183 P.3d 133, 135 (2008) (internal quotations omitted.)

A. The Second Cause of Action Fails To State a Claim Because the Allegations in the Accusation Fail to Allege Facts Supporting a Claim Against CVS Under NRS 639.210(4) and/or NAC 639.945(1)(i), And Thus Fails to Meet the Pleading Requirements of NRS 639.241(2) or of Due Process.

1. The Accusation Does Not Allege a Violation of NRS 639.210(4) and/or NAC 639.945(1)(i) By CVS.

In the present accusation, the Board alleges in the Second Cause of Action that CVS has “violated NRS 639.210(4) and/or NAC 639.945(1)(i) and/or (2),” simply by “owning and operating the store in which the violations occurred.” Accusation, ¶ VI. As previously noted, it is not possible for the holder of a valid license to have “violated” any provisions of the NRS or NAC by merely “owning and operating” the pharmacy. Stated differently, there must be some improper action or a failure to take required action, in order for the license holder itself to have “violated” any NRS or NAC provision. Since the Accusation does not allege that CVS, as the license holder, took, or failed to take, any action, the assertion in the Accusation that CVS is subject to discipline by the Board must be based entirely on the premise that the Board may separately discipline license holders under NRS 639.210(4) and/or NAC 639.954(1)(i) and/or (2), solely on the basis of vicarious or strict liability. However, the language of cited provisions of NRS 639.210 and NAC 639.954 reveals that such is not the case.

NRS 639.210(4) provides that the Board may suspend or revoke a certificate, license, registration or permit when the “**holder**” of the certificate, license, registration or permit “[i]s guilty of unprofessional conduct or conduct contrary to the public interest.”

Similarly, NAC 639.945(1)(i) provides that “unprofessional conduct and conduct contrary to the public interest” consists of “Performing any of his duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.” Thus, NRS 639.210(4) and NAC 639.945(1)(i) require that CVS must have taken some action, or must have failed to act when action is required, in order for the Board to take action against CVS's license. The language of the statute cannot be read as intending any other conclusion.

However, the Accusation does not allege that CVS has done anything, much less that CVS has failed to comply with Nevada law or has acted in an incompetent or unprofessional manner. The only allegations in the Accusation regarding CVS are that “CVS #8789 is a pharmacy licensed by the Board, located at 100 South Nevada Highway 160, Pahrump, Nevada.” Accusation, ¶ I. That “Richard Linton had his prescription for Humulin R filled at CVS #8789.” *Id.*, ¶ II. And that CVS “own[ed] and operat[ed] the store in which the violations occurred.” *Id.*, ¶ VI. ***The Accusation contains no allegations that CVS took any actions, or made any omissions, which caused, or even contributed to, the misfill of Mr. Linton’s prescription.*** The Accusation, taken as true, does not suggest in any manner that CVS has taken any action, let alone incompetent action. Without any assertion of inappropriate action, or failure to take legally mandated action, CVS cannot have acted unprofessionally, or conducted itself in a manner contrary to the public interest. The claims against CVS based on NRS 639.210(4) and/or NAC 639.945(1)(i) must, then, be dismissed.

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2. The Accusation Fails to Meet the Requirements of NRS 639.241(2) and the Principles of Due Process.

In the context of an Accusation before the Board, the requirement to provide basic information about the allegations is codified by NRS 639.241(2), which provides:

The accusation is a written statement of the charges alleged and must set forth in ordinary and concise language ***the acts or omissions with which the respondent is charged*** to the end that the respondent will be able to prepare his defense. The accusation must specify the statutes and regulations which the respondent is alleged to have violated, but must not consist merely of charges phrased in language of the statute or regulation. [Emphasis added].

Thus, the Accusation must state the specific “acts or omissions” that CVS allegedly committed or omitted. However, the only “act or omission” with which CVS is charged is ***“owning and operating the store*** in which the violations occurred.” Accusation, ¶ VI (emphasis added). Essentially, the Board is claiming that the very act of owning and operating a Pharmacy is an “incompetent” act under NAC 639.945(1)(i), which leads to liability under NRS 639.210(4) for “unprofessional conduct or conduct contrary to the public interest.” Stated differently, the Accusation must be read as asserting that a “strict liability” standard¹ exists that allows the imposition of separate, and additional,

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“Strict liability” is generally liability without fault or knowledge. Black’s Law Dictionary, 926 (7th ed. 1999). In the instant context, “strict liability” would mean imposing discipline directly on the Pharmacy where a licensed employee has acted in violation of the pharmacy laws and regulations without the fault, knowledge, or any act of the Pharmacy.

The “strict liability” standard of liability is contrasted with “vicarious liability,” which is the liability imposed on a supervisory party for the acts of its subordinates. Black’s Law Dictionary, 927 (7th ed. 1999). The typical example is *respondeat superior*, where the employer may be required to pay any judgment obtained against an employee by a third party. In the instant context “vicarious liability” means, for example, requiring the Pharmacy to pay a fine imposed on a licensed employee, without imposing separate discipline upon the Pharmacy itself.

See also Kohler v. Inter-Tel Techs., 244 F.3d 1167, 1177 (9th Cir. 2001) (noting the confusion between the two doctrines).

discipline directly against the holder of a pharmacy license; even where (a) the pharmacy license holder has acted in full compliance with all Nevada laws and regulations, (b) the only actions alleged are those of a licensed employee acting in clear violation of the systems, policies and procedures that the holder of the pharmacy license has put into place in order to assure compliance with the provisions of Nevada pharmacy law, and (c) the licensed employee has acted in clear violation of the pharmacy's directives.

The requirement in NRS 639.241(2) that the Accusation contain the facts and allegations against a respondent is simply a codification of the constitutional requirements of due process; that a respondent must be able to understand the charges against him and "prepare his defense." This is the "notice" portion of procedural due process – that is, notice and the opportunity to be heard. Cleveland Bd. of Educ. v. Loudermill, 470 U.S. 532, 546 (1985) ("The essential requirements of due process . . . are notice and an opportunity to respond."); Bell v. Burson, 402 U.S. 535, 542 (1971) ("[D]ue process requires that when a State, [here the Board,] seeks to terminate an interest such as that here involved, it must afford notice and opportunity for hearing . . . before the termination becomes effective." (internal quotations omitted)); Carpenter v. Mineta, 432 F.3d 1029, 1036 (9th Cir. 2005) ("Due process requires notice and an opportunity to be heard."). The notice requirement of due process requires that the "notice [be] reasonably calculated, under all the circumstances, to apprise interested parties of the pendency of the action and afford them an opportunity to present their objections." Mullane v. Central Hanover Trust Co., 339 U.S. 306, 314 (1950).

The notice required by due process is no empty formality. Rather, notice serves to compel the [accusing entity] to be sufficiently specific as to the . . . [allegations] to inform the [respondent/defendant] of what he is

accused of doing so that he can prepare a defense to those charges and not be made to explain away vague charges

Sira v. Morton, 380 F.3d 57, 70 (2nd Cir. 2004) (citations and internal quotation marks and brackets omitted.))² The notice requirement of due process is not met when allegations are so factually vague so as to leave the accused baffled about the accusations against him, or where unpleaded causes of action are prosecuted against the accused. Grijalva v. Shalala, 152 F.3d 1115, 1122 (9th Cir. 1998) ("The appeal rights and other procedural protections available to Medicare beneficiaries are meaningless if the beneficiaries are unaware of the reason for service denial and therefore cannot argue against the denial.").³ This is because lack of notice of the specific facts and claims against a respondent reduces a respondent "to guessing what

² See also Mathews v. Eldridge, 424 U.S. 319, 325 (1976) (holding that notice must be "timely and adequate" and must "detail[] the reasons for a proposed termination." (citing Goldberg v. Kelly, 397 U.S. 254, 267-268 (1970) (termination of welfare benefits))); Bowman Transp., Inc. v. Arkansas-Best Freight System, Inc., 419 U.S. 281, 289 n.4 (1974) ("A party is entitled, of course, to know the issues on which decision will turn and to be apprised of the factual material on which the agency relies for decision so that he may rebut it."); Sira v. Morton, 380 F.3d 57, 70 (2d Cir. 2004) ("Toward this end, due process requires more than a conclusory charge; . . . [the Respondent] must receive notice of at least some 'specific facts' underlying the accusation."); Barnes v. Healy, 980 F.2d 572, 579 (9th Cir. 1992) ("Due process requires notice that gives an agency's reason for its action in sufficient detail that the affected party can prepare a responsive defense."); Department of Educ. v. Bennett, 864 F.2d 655, 659 (9th Cir. 1988) ("[N]otice will be adequate for due process purposes if the party proceeded against understood the issue and was afforded full opportunity to justify his conduct." (internal quotation marks omitted)); Dutchess Bus. Servs. v. Nev. State Bd. of Pharm., 191 P.3d 1159, 1166 (Nev. 2008) ("Administrative bodies must . . . and give notice to the defending party of the issues on which decision will turn and . . . the factual material on which the agency relies for decision so that he may rebut it." (internal quotation marks omitted)); Nevada State Apprenticeship Council v. Joint Apprenticeship & Training Comm. for Elec. Indus., 94 Nev. 763, 766 (1978) ("[D]ue process requirements of notice are satisfied where the parties are sufficiently apprised of the nature of the proceedings so that there is no unfair surprise.")

³ See also NLRB v. Quality C.A.T.V., Inc., 824 F.2d 542, 545-546 (7th Cir. 1987) (holding that notice is not sufficient "where the party never received notice that such a violation is contemplated for prosecution."); NLRB v. Complas Industries, Inc., 714 F.2d 729, 734 (7th Cir. 1983) (holding that "respondent was not provided with notice comporting with due process where the original complaint did not give any indication of the" specific claim that the respondent was found guilty of violating); Soule Glass & Glazing Co. v. NLRB, 652 F.2d 1055, 1074 (1st Cir. 1981) ("Due process prohibits the enforcement of a finding by the Board of a violation neither charged in the complaint nor litigated at the hearing. Stated in the strongest terms, failure to clearly define the issues and advise an employer charged with a violation . . . of the specific complaint he must meet and provide a full hearing upon the issue presented is . . . to deny procedural due process of law." (citations and internal quotation marks omitted.))

evidence can or should be submitted in response and . . . responding to every possible argument against . . . [discipline] at the risk of missing the critical one altogether.” Barnes v. Healy, 980 F.2d 572, 579 (9th Cir. 1992) (citing Gray Panthers v. Schweiker, 652 F.2d 146, 168-69 (D.C. Cir. 1980)); NLRB v. Quality C.A.T.V., Inc., 824 F.2d 542, 545-46 (7th Cir. 1987) (“The situation is different, however, where the party never received notice that such a violation is contemplated for prosecution. In such a case, other evidence may exist or other arguments might be made that the party reasonably chose not to pursue or emphasize in the defense of the only claim of which it had been informed.”).

In the present case, the only basis for disciplining CVS is that CVS owned and operated a pharmacy where a pharmacist allegedly made a mistake. Without more specificity, this is nothing more than an assertion of strict liability. Complaint, ¶ 6. The Accusation contains no allegations of any actions taken by CVS, nor any failure to take required actions. Clearly, simply owning and operating a pharmacy is not an “incompetent act” that is “against public policy.” NRS 639.210(4); NAC 639.945(1)(i). And there are no allegations in the Accusation that CVS acted, or failed to act, or that such action, or failure to act, resulted in a violation by CVS, as the holder of the pharmacy license, of the specified Nevada law: NRS 639.210(4) and NAC 639.945(1)(i). Accordingly, the allegations in the Second Cause of Action based upon NRS 639.210(4) and NAC 639.945(1)(i) fail to state a claim, and violate the pleading requirements of NRS 639.241(2) and the due process requirements of the Fourteenth Amendment of the United States Constitution, and must be dismissed.

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C. The Second Cause of Action Fails To State a Claim Because the Board Lacks Authority to Impose Vicarious and/or Strict Liability Upon a Pharmacy Through NAC 639.945(1)(i) or NAC 639.945(2) as based upon NRS 639.070 or NRS 639.210(4).

1. NAC 639.945 Purports to be Based Upon NRS 639.070 and NRS 639.210(4), Which Do Not Provide For Strict or Vicarious Liability.

NAC 639.945 purports to be based upon NRS 639.070 and NRS 639.210(4). However, NRS 639.070 authorizes the Board's general powers, such as making regulations to enforce NRS Chapter 639, and does not include an authorization to impose fines or penalties based on strict or vicarious liability. NRS 639.210(4) authorizes discipline against "the holder or applicant" of the license, but specifies the type of actions, or inaction, for which discipline may be imposed. NRS 639.210(4) likewise does not include any provision for vicarious liability. Thus, neither statute expressly, or even impliedly, authorizes strict or vicarious liability and any attempt by the Board to impose such strict or vicarious liability would be contrary to the decision of the Nevada Supreme Court in Andrews v. Nevada State Bd. Of Cosmetology, 86 Nev. 207 (1970). As pointed out by the Court:

As an administrative agency the Board has no general or common law powers, but only such powers as have been conferred by law expressly or by implication. [Citations]. Official powers of an administrative agency cannot be assumed by the agency, nor can they be created by the courts in the exercise of their judicial function. [Citations]. The grant of authority to the agency [in the statute] must be clear.

Id. at 208; see also City of Henderson v. Kilgore, 122 Nev. 331, 334-35 (2006); Clark County Sch. Dist. v. Clark County Classroom Teachers Ass'n, 115 Nev. 98, 102 (1999).

Accordingly, because strict or vicarious liability is not authorized in the statutes relied upon by the Board to enact NAC 639.945, there is no basis for the Board to

impose strict or vicarious liability upon a pharmacy. Therefore, to the extent that the Board seeks to hold CVS liable for the acts of Mr. Thompson, the second cause of action against CVS must be dismissed.

2. Even if CVS May Be Held Liable Under these Circumstances, the Accusation Does Not Plead Any Facts Indicating that CVS Has Performed Any Acts, or Failed to Act, that Would Require Discipline.

As discussed above, the Accusation does not allege any facts showing that CVS took any incompetent action under NRS 639.210(4) and NAC 639.945(1)(i). The only allegation of CVS's action or inaction is that CVS "own[ed] and operat[ed] the store in which the violations occurred." Accusation, ¶ VI. To the extent that the Board has any authority to discipline CVS in this case, the allegations of "owning and operating" do not support any form of independent discipline.

In general, the Board is charged with enforcing NRS Chapter 639. If an incident at a pharmacy involves the wrongdoing or failure to act of the pharmacy license holder, the Board can, and must, file an accusation specifying how the license holder violated Nevada law. In such an accusation, the Board must set forth those specific facts that support discipline against the license holder, whether that be for the pharmacy's action, or the pharmacy's knowledge of a situation and willful inaction or ignorance of it. The Board, then, has no need to resort to vicarious or strict liability based upon NAC 639.945(2), as the statutes it is based upon do not support vicarious or strict liability. Andrews, 86 Nev. at 208 ("As an administrative agency the Board has no general or common law powers, but only such powers as have been conferred by law expressly or by implication."). And the Board must allege some specific facts of the pharmacy's

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wrong doing to comport with due process. Barnes, 980 F.2d at 579 ("Due process requires notice that gives an agency's reason for its action in sufficient detail that the affected party can prepare a responsive defense.")


But in this case, the Board did not plead sufficient facts to impose discipline upon CVS. The Accusation does not allege that CVS has done anything, much less that CVS has failed to comply with Nevada law or has acted in an incompetent or unprofessional manner. Because the Accusation does not even suggest in any manner that CVS has taken any action, let alone incompetent action, or has failed to take required action, the second cause of action in the Accusation fails to state a claim against CVS.

III. CONCLUSION

For the reasons stated above, the Accusation fails to state a claim. CVS respectfully moves the Nevada State Board of Pharmacy to dismiss the second cause of action in the Accusation against CVS.

Respectfully submitted this 24th day of March 2010.

DYER, LAWRENCE, PENROSE,
FLAHERTY, DONALDSON & PRUNTY

By: 
Michael W. Dyer
Todd E. Reese
Attorneys for Respondent CVS #8789

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**WARREN C. ROLAN, R.Ph.,
Certificate of Registration No: #15406,**

Case No. 09-040-RPH-S

**MOUNTAIN VIEW PHARMACY,
Certificate of Registration No: PH01993,**

Case No. 09-040-PH-S

Respondents.

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COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and 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 has jurisdiction over this matter because Respondent Warren C. Rolan is a pharmacist licensed by the Board and Respondent Mountain View Pharmacy (Mountain View) is a pharmacy licensed by the Board located at 3150 North Tenaya Way #170, Las Vegas, Nevada.

II.

On May 26, 2009, the Board received a letter and supporting documentation from Yashwant Amin, RPh, PhD., Director of Drug Compliance for the Illinois Department of Financial and Professional Regulation notifying the Board that a patient had died at Passavant Area Hospital in Jacksonville, Illinois after purchasing and

consuming drugs from the internet. The letter was sent to inform the Board that a pharmacy in Nevada might have been involved in the sale and dispensing of medications to the deceased patient. The complaint also detailed the death of the Illinois patient and was accompanied with a list of medications that were recovered from the decedent's residence.

III.

The list detailed the pharmacy name, pharmacy address, pharmacy phone number, prescribing physician, filling pharmacist's initials, date filled, and comments. All medications on the list were either carisoprodol 350mg. #180 or Tramadol 50mg. #180. The list identified Mountain View Pharmacy, located at 3150 North Tenaya Way, Suite 170 in Las Vegas, Nevada 89128 with the telephone number (866) 465-0791, as having filled three prescriptions for carisoprodol 350mg. #180 for the deceased patient. The list showed that the first prescription was filled by Mountain View on February 19, 2009 with the filling pharmacists initials of RK prescribed by Dr. Gloria C. Fong with the comment "different 1st name on script;" the second on April 10, 2009 with the filling pharmacists initials of RK prescribed by Dr. Charles Myers; and the third on March 26, 2009 with the pharmacists initials of RK prescribed by Dr. Jack Edward Pickering. Neither Dr. Fong, Dr. Myers, nor Dr. Pickering are physicians licensed in Nevada.

IV.

Morgan County Coroner, Jeff Lair, identified the deceased patient as 59-year-old Claudia Cannon from Chapin, Illinois. Ms. Cannon's date of death was May 15, 2009. Ms. Cannon's death was ruled as accidental caused by Acute Liver Failure, Toxic Liver Damage and Chronic Ultracet (Tramadol) Abuse.

V.

Special Agent John Buma from the F.B.I. Springfield, Illinois office confirmed that a large number of prescription medication bottles were recovered from Claudia Cannon's residence and impounded by his office. Special Agent Buma confirmed that over 7,000 dosage units of carisoprodol 350 mg tablets or Tramadol 50mg tablets from prescriptions obtained through the internet from about seven different states were impounded. Special Agent Buma stated that three bottles of medications from Mountain View had been impounded on scene.

VI.

Warren Rolan, the Owner/Pharmacy Manager for Mountain View was contacted and identified four prescriptions that he filled for Claudia Cannon:

1. Order #85713 carisoprodol 350mg. #180 dated 2/19/09
2. Order #99817 Tramadol 50mg. #180 dated 3/13/09
3. Order #99808 Soma 350mg. #180 dated 3/36/09
4. Order #118102 Soma 350mg. #180 dated 4/10/09

VII.

On June 5, 2008, Warren Rolan received a fax from PHARMAKIND, a subsidiary of Alliance Health Group promoting an internet pharmacy business. Warren Rolan stated that he never signed up for the business but that prescriptions were sent to him online after the patient filled out an online questionnaire. Warren Rolan stated that the prescriptions were usually for carisoprodol (a CIV controlled substance) and Tramadol (a dangerous drug). The prescriptions had the physician's name, address, telephone number, license number and DEA number listed. Warren Rolan at first contacted some of the physicians telephonically to verify the authenticity of the prescriptions, but later

ceased this activity and filled the prescriptions without contacting the physicians.

Warren Rolen stated that he would accept or reject the prescriptions and on the prescriptions that he would accept to fill later in the day, he would print labels, patient profiles, prescriptions and mailing labels at Mountain View. The prescriptions would then be filled and mailed using DHL initially and then later on Federal Express as the shipper. Warren Rolen kept the records for his internet business in boxes in a storage room inside the pharmacy in no chronological order. Additionally, the patient profiles for the internet pharmacy were only retrievable through the internet computer and only by specific prescription. Warren Rolen's internet prescription business and computer system was separate from Warren Rolen's Mountain View computer system. Warren Rolen never reported the filling of any internet pharmacy prescription to the Nevada Controlled Substance Task Force.

VIII.

Warren Rolen had the original downloaded prescriptions for three of the four prescriptions that he filled for Claudia Cannon via PHARMAKIND. The missing prescription, Order #118102 was for Soma, but there was a Federal Express delivery confirmation notice for the prescription that confirmed it had been sent to Claudia Cannon. Warren Rolen admitted that he had filled over 5000 prescriptions under the internet service PHARMAKIND and did not verify the authenticity of any doctor/patient relationship for any of Claudia Cannon's prescriptions.

IX.

Mountain View was not registered as an internet pharmacy and was not licensed in any other state as an out-of-state or internet pharmacy.

X.

Warren Rolan voluntarily submitted his Wells Fargo bank account records which show 42 deposits totaling \$117,000.00 from PHARMAKIND, from June 6, 2008 through May 21, 2009.

FIRST CAUSE OF ACTION

XI.

For acting as an internet pharmacy without appropriate licensure and or certification, Respondents Warren Rolan and Mountain View have violated NRS 453.3618 and/or NRS 453.3638(1) and/or NRS 639.210(4) and/or NRS 639.23288(1)(a) and/or NAC 639.426(1) and/or NAC 639.945(1)(k).

SECOND CAUSE OF ACTION

XII.

For failing to establish that a bona fide relationship existed between the Claudia Cannon and the doctors who wrote her prescriptions by confirming that a physical examination had occurred within the last six months before the prescription was written, Respondent Warren Rolan violated NRS 639.235 and/or 639.210(4) and/or NAC 639.945(1)(i).

THIRD CAUSE OF ACTION

XIII.

For failing to maintain prescription records in chronological order, Respondent Warren Rolan violated NRS 639.210(4) and/or NAC 639.706(1),(2) and (3) and/or NAC 639.945(1)(i).

FOURTH CAUSE OF ACTION

XIV.

For failing to report to the Nevada Controlled Substance Task Force the controlled substance prescriptions for Claudia Cannon and all of the other prescriptions filled for PHARMAKIND that were controlled substances, Respondents Warren Rolen and Mountain View have violated NRS 639.210(4) and/or NAC 639.926(1) and/or NAC 639.945(1)(i).

FIFTH CAUSE OF ACTION

XV.

For failing to provide a toll-free telephone number to provide telephonic counseling for patients being served out-of-state, Respondents Warren Rolen and Mountain View have violated NRS 639.210(4) and/or NAC 639.708(4)(a) and/or NAC 639.945(1)(i).

SIXTH CAUSE OF ACTION

XVI.

For failing to provide written patient information as provided for in NAC 639.707(1) and (2) and failing to review patient records regarding overutilization of the drug and drug abuse which contributed to the death of Claudia Cannon, Respondent Warren Rolen, violated NRS 639.210(4) and/or NAC 639.707(3) and (4) and/or NAC 639.945(1)(i).

SEVENTH CAUSE OF ACTION

XVI.

In participating in a course of action intended to assist in the fraudulent and deceitful purchasing of medications, including controlled substances, via the

internet with knowledge that, or under circumstances that Respondents Warren Rolan and Mountain View should have reasonably known that the sale of the medications were unlawful, questionable, or illegal, Respondents Warren Rolan and Mountain View violated NRS 639.210(4) and/or (12) and NAC 639.945(1)(h), and (i). Pursuant to NAC 639.955(7), all four orders that were filled and sent to Claudia Cannon by Respondents are grouped in this cause of action for the Board's administrative convenience, but the Board may impose separate discipline for each of the four orders.

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

Signed this 10th day of December, 2009.


Larry L. Pinson, 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.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

v.

**Petitioner, STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING**

**WARREN C. ROLAN, RPH
Certificate of Registration No. 15406**

Case No. 09-040-RPH-S

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 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 Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. It is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has reserved Wednesday, January 14, 2010 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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 10th day of December, 2009.



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

ORIGINAL

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

v.

Petitioner,

**ANSWER AND NOTICE
OF DEFENSE**

WARREN C. ROLAN, RPH

Certificate of Registration No. 15406

Case No. 09-040-RPH-S

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").

"See Attached"

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

"See Attached"

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 _____, 2009.

Warren C. Rolen

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

Case No. 09-040-RPH-S

Case No. 09-040-PH-S

v.

**WARREN C. ROLAN, R.Ph.,
Certificate of Registration No: #15406**

**MOUNTAIN VIEW PHARMACY,
Certificate of Registration No. PH01993**

Respondents.

**JOINT ANSWER, NOTICE OF DEFENSE, REQUEST FOR HEARING, DEMAND FOR
DISCOVERY, OBJECTION TO TESTIMONY BY WAY OF DECLARATION,
AFFIDAVIT OR REPORT/REQUEST FOR HEARING**

Comes Now, Respondents Warren C. Rolan, R.Ph., and Mountain View Pharmacy, by and through their undersigned counsel of record, Richard A. Schonfeld, Esq., of the law offices of Chesnoff & Schonfeld, and John V. Spilotro, Esq., and in Answer to the Notice of Intended Action and Accusation filed in the above entitled matter before the Nevada State Board of Pharmacy, declare and Answer as follows:

1. Answering Paragraph I of The Notice of Intended Action and Accusation, the Respondents are without sufficient information with which to form a basis as to the truth of the matters asserted and therefore deny said allegations in their entirety;

2. Answering Paragraph II of The Notice of Intended Action and Accusation, the Respondents are without sufficient information with which to form a basis as to the truth of the matters asserted and therefore deny said allegations in their entirety;

1
2 3. Answering Paragraph III of The Notice of Intended Action and Accusation, the
3 Respondents are without sufficient information with which to form a basis as to the truth of the
4 matters asserted and therefore deny said allegations in their entirety;

5 4. Answering Paragraph IV of The Notice of Intended Action and Accusation, the
6 Respondents are without sufficient information with which to form a basis as to the truth of the
7 matters asserted and therefore deny said allegations in their entirety;

8 5. Answering Paragraph V of The Notice of Intended Action and Accusation, the
9 Respondents are without sufficient information with which to form a basis as to the truth of the
10 matters asserted and therefore deny said allegations in their entirety;

11 6. Answering Paragraph VI of The Notice of Intended Action and Accusation, the
12 Respondents deny the allegations set forth;

13 7. Answering Paragraph VII of The Notice of Intended Action and Accusation, the
14 Respondents deny the allegations set forth;

15 8. Answering Paragraph VIII of The Notice of Intended Action and Accusation, the
16 Respondents deny the allegations set forth;

17 9. Answering Paragraph IX of The Notice of Intended Action and Accusation, the
18 Respondents are without sufficient information with which to form a basis as to the truth of the
19 matters asserted and therefore deny said allegations in their entirety;

20 10. Answering Paragraph X of The Notice of Intended Action and Accusation, the
21 Respondents are without sufficient information with which to form a basis as to the truth of the
22 matters asserted and therefore deny said allegations in their entirety;

23 11. Answering Paragraph XI of The Notice of Intended Action and Accusation, the
24 Respondents deny the allegations set forth;

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2 12. Answering Paragraph XII of Plaintiff's Complaint, the Respondents deny the
3 allegations set forth;

4 13. Answering Paragraph XIII of The Notice of Intended Action and Accusation, the
5 Respondents deny the allegations set forth;

6 14. Answering Paragraph XIV of The Notice of Intended Action and Accusation, the
7 Respondents deny the allegations set forth;

8 15. Answering Paragraph XV of The Notice of Intended Action and Accusation, the
9 Respondents deny the allegations set forth;

10 16. Answering Paragraph XVI of The Notice of Intended Action and Accusation, the
11 Respondents deny the allegations set forth;

12
13 **DEMAND FOR DISCOVERY**
14

15 Respondents hereby demands discovery pursuant to NRS 622A.330 including
16 all documents and other evidence intended to be presented by the prosecutor in support of the case
17 and a list of proposed witnesses.
18

19 Request for discovery is also made pursuant to NRS 639.2485.
20

21 **OBJECTION TO USE OF AFFIDAVITS, DECLARATIONS, OR REPORTS AS**
22 **EVIDENCE**

23 The Board is hereby placed on notice that Respondents objects to the use of Affidavits,
24 Declarations or Reports, as substantive evidence or as testimony in this manner under Crawford v.
25 Washington, City v. Walsh, the Confrontation Clause of the United States Constitution and Nevada
26 Constitution, as well as all other applicable statutes.
27

28 Objection is also made under NRS 639.248.

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DEFENSES
FIRST DEFENSE

The Complaint herein fails to state a claim against Respondents upon which relief can be granted.

SECOND DEFENSE

The Board is estopped from pursuing any claim against Respondents.

THIRD DEFENSE

The Board is barred by the doctrine of waiver.

FOURTH DEFENSE

Any claim of the Board is barred by the laches of the Board in pursuing such claim.

FIFTH DEFENSE

The Respondents committed no wrongdoing during the time frame in question and this action should therefore be dismissed.

SIXTH DEFENSE

The allegations against Respondents are vague and ambiguous and do not adequately provide the Respondents with notice and an opportunity to defend themselves.

SEVENTH DEFENSE

The evidence obtained in this investigation was obtained in violation of the Respondents' constitutional rights.

EIGHTH DEFENSE

Pursuant to NRCP 11, as amended, all possible defenses may not have been alleged herein insofar as sufficient facts were not available after reasonable inquiry upon the filing of Respondents' Answer, and therefore Respondents reserve the right to amend this Answer to allege additional defenses if subsequent investigation warrants.

NINTH AFFIRMATIVE DEFENSE

Defendant incorporates herein by reference all defenses enumerated in Rule 8 of the Nevada Rules of Civil Procedure as if fully set forth herein. These defenses are incorporated by reference for the specific purpose of not waiving them.

REQUEST FOR HEARING

The Respondents hereby request a full hearing on the allegations that have been lodged against them.

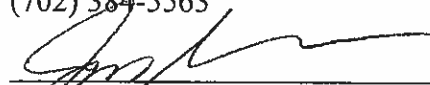
DATED this 28th day of December, 2009.

Under Penalty of Perjury the undersigned does hereby affirm that they are counsel of record for the Respondents in these matters, and that this document constitutes the Respondents' Notice of Defense for purposes of NRS 639.244.

RESPECTFULLY SUBMITTED:



RICHARD A. SCHONFELD, ESQ.
Nevada Bar No. 6815
520 South Fourth Street
Las Vegas, Nevada 89101
(702) 384-5563



JOHN V. SPILOTRO, ESQ.
Nevada Bar No. 4134
626 South Sixth Street
Las Vegas, Nevada 89101

consuming drugs from the internet. The letter was sent to inform the Board that a pharmacy in Nevada might have been involved in the sale and dispensing of medications to the deceased patient. The complaint also detailed the death of the Illinois patient and was accompanied with a list of medications that were recovered from the decedent's residence.

III.

The list detailed the pharmacy name, pharmacy address, pharmacy phone number, prescribing physician, filling pharmacist's initials, date filled, and comments. All medications on the list were either carisoprodol 350mg. #180 or Tramadol 50mg. #180. The list identified Mountain View Pharmacy, located at 3150 North Tenaya Way, Suite 170 in Las Vegas, Nevada 89128 with the telephone number (866) 465-0791, as having filled three prescriptions for carisoprodol 350mg. #180 for the deceased patient. The list showed that the first prescription was filled by Mountain View on February 19, 2009 with the filling pharmacists initials of RK prescribed by Dr. Gloria C. Fong with the comment "different 1st name on script;" the second on April 10, 2009 with the filling pharmacists initials of RK prescribed by Dr. Charles Myers; and the third on March 26, 2009 with the pharmacists initials of RK prescribed by Dr. Jack Edward Pickering. Neither Dr. Fong, Dr. Myers, nor Dr. Pickering are physicians licensed in Nevada.

IV.

Morgan County Coroner, Jeff Lair, identified the deceased patient as 59-year-old Claudia Cannon from Chapin, Illinois. Ms. Cannon's date of death was May 15, 2009. Ms. Cannon's death was ruled as accidental caused by Acute Liver Failure, Toxic Liver Damage and Chronic Ultracet (Tramadol) Abuse.

V.

Special Agent John Buma from the F.B.I. Springfield, Illinois office confirmed that a large number of prescription medication bottles were recovered from Claudia Cannon's residence and impounded by his office. Special Agent Buma confirmed that over 7,000 dosage units of carisoprodol 350 mg tablets or Tramadol 50mg tablets from prescriptions obtained through the internet from about seven different states were impounded. Special Agent Buma stated that three bottles of medications from Mountain View had been impounded on scene.

VI.

Warren Rolan, the Owner/Pharmacy Manager for Mountain View was contacted and identified four prescriptions that he filled for Claudia Cannon:

1. Order #85713 carisoprodol 350mg. #180 dated 2/19/09
2. Order #99817 Tramadol 50mg. #180 dated 3/13/09
3. Order #99808 Soma 350mg. #180 dated 3/36/09
4. Order #118102 Soma 350mg. #180 dated 4/10/09

VII.

On June 5, 2008, Warren Rolan received a fax from PHARMAKIND, a subsidiary of Alliance Health Group promoting an internet pharmacy business. Warren Rolan stated that he never signed up for the business but that prescriptions were sent to him online after the patient filled out an online questionnaire. Warren Rolan stated that the prescriptions were usually for carisoprodol (a CIV controlled substance) and Tramadol (a dangerous drug). The prescriptions had the physician's name, address, telephone number, license number and DEA number listed. Warren Rolan at first contacted some of the physicians telephonically to verify the authenticity of the prescriptions, but later

ceased this activity and filled the prescriptions without contacting the physicians. Warren Rolen stated that he would accept or reject the prescriptions and on the prescriptions that he would accept to fill later in the day, he would print labels, patient profiles, prescriptions and mailing labels at Mountain View. The prescriptions would then be filled and mailed using DHL initially and then later on Federal Express as the shipper. Warren Rolen kept the records for his internet business in boxes in a storage room inside the pharmacy in no chronological order. Additionally, the patient profiles for the internet pharmacy were only retrievable through the internet computer and only by specific prescription. Warren Rolen's internet prescription business and computer system was separate from Warren Rolen's Mountain View computer system. Warren Rolen never reported the filling of any internet pharmacy prescription to the Nevada Controlled Substance Task Force.

VIII.

Warren Rolen had the original downloaded prescriptions for three of the four prescriptions that he filled for Claudia Cannon via PHARMAKIND. The missing prescription, Order #118102 was for Soma, but there was a Federal Express delivery confirmation notice for the prescription that confirmed it had been sent to Claudia Cannon. Warren Rolen admitted that he had filled over 5000 prescriptions under the internet service PHARMAKIND and did not verify the authenticity of any doctor/patient relationship for any of Claudia Cannon's prescriptions.

IX.

Mountain View was not registered as an internet pharmacy and was not licensed in any other state as an out-of-state or internet pharmacy.

X.

Warren Rolan voluntarily submitted his Wells Fargo bank account records which show 42 deposits totaling \$117,000.00 from PHARMAKIND, from June 6, 2008 through May 21, 2009.

FIRST CAUSE OF ACTION

XI.

For acting as an internet pharmacy without appropriate licensure and or certification, Respondents Warren Rolan and Mountain View have violated NRS 453.3618 and/or NRS 453.3638(1) and/or NRS 639.210(4) and/or NRS 639.23288(1)(a) and/or NAC 639.426(1) and/or NAC 639.945(1)(k).

SECOND CAUSE OF ACTION

XII.

For failing to establish that a bona fide relationship existed between the Claudia Cannon and the doctors who wrote her prescriptions by confirming that a physical examination had occurred within the last six months before the prescription was written, Respondent Warren Rolan violated NRS 639.235 and/or 639.210(4) and/or NAC 639.945(1)(i).

THIRD CAUSE OF ACTION

XIII.

For failing to maintain prescription records in chronological order, Respondent Warren Rolan violated NRS 639.210(4) and/or NAC 639.706(1),(2) and (3) and/or NAC 639.945(1)(i).

FOURTH CAUSE OF ACTION

XIV.

For failing to report to the Nevada Controlled Substance Task Force the controlled substance prescriptions for Claudia Cannon and all of the other prescriptions filled for PHARMAKIND that were controlled substances, Respondents Warren Rolen and Mountain View have violated NRS 639.210(4) and/or NAC 639.926(1) and/or NAC 639.945(1)(i).

FIFTH CAUSE OF ACTION

XV.

For failing to provide a toll-free telephone number to provide telephonic counseling for patients being served out-of-state, Respondents Warren Rolen and Mountain View have violated NRS 639.210(4) and/or NAC 639.708(4)(a) and/or NAC 639.945(1)(i).

SIXTH CAUSE OF ACTION

XVI.

For failing to provide written patient information as provided for in NAC 639.707(1) and (2) and failing to review patient records regarding overutilization of the drug and drug abuse which contributed to the death of Claudia Cannon, Respondent Warren Rolen, violated NRS 639.210(4) and/or NAC 639.707(3) and (4) and/or NAC 639.945(1)(i).

SEVENTH CAUSE OF ACTION

XVI.

In participating in a course of action intended to assist in the fraudulent and deceitful purchasing of medications, including controlled substances, via the

internet with knowledge that, or under circumstances that Respondents Warren Rolan and Mountain View should have reasonably known that the sale of the medications were unlawful, questionable, or illegal, Respondents Warren Rolan and Mountain View violated NRS 639.210(4) and/or (12) and NAC 639.945(1)(h), and (i). Pursuant to NAC 639.955(7), all four orders that were filled and sent to Claudia Cannon by Respondents are grouped in this cause of action for the Board's administrative convenience, but the Board may impose separate discipline for each of the four orders.

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

Signed this 10th day of December, 2009.


Larry L. Pinson, 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.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

v.

**Petitioner, STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING**

**MOUNTAIN VIEW PHARMACY
Certificate of Registration No. PH01993**

Case No. 09-040-PH-S

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 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 Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. It is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has reserved Wednesday, January 14, 2010 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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 10th day of December, 2009.



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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CORRECTED
STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING**

**MOUNTAIN VIEW PHARMACY
Certificate of Registration No. PH01993**

Case No. 09-040-PH-S

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

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You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. It is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has reserved Wednesday, January 13, 2010 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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 30th day of December, 2009.


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

ORIGINAL

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND NOTICE
OF DEFENSE

MOUNTAIN VIEW PHARMACY
Certificate of Registration No. PH01993

Case No. 09-040-PH-S

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").

"See Attached"

///

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

"See Attached".

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 _____, 2009.

type or print name

For Mountain View Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

Case No. 09-040-RPH-S

Case No. 09-040-PH-S

v.

WARREN C. ROLAN, R.Ph.,

Certificate of Registration No: #15406

MOUNTAIN VIEW PHARMACY,

Certificate of Registration No. PH01993

Respondents.

**JOINT ANSWER, NOTICE OF DEFENSE, REQUEST FOR HEARING, DEMAND FOR
DISCOVERY, OBJECTION TO TESTIMONY BY WAY OF DECLARATION,
AFFIDAVIT OR REPORT/REQUEST FOR HEARING**

Comes Now, Respondents Warren C. Rolan, R.Ph., and Mountain View Pharmacy, by and through their undersigned counsel of record, Richard A. Schonfeld, Esq., of the law offices of Chesnoff & Schonfeld, and John V. Spilotro, Esq., and in Answer to the Notice of Intended Action and Accusation filed in the above entitled matter before the Nevada State Board of Pharmacy, declare and Answer as follows:

1. Answering Paragraph I of The Notice of Intended Action and Accusation, the Respondents are without sufficient information with which to form a basis as to the truth of the matters asserted and therefore deny said allegations in their entirety;

2. Answering Paragraph II of The Notice of Intended Action and Accusation, the Respondents are without sufficient information with which to form a basis as to the truth of the matters asserted and therefore deny said allegations in their entirety;

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3 Respondents are without sufficient information with which to form a basis as to the truth of the
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5 4. Answering Paragraph IV of The Notice of Intended Action and Accusation, the
6 Respondents are without sufficient information with which to form a basis as to the truth of the
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9 5. Answering Paragraph V of The Notice of Intended Action and Accusation, the
10 Respondents are without sufficient information with which to form a basis as to the truth of the
11 matters asserted and therefore deny said allegations in their entirety;

12 6. Answering Paragraph VI of The Notice of Intended Action and Accusation, the
13 Respondents deny the allegations set forth;

14 7. Answering Paragraph VII of The Notice of Intended Action and Accusation, the
15 Respondents deny the allegations set forth;

16 8. Answering Paragraph VIII of The Notice of Intended Action and Accusation, the
17 Respondents deny the allegations set forth;

18 9. Answering Paragraph IX of The Notice of Intended Action and Accusation, the
19 Respondents are without sufficient information with which to form a basis as to the truth of the
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21 10. Answering Paragraph X of The Notice of Intended Action and Accusation, the
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6 14. Answering Paragraph XIV of The Notice of Intended Action and Accusation, the
7 Respondents deny the allegations set forth;

8 15. Answering Paragraph XV of The Notice of Intended Action and Accusation, the
9 Respondents deny the allegations set forth;

10 16. Answering Paragraph XVI of The Notice of Intended Action and Accusation, the
11 Respondents deny the allegations set forth;

12
13 **DEMAND FOR DISCOVERY**

14
15 Respondents hereby demands discovery pursuant to NRS 622A.330 including
16 all documents and other evidence intended to be presented by the prosecutor in support of the case
17 and a list of proposed witnesses.

18
19 Request for discovery is also made pursuant to NRS 639.2485.

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21 **OBJECTION TO USE OF AFFIDAVITS, DECLARATIONS, OR REPORTS AS**
22 **EVIDENCE**

23 The Board is hereby placed on notice that Respondents objects to the use of Affidavits,
24 Declarations or Reports, as substantive evidence or as testimony in this manner under Crawford v.
25 Washington, City v. Walsh, the Confrontation Clause of the United States Constitution and Nevada
26 Constitution, as well as all other applicable statutes.

27
28 Objection is also made under NRS 639.248.

1
2 DEFENSES

3 FIRST DEFENSE

4 The Complaint herein fails to state a claim against Respondents upon which relief can be
5 granted.

6
7 SECOND DEFENSE

8 The Board is estopped from pursuing any claim against Respondents.

9 THIRD DEFENSE

10 The Board is barred by the doctrine of waiver.

11
12 FOURTH DEFENSE

13 Any claim of the Board is barred by the laches of the Board in pursuing such claim.

14
15 FIFTH DEFENSE

16 The Respondents committed no wrongdoing during the time frame in question and this
17 action should therefore be dismissed.

18
19 SIXTH DEFENSE

20 The allegations against Respondents are vague and ambiguous and do not adequately
21 provide the Respondents with notice and an opportunity to defend themselves.

22
23 SEVENTH DEFENSE

24 The evidence obtained in this investigation was obtained in violation of the Respondents'
25 constitutional rights.

EIGHTH DEFENSE

Pursuant to NRCP 11, as amended, all possible defenses may not have been alleged herein insofar as sufficient facts were not available after reasonable inquiry upon the filing of Respondents' Answer, and therefore Respondents reserve the right to amend this Answer to allege additional defenses if subsequent investigation warrants.

NINTH AFFIRMATIVE DEFENSE

Defendant incorporates herein by reference all defenses enumerated in Rule 8 of the Nevada Rules of Civil Procedure as if fully set forth herein. These defenses are incorporated by reference for the specific purpose of not waiving them.


REQUEST FOR HEARING

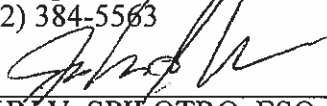
The Respondents hereby request a full hearing on the allegations that have been lodged against them.

DATED this 28th day of December, 2009.

Under Penalty of Perjury the undersigned does hereby affirm that they are counsel of record for the Respondents in these matters, and that this document constitutes the Respondents' Notice of Defense for purposes of NRS 639.244.

RESPECTFULLY SUBMITTED:


RICHARD A. SCHONFELD, ESQ.
Nevada Bar No. 6815
520 South Fourth Street
Las Vegas, Nevada 89101
(702) 384-5563


JOHN V. SPILOTRO, ESQ.
Nevada Bar No. 4134
626 South Sixth Street
Las Vegas, Nevada 89101

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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 X Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: ST. MICHAEL'S CENTER FOR SPECIAL SURGERY, LAS VEGAS

Physical Address: 2865 SIENA HEIGHTS DRIVE, SUITE 200

Mailing Address: SAME

City: HENDERSON State: NEVADA Zip Code: 89052

Telephone Number: TEMPORARY CONTACT 713-822-3606 Fax Number: 713-660-0119

Toll Free Number: _____

E-mail: JOE@STALLERS.COM Website: N/A

Managing Pharmacist: SCOTT ALLEN RICCI License Number: 11997

Hours of Operation:

Monday thru Friday 0600 am 4:00 pm

Saturday _____ am _____ pm

Sunday _____ am _____ pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Out of State
- ☒ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☐ Mail Service
- ☐ Long Term Care

Board Use Only

Received: MAR 22 2010 Check Number: 254 Amount: 500.00

53318
1866

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: TEXAS
Parent Company if any: PHARMACY ADVISORS, INC.
Corporation Name: PHARMACY ADVISORS, INC.
Mailing Address: P.O. BOX 2745
City: BELLAIRE State: TX Zip: 77402
Telephone: 713-822-3606 Fax: 713-660-0119
License Contact Person: SCOTT RICCI JOSEPH B. STALLER
Professional Compliance Contact Person: SCOTT RICCI

Name and title of each officer and director (Use separate sheet if necessary)

<u>Officer or director name</u>	<u>Officer or director title</u>
<u>JOSEPH B. STALLER</u>	<u>PRESIDENT</u>
<u>ALLENE D. STALLER</u>	<u>SECRETARY</u>

For any corporation non publicly traded, disclose the following:

- 1) List any persons to whom the shares were issued by the corporation?

a) JOSEPH B. STALLER 5139 BRAES VALLEY HOUSTON, TX 77096
Name Address
b) _____
Name Address
c) _____
Name Address
d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form.

- 2) Provide the number of shares issued by the corporation. 1,000
3) What was the price paid per share? \$1.00
4) What date did the corporation actually receive the cash assets? NOVEMBER 19, 1984
5) Provide a copy of the corporations stock register evidencing the above information
NONE

If the non publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list of its officers.

N/A

- 6) Has the firm or any owner(s), shareholder(s) 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 ☐ If yes, list the persons, their address and their business names.

a) JOSEPH B. STALLER 5139 BRAESVALLEY HOUSTON, TX 7709
Name Address
PHARMACY ADVISORS, INC.
Business

b) _____
Name Address
Business

c) _____
Name Address
Business

d) _____
Name Address
Business

- 7) Has the firm or any owner(s), shareholder(s) in the last 10 years been associated with any person, business or health care entity in which pharmaceutical products were sold, dispensed or distributed?

Yes ☒ No ☐ If yes, list the persons, their address and their business names.

a) JOSEPH B. STALLER 5139 BRAESVALLEY HOUSTON, TX 77096
Name Address
Business

b) _____
Name Address
Business

Within the last five (5) years:

- 8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

- 9) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

- 10) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 11) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 ☒
- 12) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 any question 8 through 12 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. *#10 SEE ATTACHED STATEMENT*

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.



Signature of corporation officer

3/12/2010

Date

JOSEPH B. STALLER, PRESIDENT

Print or Type name and title

Reference: Item Number 10. Pharmacy License Application
Items Number 12 and 15 Personal History Record

Red Oak Pharmacy, a licensed pharmacy in the state of Texas, owned by Red Oak Pharmacy, Inc., now Pharmacy Advisors, Inc. and no longer doing business as a pharmacy accepted an Agreed Board Order from the Texas State Board of Pharmacy. The alleged violation: shortages of controlled substances following accountability audit. There was a settlement agreement (no findings of fact or conclusions of law) for the above alleged violation.

Red Oak Pharmacy was owned and operated by Red Oak Pharmacy, Inc. from 1984 to 2007. Prior to the accountability audit, a discovery was made of missing controlled substances by the Pharmacist-In-Charge and a report was filed immediately with the Texas State Board of Pharmacy and the DEA according to regulatory protocol. After the State Board audit, the Board and Red Oak Pharmacy entered into the above Agreed Order. Prior to and during the audit period, the pharmacy assets of Red Oak Pharmacy, Inc. were in the process of being sold. With the Agreed Board Order and completion of the sale of assets, the pharmacy license was returned to the Board and the pharmacy is no longer in business. The corporation has since changed names to Pharmacy Advisors, Inc, to better reflect current business activities in pharmacy management.



Signature of Corporate Officer

3/12/2010
Date

Joseph B. Staller, R. Ph.
Texas License 19969
President,
Pharmacy Advisors, Inc.

STATEMENT OF RESPONSIBILITY
NON PUBLICLY TRADED CORPORATION

I, JOSEPH B. STALLER

Corporate Officer of PHARMACY ADVISORS, INC.

hereby acknowledge and understand that in addition to the corporation's responsibilities, my fellow officers and I, as corporate officers of said corporation, 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 corporate officers 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 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 or operation of a pharmacy in Nevada.

I further acknowledge and understand that upon the change of managing pharmacist in the pharmacy, the corporation must assure that an accountability audit of all controlled substances shall be performed jointly by the departing managing pharmacist and the new managing pharmacist.

Signature



Date

3/12/2010

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Scott Ricci

License #: 11997

Pharmacy Name: ST. MICHAEL'S CENTER FOR SPECIAL SURGERY, LAS VEGAS

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 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: _____

Blank

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA WHOLESALE LICENSE
NON PUBLICLY TRADED CORPORATION

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

New Wholesaler ☐ Ownership Change ☒ Name Change ☐ Location Change ☐
(Please provide current license number if making changes: WH 01434)

GENERAL INFORMATION

Facility Name: Med-Health Pharmaceutical Products, LLC

Physical Address: 2875 Coleman Street

Mailing Address: 2875 Coleman Street

City: North Las Vegas State: Nevada Zip Code: 89032

Telephone Number: 702-949-6399 Fax Number: 702-631-5733

Toll Free Number: N/A

E-mail: p.gosiewicz@medhealthpharma.com Website: www.medhealthpharma.com

Facility Manager: Paul Gosiewicz

Professional qualifications and experience of facility manager: Former licensed pharmacy technician with 5 years management experience in a high volume mail order pharmacy and 3 years experience currently in management at Med-Health
Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Surgical centers, Urgent care facilities

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: MAR 29 2010 Check Number: 524 Amount: 500-

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: N/A

Corporation Name: Med-Health Pharmaceutical Products, LLC

Mailing Address: 2875 Coleman Street

City: North Las Vegas State: NV Zip: 89032

Telephone: 702-949-4399 Fax: 702-431-5733

License Contact Person: Paul Gasiewicz

Professional Compliance Contact Person: Paul Gasiewicz

Name and title of each officer and director (Use separate sheet if necessary)

Officer or director name

Officer or director title

John S. Rogers

Manager / Member

For any corporation non publicly traded, disclose the following:

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

a) John S. Rogers 2141 Buckboard Las Vegas, NV 89123
Name Address

b) N/A
Name Address

c) N/A
Name Address

d) N/A
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form.

2) Provide the number of shares issued by the corporation. 100% of LLC membership interest

3) What was the price paid per share? 1000.00 for 100% of LLC membership interest
N/A - purchase from prior

4) What date did the corporation actually receive the cash assets? owner of LLC membership interest

5) Provide a copy of the corporations stock register evidencing the above information

If the non publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list of its officers.

N/A

- 6) Has the firm or any owner(s), shareholder(s) 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 ☐ If yes, list the persons, their address and their business names.

a) John S. Rogers 2161 Buckboard Las Vegas, NV 89123
Name Address

Governing Body Member of Four Seasons Surgery Centers of Ontario
Business

b) John S. Rogers 2161 Buckboard Las Vegas, NV 89123
Name Address

Governing Body Member of Four Seasons Surgery Centers of Anaheim
Business

c) John S. Rogers 2161 Buckboard Las Vegas, NV 89123
Name Address

Governing Body Member of Four Seasons Surgery Centers of Encino
Business

d) John S. Rogers 2161 Buckboard Las Vegas, NV 89123
Name Address

Governing Body Member of Four Seasons Surgery Centers of Huntington Beach
Business

- 7) Has the firm or any owner(s), shareholder(s) in the last 10 years been associated with any person, business or health care entity in which pharmaceutical products were sold, dispensed or distributed?

Yes ☒ No ☐ If yes, list the persons, their address and their business names.

a) John S. Rogers 2161 Buckboard Las Vegas, NV 89123
Name Address

Board of Directors North Vista Hospital 1409 E. Lake Mead Blvd N. Las Vegas, NV
Business

b) John S. Rogers 2161 Buckboard Las Vegas, NV 89123
Name Address

Board of Directors Desert Springs Hospital 2075 E. Flamingo Las Vegas, NV
Business
(see attached)

Within the last five (5) years:

- 8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

- 9) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

- 10) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 11) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 ☒
- 12) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 any question 8 through 12 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Signature of corporation officer

03/24/2010
Date

John S. Rogers Manager/Member
Print or Type name and title

Page 3 - #7 continued:

John S. Rogers 2161 Buckboard Las Vegas, NV 89123

Member of Board of Directors = Harmon Medical Center (Urgent Care Clinic)

Governing Body Member = Four Seasons Surgery Centers of Ontario (Ambulatory Surgery Center)

Governing Body Member = Four Seasons Surgery Centers of Anaheim (Ambulatory Surgery Center)

Governing Body Member = Four Seasons Surgery Centers of Encino (Ambulatory Surgery Center)

Governing Body Member = Four Seasons Surgery Centers of Huntington Beach (Ambulatory Surgery Ctr)

Blank

NEVADA STATE BOARD OF PHARMACY
431 W. Plumb Lane ~ Reno, NV 89509 ~ (775) 850-1440
PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION
Registration Fee: \$40.00 - (non-refundable)

☒ **New Application** ☐ **Change of Pharmacy** ☐ **Additional Pharmacy** (Please check one)
Complete Name (no abbreviations):
First: Crystal Middle: Anne Last: Gebhart
Home Address: 4975 Duneville St. Apt #: 302
City: Las Vegas State: NV Zip Code: 89118
Telephone: _____ Social Security Number: _____
Date of Birth: _____ Place of Birth: Artesia, CA Sex: M or ☒ F
E-mail Address: _____

I am requesting registration at the following pharmacy or approved training program:

Pharmacy: High Tech Institute Store #: _____
Address: 2320 S. Rancho DR
City: Las Vegas State: Nevada Zip Code: 89102
Signature of Managing Pharmacist: [Signature] Lic #: PT04188 Date: 11/15/10

(Without the signature of the managing pharmacist, the application will be returned.)

- 1) Are you 18 years of age or older? Yes ☒ No ☐
2) Are you a high school graduate or the equivalent? Yes ☒ No ☐
(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)
3) 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.
4) I have ☒ I have not ☐ been charged, arrested or convicted of a misdemeanor ☐ or felony ☐
5) I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
6) I have ☐ I have not ☒ had a professional license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 3 thru 6, please include the following information and provide documentation and/or an explanation.

a) Board Administrative Action State: _____ Date: _____ Case #: _____
and/or
b) Criminal Action State: NV Date: 11-22-09 Case #: 09-009560
County: Clark Court: Henderson Justice Court

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

I am ☐ I am not ☒ subject to a court order for the support of a child.

IF YOU ARE SUBJECT to a court order for the support of a child, please mark the appropriate response.

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

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians in training and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Signature: Crystal Gebhart Date: 1-8-10

Board Use Only
Received: JAN 20 2010 Check Number: 263 Amount: 40-

52874/75

I just would like to let you know about this ticket with I go to court on Feb. 24, 2010 to make sure everything is ok.

Because me & my friend had went to the park & the cops found paraphernalia in my bag that she had in my car that I didn't know about, and she had lied to them, I didn't want to see her get her kid taking away.

So ~~the~~ right now she's paying it off for me because I didn't want to pay for something I didn't do.

As far as I'm concerned when she gets done paying it off. Everything should be done & I won't have nothing to do, or no trouble.

I really hope this doesn't mess me up, I came way to far.

Crystal Schmitt

NEVADA STATE BOARD OF PHARMACY
431 W. PLUMB LN • RENO, NV 89509 • 775-850-1440
PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION
Registration Fee: \$40.00 – (non-refundable)

☒ New Application ☐ Change of Pharmacy ☐ Additional Pharmacy (Please check one)
Complete Name (no abbreviations):

First: Deborah Middle: Last: Green

Mailing Address: 3001 Cabana Dr. Unit A-2

City: Las Vegas State: NV Zip Code: 89122

Telephone: Social Security Number:

Date of Birth: Place of Birth: Sex: Female

E-mail Address:

I am requesting registration at the following pharmacy or approved technician school:

Name of School: **Kaplan College**

Address: **3315 Spring Mountain Road**

City: **Las Vegas**

State: **Nevada**

Zip Code: **89102**

Signature of Program Director: _____

Date: 12/2/09

(Without the signature of the program director, the application will be returned)

1) Are you 18 years of age or older? ☒ Y ☐ N

2) Are you a high school graduate or the equivalent? ☒ Y ☐ N

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2 YOU CANNOT SUBMIT THIS APPLICATION)

3) 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.

4) I have ☐ I have not ☒ been charged, arrested or convicted of a misdemeanor ☐ or felony ☐.

5) I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.

6) I have ☐ I have not ☒ had a professional license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 3 thru 6, please include the following information and/or an explanation.

a) Board Administrative Action State: _____ Date: _____ Case#: _____
and/or

b) Criminal Action State: _____ Date: _____ Case#: _____
County: _____ Court: _____

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

I am ☐ I am not ☒ subject to a court order for support of a child.

IF YOU ARE SUBJECT to a court order for support of a child, please mark the appropriate response.

I am ☐ I am not ☐ in compliance with a plan approved by the district attorney or other public agency enforcing the order for the payment of the amount owed pursuant to the order for the support of one or more children.

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians in training and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Signature _____

Date 12-2-09

Board Use Only

Received: **JAN 14 2010**

Check Number: 807

Amount: 40-

52757
7520

PRN/PRN of Nevada

(702) 251-1377

3/18/10

To: Nevada Board of Medical Examiners

Re: Debra Green

This is to inform you of the results of the requested evaluation of Ms. Green completed on 03/11/10.

Ms. Green is a 48 year old female she moved to Las Vegas 5 years ago. She appeared to a poor historian during this evaluation.

The client talked openly about her Cocaine use stating some friends were in town and she partied with them. She also stated she had not used in the five years prior to this incident. She had attended some Narcotic Anonymous meetings in the past, but not since she moved to Las Vegas. She denies any other drug use. She states she drinks rarely one or two drinks/.

A 7 Seven panel urine screen was Positive for Cocaine


A SASSI test was not completed due to the positive drug screen.

Recommendation

That Ms. Green not is not allowed to work in a pharmacy until she has successfully completed six to twelve months in PRN. This is based upon her being positive for cocaine on the day she was scheduled for the assessment with a week's notice of the appointment time.

If you require any further information please feel free to contact me. Release of information on hand. (702) 251-1377.

Respectfully Submitted


Larry Espadéro, LADC #003181
PRN Monitor

NEVADA STATE BOARD OF PHARMACY
431 W. PLUMB LN • RENO, NV 89509 • 775-850-1440
PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION
Registration Fee: \$40.00 – (non-refundable)

☒ New Application ☐ Change of Pharmacy ☐ Additional Pharmacy (Please check one)
Complete Name (no abbreviations):
First: Dana Middle: Last: Hicks
Mailing Address: 10212 Abano Court
City: Las Vegas State: NV Zip Code: 89134
Telephone: Social Security Number:
Date of Birth: Place of Birth: Sex: Male
E-mail Address:

I am requesting registration at the following pharmacy or approved technician school:

Name of School: Kaplan College
Address: 3315 Spring Mountain Road
City: Las Vegas State: Nevada Zip Code: 89102

Signature of Program Director: [Signature] Date: 12/2/09
(Without the signature of the program director, the application will be returned)

- 1) Are you 18 years of age or older? ☒ Y ☐ N
2) Are you a high school graduate or the equivalent? ☒ Y ☐ N
(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2 YOU CANNOT SUBMIT THIS APPLICATION)
3) 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.
4) I have ☐ I have not ☒ been charged, arrested or convicted of a misdemeanor ☐ or felony ☐.
5) I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
6) I have ☐ I have not ☒ had a professional license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 3 thru 6, please include the following information and/or an explanation.
a) Board Administrative Action State: _____ Date: _____ Case#: _____
and/or
b) Criminal Action State: _____ Date: _____ Case#: _____
County: _____ Court: _____

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

I am ☐ I am not ☒ subject to a court order for support of a child.

IF YOU ARE SUBJECT to a court order for support of a child, please mark the appropriate response.

I am ☐ I am not ☐ in compliance with a plan approved by the district attorney or other public agency enforcing the order for the payment of the amount owed pursuant to the order for the support of one or more children.

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians in training and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

[Signature]
Signature

12 Dec 09
Date

Board Use Only

Received: JAN 14 2010 Check Number: 807 Amount: 40

52758
7519

PRN

702-251-1377

03/27/09

To: Nevada State Board of Pharmacy

Re: Dana Hicks

Board Members

This to inform you of the results of my assessment of Mr. Hicks completed on 02/10/10. The client is a single 26 year old male currently in school to become a pharmacy Tech.

The client admitted to using Marijuana at a Halloween party and testing positive at school. He states he has used marijuana about six times in his life. He drinks about once a month (2-3) drinks. This was support by his girl friend.

Military history

The client was in the Navy for five and a half years as an Electrician. He received an honorable discharge.

Legal History

The client stated that he has never been arrested.

Treatment history.

The client has had no prior treatment

Family

The client was raised by both parents and has one brother none of which have had a Chemical Dependency Or a history of Psychiatric problem.

Current Medical issues

The client states that he has no medical issues or is on any medication.

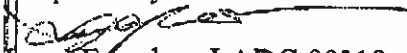
Testing

A urine screen consisting of 7 panels and a breathalyzer was completed with both Negative SASSI-3 Testing was completed with the results of low probability of Chemical Dependency.

Recommendations

That Mr. Hicks monitored by State of Nevada Pharmacy Recovery Program for a period of time to assure that no further drug use occurs.

Respectfully Submitted


Larry Espadero LADC 00318

Program Director


William Bauer MD

NEVADA STATE BOARD OF PHARMACY
431 W. Plumb Lane ~ Reno, NV 89509 ~ (775) 850-1440
PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION
Registration Fee: \$40.00 - (non-refundable)

☒ New Application ☐ Change of Pharmacy ☐ Additional Pharmacy (Please check one)
Complete Name (no abbreviations):
First: GENARO Middle: STEVEN Last: SICILIANO
Home Address: 4110 ROYAL HILL AVE. Apt #: _____
City: LAS VEGAS State: NV Zip Code: 89121
Telephone: _____ Social Security Number: _____
Date of Birth: _____ Place of Birth: BROOKLYN, NYC Sex: ☒ M or F
E-mail Address: GENARO.SICILIANO@GMAIL.COM

I am requesting registration at the following pharmacy or approved training program:

Pharmacy: PMA MEDICAL INSTITUTE Store #: N/A
Address: 3333 E. FLAMINGO RD
City: LAS VEGAS State: NV Zip Code: 89121
Signature of Managing Pharmacist: Stacy Lee, CPhT Lic #: PT00139 Date: 11/23/09

(Without the signature of the managing pharmacist, the application will be returned.)

- 1) Are you 18 years of age or older? Yes ☒ No ☐
2) Are you a high school graduate or the equivalent? Yes ☒ No ☐
(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)
3) 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.
4) I have ☒ I have not ☐ been charged, arrested or convicted of a misdemeanor ☐ or felony ☐
5) I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
6) I have ☐ I have not ☒ had a professional license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 3 thru 6, please include the following information and provide documentation and/or an explanation.

a) Board Administrative Action and/or State: _____ Date: _____ Case #: _____
b) Criminal Action State: NEVADA Date: 10/25/09 Case #: _____
County: CLARK Court: CLARK COUNTY

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

I am ☐ I am not ☒ subject to a court order for the support of a child.

IF YOU ARE SUBJECT to a court order for the support of a child, please mark the appropriate response.

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

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians in training and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Signature: _____
Date: 11/13/09

Date: _____

Board Use Only

Received: _____

DEC 02 2009

Check Number: _____

MO

Amount: _____

40.00

52573
7345

Genaro Siciliano

**4110 Royalhill Ave. Las Vegas, NV
89121**

To: The Nevada State Board of Pharmacy

My name is Genaro Siciliano and I would like to explain my situation concerning my arrest on October 25th 2009. The morning of, my fiancé and I had a minor dispute regarding some issues we were trying to work out. We exchanged words that were less than appropriate wherein she left to a friend's house. My fiancé's friend, after hearing that her and I got into a verbal fight, called the police and was asked if there were any weapons in the house. Her friend then told the police that I had a shotgun in the house. While in miscommunication the police showed up at my house while I was sitting in my front lawn with weapons pointed at me. I then stood up and asked the officers what was going on and why they were there. They advised me they got a call about domestic disturbance involving a shotgun and asked me where my shotgun was located. I informed the police my shotgun was locked inside my house unloaded. They then asked me to step off of my property and I asked if they had a search warrant. They informed me they did not have a search warrant and immediately responded with get off your property. I confessed to the police officers that I don't have a record and am in the military and I can speak to them from my yard in a calm and collected voice. One of the officers then yelled out, "You're Obstructing Justice! Get on the floor and put your hands on your head." I immediately complied and was arrested for obstructing justice and not stepping off my property when asked to by police. My court date is on December 2nd 2009 and I have not been convicted of a crime. The crime is a misdemeanor and I am going to be working with an attorney after my Pre-Trial on December 2nd. It would be nice to know that this letter is taken into consideration when being reviewed for my Pharmacy Technician State License and thank you for taking the time to read this.

Thank You,

A handwritten signature in black ink, appearing to read 'Genaro Siciliano', with a stylized, flowing script.

Mr. Genaro Siciliano

NEVADA STATE BOARD OF PHARMACY
431 W. Plumb Lane ~ Reno, NV 89509 ~ 775/850-1440

(This application can not be used by PA's or APN's)

CONTROLLED SUBSTANCE APPLICATION

Registration Fee: \$80.00 (non-refundable)

First: Terry Middle: Joseph Last: McAnallen Degree: D.O
Practice Name (if any): Diagnostic Center of Medicine (Allen) LLP
Nevada Address: 861 Coronado Center Drive Suite #: 100
(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)
PO Box: _____ E-mail address: TJ1DD@aol.com
City: Henderson State: Nevada Zip Code: 89052
Nevada Telephone: (702) 454-1322 Nevada Fax: (702) 454-1624
Date of Birth: _____ SS#: _____ Sex: (M) or F
Practitioner License Number: D01484 Specialty: Family Practice

You must be licensed with your respective BOARD before we will process this application.

- 1) 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.
- 2) I have _____ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
- 3) I have _____ I have not ☒ been the subject of an administrative action whether completed or pending.
- 4) I have ☒ I have not _____ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 2, 3 or 4 above, please include the following information and provide an explanation and/or documents.

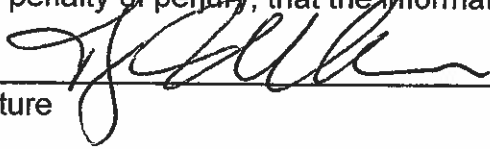
a) Board Administrative Action and/or State: NC Date: 6/22/09 Case Number: 20091377

b) Criminal Action State: _____ Date: _____ Case Number: _____

County: _____ Court: _____

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.

Signature



Date

03-01-10

Board Use Only

Received: MAR 13 2010 Check Number: CC Amount: 80.00

53252
12349

March 1, 2010

To Whom It May Concern:

In an attempt to maintain complete honesty as I have in the past, I am disclosing this detailed account of all the circumstances surrounding the events of my involvement with the North Carolina Physicians Health Program (**NCPHP**) regarding my alcohol dependency as well as all the consequential actions regarding my licensure status with the Medical Licensing Boards of North Carolina, Pennsylvania, and Nevada as well as the Federal DEA to answer all pertinent application questions. Please understand however that while these actions are, to a certain degree, a matter of public record and have been reported to both the National Practitioners Data Bank (**NPDP**) and Healthcare Integrity and Protection Data Bank (**HIPDB**), discretion in sharing this information for the purposes of anonymity is still imperative and greatly appreciated.

In January of 2008, several of my colleagues expressed concerns of my potential alcohol abuse to Dr. Herman Godwin, MD (Chief Medical Officer of Watauga Medical Center). After my discussions with him, I voluntarily agreed to further evaluation by Dr. Joseph Jordan of the **NCPHP**. After my initial encounter with Dr. Jordan, I was subsequently referred for a formal 4-day evaluation at Talbott Recovery Campus in Atlanta, GA. In accordance with their recommendations, I was then enrolled in a 28-day inpatient treatment program for alcohol addiction at Fellowship Hall in Greensboro, NC. which I successfully completed. From that point I continued to remain enrolled in the **NCPHP** monitoring program and had ongoing anonymity with the North Carolina Medical Board in regard to these events.

In December 2008, for personal reasons, I applied for licensure to the State of Nevada and eventually interviewed with the Nevada Osteopathic Medical Board on May 5, 2009. At that time, having disclosed all the aforementioned events to date, I was granted unrestricted licensure contingent on my ongoing participation with the recommendations of the Nevada Physicians Health Program (**NPHP**) upon transition to Nevada. Unfortunately, shortly after my return to North Carolina I relapsed on alcohol which was reported to both the **NCPHP** and **NPHP**. Based on their recommendations, I withdrew from practice and re-entered inpatient treatment for alcohol dependency at HealthCare Connections (**HCC**) in Tampa, FL. where I would remain from 05/19/09 - 01/22/10.

At the recommendations of all entities, on 08/17/09, having completed 90 days of intensive inpatient treatment, I was then transitioned into a 3/4 structured living facility maintained by HCC where I would continue urine drug screen monitoring, attend regular outpatient meetings and treatment sessions, and find/maintain employment in the home construction industry to pay all my living and treatment expenses until discharge on 01/22/10.

License Action Summary:

On 06/22/09, I voluntarily surrendered my NC license. Upon entering treatment, my actions to date were reported to both the Nevada and North Carolina Medical Boards by the NCPHP. Based on their recommendations, I surrendered my license in good faith while I remained in treatment and a preliminary investigation could be performed. This action was then reported to the **NDPB** and **HIPDB**.

On 09/14/09, I voluntarily surrendered my Federal DEA license at their request based solely on their having been notified of my NC license surrender by the NPDB and my withdrawal from active practice. This **was neither** the result of investigation or an attempt to avoid a prescribing practices penalty. This license will be renewed without restriction upon successful transition to Nevada and return to active practice.

On 11/5/09, at the request of the NC Medical Board, I signed a consent order placing my NC license on an indefinite suspension status. This action was initiated by the Board to close my case and avoid any further, unnecessary and costly investigations until such a time that application for re-instatement was recommended. This action as well was reported to all the appropriate and necessary licensing boards and agencies.

On 12/05/09, at the request of the Commonwealth of Pennsylvania, I signed a consent order placing my original PA license (that has been inactive since 2004) on suspension status. This action was based solely on the Commonwealth's bylaws of reciprocity in regard to the status of my NC license and not the result of investigation or other punitive actions. It will be re-instated to its original, unrestricted, inactive state upon successful re-instatement of my NC license.

On 12/16/09, my renewal application for Nevada licensure was reviewed and renewed without penalty or restrictions until 12/31/10. This was reported to all appropriate licensing boards and agencies.

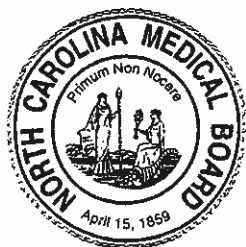
On 01/22/10, I was released from treatment from Healthcare Connections (with the full support and advocacy of all involved), for my immediate return to medicine and my application for NC licensure re-instatement was submitted.

In regard to any other questions not addressed above, I can honestly say that I have never had any legal issues. Nor have I had any other issues, complaints, reprimands or punitive actions placed against me by any licensing board, hospital, credentialing agency or medical society of which I am aware. Any other questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Terry J. McAnallen', written in a cursive style.

Terry J. McAnallen, D.O.



**NORTH CAROLINA
MEDICAL BOARD**

George L. Saunders, III, MD
President

Donald E. Jablonski, DO
President-Elect

Janice E. Huff, MD
Secretary/Treasurer

Pamela L. Blizzard
Paul S. Camnitz, MD
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Thelma C. Lennon
John B. Lewis, Jr., LLB
Peggy Robinson, PA-C
Janelle A. Rhyne, MD
William A. Walker, MD

R. David Henderson
Executive Director

1203 Front Street
Raleigh, North Carolina 27609-7533

Mailing:
P.O. Box 20007
Raleigh, North Carolina 27619-0007

Telephone: (919) 326-1100
Fax: (919) 326-1131
Email: info@ncmedboard.org
Web: www.ncmedboard.org

December 7, 2009

PERSONAL AND CONFIDENTIAL

Dr. Terry J. McAnallen
152 Slopes Court
Boone, NC 28607

Re: Investigation follow-up

Dear Dr. McAnallen:

The Board has completed its review of the investigation concerning you. *Based on the current review, the Board has decided to take no disciplinary action in this matter.* The Board encourages you to diligently employ treatment and medical record keeping skills and practices acquired in your recent CME in any future practice.

As stated above the Board has decided not to take any disciplinary action against you at this time regarding this case. However, in any future activity involving you and the Board, it may consider this case and all other relevant facts in disciplinary deliberations. Furthermore, if the Board issues charges, it may include the above-mentioned matters in the charges.

The Board considers the content of this letter to be confidential and not subject to public disclosure nor will it be reported to the media or any data bank.

The Board appreciates your cooperation in this matter. If you have any questions regarding this letter, please contact me at 919-326-1109, ext 247.

Sincerely,

Scott G. Kirby, MD
Assistant Medical Director

SGK:jo

cid# 2009-1377

**NORTH CAROLINA MEDICAL BOARD
VOLUNTARY SURRENDER FORM**

Name: Terry J. McAnallen License #: 200301013
Address: 152 Slopes CT. Date of Birth: 03-13-65
Boone, NC. 28607
Phone #: (828) 265-3745

I hereby surrender my license to practice medicine issued by the Board effective upon receipt of this document by the Board or its agent.

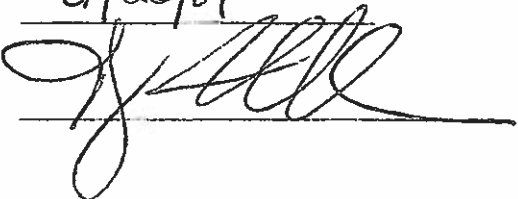
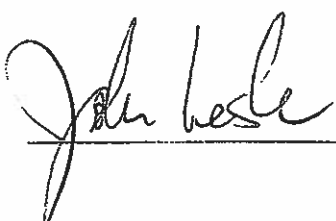
I understand that I may not give medical advice or treatment to any person, with or without compensation; may not prescribe drugs; and may not otherwise engage in the practice of medicine within the meaning of N.C. Gen. Stat. §90-18. Once tendered, this decision to surrender my license may not be withdrawn. I understand that the surrender of my license does not preclude the Board from bringing charges against me at a later date.

I understand that I have obligations to patients that continue beyond the surrender of my license including, but not limited to, winding up my practice in an orderly fashion, assisting patients in ensuring continuity of their care, and preserving patient records and access thereto.

I understand that this document is a public document within the meaning of Chapter 132 of the North Carolina General Statutes and shall be subject to public inspection and dissemination pursuant to the provisions thereof. Additionally, it may be reported to persons, entities, agencies, and clearinghouses as required by and permitted by law including, but not limited to, the Federation of State Medical Boards, the National Practitioner's Data Bank, and the Healthcare Integrity and Protection Data Bank.

I understand my right to and I have been given the opportunity to consult with an attorney, at my own expense, before tendering this surrender of my license. I have made the decision to surrender my license to practice medicine knowingly, voluntarily, and of my own free will.

I agree to return my license and registration certificates to the Board as promptly as possible. Any failure on my part to do so does not in any way affect the validity of this surrender of my license.

Date: 6/22/09
Signature:  Witness: 



**NORTH CAROLINA
MEDICAL BOARD**

George L. Saunders, III, MD
President

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President-Elect

Janice E. Huff, MD
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Thomas R. Hill, MD
Thelma C. Lennon
John B. Lewis, Jr., LLB
Peggy Robinson, PA-C
Janelle A. Rhyne, MD
William A. Walker, MD

June 23, 2009

PERSONAL AND CONFIDENTIAL

Dr. Terry Joseph McAnallen
152 Slopes Court
Boone, NC 28607

Re: License Surrender

Dear Dr. McAnallen:

This will acknowledge receipt of your Voluntary Surrender Form of June 22, 2009. The surrender of your license to practice medicine (license number 200301013) issued by the North Carolina Medical Board becomes a public record according to North Carolina law. You are required to reapply if you wish to reinstate your license.

Should you have questions regarding this matter, please feel free to call.

Sincerely,

R. David Henderson
Executive Director

RDH:jo

R. David Henderson
Executive Director

1203 Front Street
Raleigh, North Carolina 27609-7533

Mailing:
P.O. Box 20007
Raleigh, North Carolina 27619-0007

Telephone: (919) 326-1100
Fax: (919) 326-1131
Email: info@ncmedboard.org
Web: www.ncmedboard.org



U. S. Department of Justice
Drug Enforcement Administration
1801 Stanley Road
Suite 201
Greensboro, NC 27407

June 11, 2009

Terry J. McAnallen, DO
152 Slopes Court
Boone, NC, 28607

Dear Dr. McAnallen:

The Drug Enforcement Administration, Greensboro Resident Office Diversion Group received notification from the North Carolina Medical Board that on June 22, 2009, you voluntarily surrendered your license (#200301013) to practice medicine, including prescribing, administering, and dispensing of controlled substances.

Pursuant to the provisions of 21 USC 823(f), a practitioner's federal authorization to prescribe administer, dispense or otherwise handle controlled substances depends upon authorization by the state or jurisdiction in which he or she practices. You are currently without authority to prescribe, administer, dispense or otherwise handle controlled substances in the state of North Carolina.

Under the provisions of 21 USC 824 and Applicable Administrative Decisions, your current DEA Certificate of Registration (#BM7623211) is subject to revocation. However, if you wish to waive your right to a hearing in this matter, you may voluntarily surrender your DEA registration. A DEA 104 Form, Voluntary Surrender of Controlled Substances Privileges, is enclosed for your convenience. If you choose to voluntarily surrender your controlled substances privileges, sign the enclosed DEA 104 Form, have another individual witness it and return said 104 Form, your actual DEA Registration Certificate (DEA Form 223), all unused DEA 222 Order Forms, and any/all controlled substances in your possession to: Drug Enforcement Administration, Diversion Control Group, 1801 Stanley Road, Suite 201, Greensboro, NC, 27407.

If you have any questions or concerns, please contact Diversion Investigator Stephanie A. Evans at (336) 856-7859.

Sincerely,


Stephanie A. Evans

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA MDEG PROVIDER

SOLE OWNER

FEE: \$500.00 (non-refundable and not transferable) - Application must be printed legibly

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 MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: DRS Medical LLC

Physical Address: 6048 S. Durango L.V., NV 89113
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1450 W. Horizon Ridge #304

City: Henderson State: NV Zip Code: 89012

Telephone Number: (702) 813-3268 Fax Number: (702) 896-2898

E-mail: dsanford111@yahoo.com Website: N/A

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: on call to Sun: on call to Holidays: on call to

FACILITY ADMINISTRATOR INFORMATION

Name: David Sanford

Address: 1426 Foothills Village Dr.

City: HN State: NV Zip Code: 89012

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: CPM's for knee & shoulder post op

Board Use Only
Received MAR 25 2010 Check Number 1023 Amount 500.00

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OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: David Sanford

List all previous names: none

Social Security Number: _____

Date of Birth: _____

Place of Birth: City: Las Vegas State: NV Country: Clark

Citizenship: USA ☒ other _____

If applicable, list Naturalization Number: _____ Passport Number: _____

Current residence address: 1426 Foothills Village Dr

City: Henderson State: NV Zip Code: 89012

Telephone Number: _____ Fax Number: (702) 896-2898

Previous address (last 5 years): _____

Address: 2736 Laguna Seca City: HN State: NV Zip Code: 89052

Address: 1708 Choice Hills Dr City: HN State: NV Zip Code: 89012

Address: _____ City: _____ State: _____ Zip Code: _____

Business Name: DRS Medical LLC

Current Business Address: 1426 Foothills Village Dr.

City: HN State: NV Zip Code: 89012

Telephone Number: (702) 813-3268 Fax Number: (702) 896-2898

Previous Employment (last 5 years):

Name: KCI Therapeutic service Address: 3950 W. Diablo Dr. suite B-9

City: Las Vegas State: NV Zip Code: 89118

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

List all Medicare and Medicaid provider numbers registered to the business or its owner:

None

- 1) Do you 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 ☒ If yes, list the persons, their address and their business names.

a) N/A

Name	Address
Business	

b)

Name	Address
Business	

c)

Name	Address
Business	

d)

Name	Address
Business	

- 2) Have you in the last 10 years been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☒ No ☐ If yes, list the persons, their address and their business names.

Jim Metcalf was my manager

a) KCI Therapeutic Services

Name	Address
<u>KCI</u>	<u>3950 W. Diablo Dr. # B9 LV, NV 89</u>
Business	

b)

Name	Address
Business	

c)

Name	Address
Business	

- 3) Are you are a health professional? No

☐ Practitioner
☐ Advanced Practitioner of Nursing
☐ Physician's Assistant
☐ Physical Therapist
☐ Occupational Therapist
☐ Registered Nurse
☐ Respiratory Therapist

I spent 15 year in sales & service of medical devices

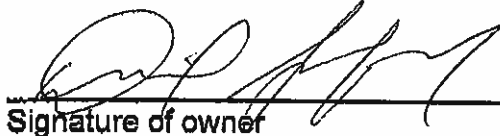
Within the last five (5) years:

- 4) Have you ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 5) Have you ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 6) Have you ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 7) Have you, 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 ☒
- 8) Have you 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 any question 4 through 8 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 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.


Signature of owner

3-26-10
Date

David R. Sanford
Type name

-PERSONAL HISTORY RECORDDate 3-26-10**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, attach 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 MDEG provider

DRS Medical LLC 6048 S. Durango LV, NV 89113
 Name and Address of Establishment for Which License is Requested
N/A for MDEG
 If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Sanford David Richard
 Last Name First Name Middle Name
N/A
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
1426 Foothills Village Dr HN NV 89012
 Present Residence Address-Street or RFD City State/Zip
1426 Foothills Village Dr May 2008 - present
 Present Business Address Dates
39 LV, Clark NV
 Date of Birth Place of Birth (City, County, State)
39 LV, Clark NV
 Age Social Security Number Sex
Brown Brown olive 210 Fit 6'3"
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics noneAre you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. N/AIf naturalized, certificate No. N/A Date N/APlace N/A (If naturalized, document must be verified.)**2. MARITAL INFORMATION:**Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐Applicant's initial DA

MARITAL INFORMATION-Continued

A. Current Marriage 3-8-03 Date Tucson Pima AZ City, County and State
 Spouse's full name (Maiden) Kimberley Anne Alday S.S. No. _____
 Date of Birth _____ Place of Birth Tucson, AZ
 Resident address 1426 Foothills Village DR HW NV 89017 Street City State Zip
 Telephone: Residence _____ Business (702) 510-6300
 Spouse's employer Pfizer Occupation Sale Representative
 Address of employer 235 E 42nd NV NV 10017 Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
	<u>3-1-2000</u>	<u>Las Vegas</u>	<u>Divorce</u>	<u>LV Clark NV</u>

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

Name	Street	City	State	Zip	Telephone
<u>Kristen Sperry Baker</u>	<u>4885</u>	<u>Lehi</u>	<u>UT</u>	<u>84043</u>	<u>(801) 815-4521</u>

3. FAMILY INFORMATION:

A. Children and Dependents:

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

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 DA

FAMILY INFORMATION-Continued

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

Name Las Vegas Justice Court

Address Carson St. LV NV

Contact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father <u>J. Glen Sanford</u>		<u>3725 E. Quail Ave</u> <u>LV NV 89120</u>	<u>CPA</u>
Mother <u>Vonda C. Sanford</u>		<u>Same address</u>	<u>House wife</u>
Father-in-Law <u>Armondo Alday</u>		<u>7040 Stardust Cr. Tucson, AZ 85710</u>	<u>School Principal</u>
Mother-in-Law <u>Francis Alday</u>		<u>Same address</u>	<u>Teacher</u>

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
<u>Brian Sanford</u>		<u>7 Courtney Ann Dr. HN NV 89074</u>	<u>Dentist</u>
Spouse <u>Linda Woodfield</u>		<u>Same address</u>	<u>Housewife</u>
<u>John Sanford</u>		<u>1 2460 Mirabella HN, NV 89052</u>	<u>CPA</u>
Spouse <u>Patrice Sanford <u>Boelshard</u></u>		<u>Same address</u>	<u>Housewife</u>
<u>Lee Ann Sanford <u>Boelshard</u></u>		<u>3485 S. to Border Carlshad, PA 92009</u>	<u>Housewife</u>
Spouse <u>Eric Wible</u>		<u>Same address</u>	<u>Mechanical Engineer</u>
<u>Julie Sanford</u>		<u>2312 Carinth way HN, NV 89014</u>	<u>Housewife</u>
Spouse <u>Chris Wible</u>		<u>Same address</u>	<u>Bank U.P.</u>

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	<u>George Harris</u>	<u>LV</u>	<u>1976-1982</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School			<u>1986-1989</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College			<u>1995</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
University			<u>1995-2004</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	<u>KCI Best University</u>			

Type of degree obtained, if any N/A

College or university where obtained N/A

Applicant's initial AS

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 separate sheet. (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 and provide a written explanation. 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 ☒

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, please provide a written explanation.

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

I testified in court because there was a robbery at my place of business.

Applicant's initial OS

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 and provide a written explanation. List all cases without exception, including bankruptcies: none

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 and provide a written explanation.

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
12-09 - present	1426 Foot hills Village Dr.	HN	NV clark
8-08 to 12-9	2736 Laguna Sea	HN	NV clark
4-04 to 8-08	1708 Choice Hills Dr	HN	NV clark
8-97 to 4-04	2203 Alankurst Dr.	HN	NV clark
9-94 to 8-97	3725 E. Quail Ave	LV	NV clark
1-90 to 7-94	2537 Cortina Ave	HN	NV clark
10-83 to 1-90	2460 E. Casey Av	LV	NV clark

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.

5-08	DRS Medical	present
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Director/owner	handling sale service and all duties	myself
Title	Description of Duties	Name of Supervisor
6-91	KCI Therapeutic Services	Start my own business
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Account Executive Sales	interviewing and placement of equipment to patients	JRM
Title	Description of Duties	Name of Supervisor
11-89	Medi-Rec	purchased by KCI
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
		J.C. Nov 1985
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, please provide an 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 <u>Ramon McBride</u>	<u>2010 Titanium</u>	<u>LV</u>	<u>NV</u>	<u>89102</u>		<u>36 yrs</u>
Employer <u>Bank of Las Vegas</u>					<u>Business Banking VP</u>	
Name <u>Jim Metcalf</u>	<u>Home</u>	<u>3550 S. 2200</u>	<u>SLC, UT</u>			<u>7</u>
Employer <u>KCI</u>					<u>Business Therapeutic equipment</u>	
Name <u>Susan Ziegler</u>	<u>Home</u>	<u>Unknown</u>				<u>10 yr.</u>
Employer <u>Organogenesis</u>					<u>Business Medical skin grafts</u>	
Name <u>Sean Akid</u>	<u>Home</u>					
Employer <u>Clark County School District</u>					<u>Business counselor</u>	
Name	<u>Home</u>	<u>2203 Alenhurst Dr</u>				
Employer					<u>Business</u>	

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

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

Yes ☐ No ☒

If yes, state type, where and years held

N/A

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

Applicant's Initial

RA

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 ☒ If yes, please provide details and a written explanation.
N/A

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒ If yes, please provide details and a written explanation
N/A

If yes to the above, state where, when and for what reason:
N/A

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 ☒ If yes, please provide details and a written explanation
N/A

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 ☒ If yes, please provide details and a written explanation
N/A

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 ☒ If yes, please provide details and a written explanation.
N/A

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 closure)? Yes ☐ No ☒ If yes, please provide details and written explanation
N/A

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 ☐ If yes, please provide details and written explanation

My wife works for Pfizer pharmaceuticals



EN

Date of photograph 2-28-10

Applicant's initial [Signature]

STATE OF Nevada

NO. 040 P. 10/10

ss.

COUNTY OF Clark

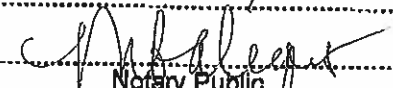
I, David Sanford

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 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 current Nevada Revised Statutes and Nevada Administrative Code promulgated thereunder and agree, if licensed, to abide thereby,

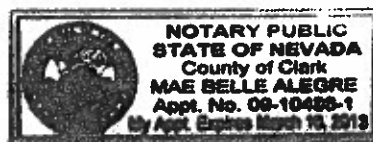
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a license in the State of Nevada.


Signature of Applicant

Subscribed and Sworn to before me this 26th day of
March 2010 by David R. Sanford.


Notary Public

(seal)



Applicant's initial DS

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA MDEG WHOLESALER

NON PUBLICLY TRADED CORPORATION

FEE: \$500.00 (non-refundable and not transferable) - Application must be printed legibly

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 MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
Please provide current license number if making changes:

FACILITY INFORMATION

Facility Name: OMED of Nevada, LLC

Physical Address: 800 STILLWELL RD STE 80
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME

City: RENO State: NV Zip Code: 89512

Telephone Number: 775 857 3008 Fax Number: 775 857 3009

E-mail: HEINZ@OMEDNEVADA.COM Website: WWW.OMEDNEVADA.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9AM to 5PM Tue: 9AM to 5PM Wed: 9AM to 5PM Thu: 9AM to 5PM
Fri: 9AM to 5PM Sat: — to — Sun: — to — Holidays: — to —

FACILITY ADMINISTRATOR INFORMATION

Name: HEINZ ROESCH

Address: 9900 WILBUR MAY PKWY #4201

City: RENO State: NV Zip Code: 89521

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

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

Board Use Only
Received MAR 04 2010 Check Number 1088 Amount \$500.—

53185
646

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: TEXAS
Parent Company if any: HANEG/ VENTURES, LLC
Corporation Name: dba OMED of Nevada, LLC
Mailing Address: 800 STILLWELL RD # 80
City, State and Zip: RENO, NV 89512
Telephone Number: 775 857 3008 Fax Number: 775 857 3009
License Contact Person: HEINZ ROESCH
Professional Compliance Contact Person: HEINZ ROESCH

NAME AND TITLE OF EACH OFFICER AND DIRECTOR (Use separate sheet if necessary)

<u>Officer or director name</u>	<u>Officer or director title</u>
<u>TERRY VANDER PLOEG</u>	<u>PRESIDENT</u>
<u>HEINZ ROESCH</u>	<u>CEO</u>

For any corporation non publicly traded, disclose the following:

- 1) List any persons to whom the shares were issued by the corporation?

a) <u>TERRY VANDER PLOEG</u>	<u>9900 WILBUR MAY PKWY #4201, RENO, NV</u>
Name	Address
b) <u>HEINZ ROESCH</u>	<u>9900 WILBUR MAY PKWY #4201, RENO, NV</u>
Name	Address
c) _____	_____
Name	Address
d) _____	_____
Name	Address

NOTE: All persons who are stockholders must accurately complete a personal history record form.

- 2) Provide the number of shares issued by the corporation. 4
- 3) What was the price paid per share? SEE ATTACHED
- 4) What date did the corporation actually receive the cash assets? 05/14/2009
- 5) Provide a copy of the corporations stock register evidencing the above information.

If the non publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation, and include a list of its officers.

N/A

List all Medicare and Medicaid WHOLESALER numbers registered to the business or its owner:

NONE

- 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 ☒ If yes, list the persons, their address and their business names.

a) N/A

Name	Address
Business	

b)

Name	Address
Business	

c)

Name	Address
Business	

d)

Name	Address
Business	

- 2) Are you or have you in the last 10 years been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒ If yes, list the persons, their address and their business names.

a) N/A

Name	Address
Business	

b)

Name	Address
Business	

c)

Name	Address
Business	

3) Are any of the owners health professionals? If yes, please list name.

<u>No</u> Practitioner	Name: _____
<u>No</u> Advanced Practitioner of Nursing	Name: _____
<u>No</u> Physician's Assistant	Name: _____
<u>No</u> Physical Therapist	Name: _____
<u>No</u> Occupational Therapist	Name: _____
<u>No</u> Registered Nurse	Name: _____
<u>No</u> Respiratory Therapist	Name: _____

Within the last five (5) years:

- 4) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 5) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 6) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 7) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 ☒
- 8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 any question 4 through 8 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 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.

Signature of corporation officer

Date

Type name and title

-PERSONAL HISTORY RECORD

Date 3/1/2010

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, attach a separate sheet and precede each answer with the appropriate title. Do not misstate or omit a 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 WHOLESALE LICENSE (MDEG)
OMED of Nevada, LLC, 800 STILLWELL RD #80, RENO, NV 89512
N/A
Name and Address of Establishment for Which License Is Requested
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

ROESCH HEINZ EMIL
Last Name First Name Middle Name
N/A
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
9900 WILBUR MAY PKWY #4201, RENO, NV 89521
Present Residence Address-Street or RFD City State/Zip
Dates OCTOBER 2009 - PRESENT
Present Business Address 800 STILLWELL RD #80, RENO, NV 89512
Fax
D Place of Birth (City, County, State) LOERRACH, GERMANY
57 MALE
Age Sex
BLUE GREY WHITE 215 LBS ATHLETIC 6'1"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics NONE

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

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐
Applicant's initial R

MARITAL INFORMATION-Continued

A. **Current Marriage** 06/08/1974 SAN ANTONIO, BEXAR, TX
Date City and State
 Spouse's full name (Maiden) KAREN ANN COLLINS
 Date of Birth 03/03/1953 Place of Birth SAN ANTONIO, TX
 Resident address 333 ROESCH RIDGE, DOSS, TX 78618
Street City State Zip
 Telephone: Residence _____ Business (512) 245 2111
 Spouse's employer TX STATE UNIVERSITY Occupation LECTURER
 Address of employer 601 UNIVERSITY DR., SAN MARCOS, TX 78666
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
------	------------	-------------	-------------------

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 R

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
+ HEINZ ROESCH		LOERRACH, GERMANY	BANKER
Mother			
+ BERTA MITTELSDOFT		OBERWILH, GERMANY	HOUSEWIFE
Father-in-Law			
+ BRYAN D. COLLINS		2966 GAINES BOROUGH, SAN ANTONIO, TX 78230, USAF Ret.	
Mother-in-Law			
PEGGY J. COLLINS ne POWELL		FREDERICK RD #103, FREDERICKSBURG, TX 78624	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
INGRID ROESCH +		GERMANY	BAR TENDER
Spouse KONRAD MASUCH +		GERMANY	ROOFER
HILDEGART ROESCH +		GERMANY	TEACHER RET.
Spouse WERNER PREUSS		GERMANY	TEACHER
BRIGITTE ROESCH +		GERMANY	ADVERTISING EXEC.
Spouse GUNTHER HAHN		GERMANY	SALES MGR.
MANFRED ROESCH		GERMANY	PERSONNEL MGR.
Spouse			
EXWIFE CHRISTA GREI		GERMANY	HOUSEWIFE

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	ROTECKGYMASIUM	FREIBURG, GERMANY	1967-1971	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	WINSTON CHURCHILL HS	SAN ANTONIO, TX	1969-70	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	UNIV. OF TEXAS	AUSTIN, TX	1974-75	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	UNIV. OF PHOENIX	PHOENIX, AZ	2005-2006	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any BA MATH + COMP SC., MASTER of MGMT

College or university where obtained UNIV. of Texas + UNIV. OF PHOENIX

Applicant's initial R

+ = deceased

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☒ No ☐

Branch GERMAN AIR FORCE

Date of entry-active service 10/1971

Date of separation 04/1973

Type of discharge HONORABLE

Rating at separation 1ST LT

Serial number

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

B. Have you registered for the draft?

Yes ☐ No ☒

County N/A

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 and provide a written explanation. 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 ☒

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

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

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, please provide a written explanation

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

N/A

Applicant's initial

R

Page

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 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 and provide a written explanation. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
PLAINTIFF N/A	11/05/2005	KERR CTY. 05-50085 W	KERRVILLE, KERR, TX	CREDITCARD ABUSE, 6 11/19/2001

- 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 and provide a written explanation.

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
10/07 - PRESENT	9900 WILBUR MAY PKWY #4201	RENO	NV
7/01 - 10/07	333 ROESCH RIDGE	DOSS	TX
11/89 - 6/01	1-21-14 HANEGI, SETAGAYA-KU	TOKYO, 156	JAPAN
10/80 - 11/89	NECKARRING 15	GROSS GERAN	GERMANY

Applicant's initial

R

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
10/09	OMED of Nevada, LLC, 800 STILLWELL #80, RENO, NV	N/A
Title	Description of Duties	Name of Supervisor
CEO	CHIEF EXECUTIVE	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2/2003 - 8/09	HILL COUNTRY HBA, 1444 SIDNEY BAKER, KERRVILLE, TX	BUY OMED of NV
Title	Description of Duties	Name of Supervisor
EXEC. OFFICER	RUN THE ASSOCIATION	RICK SCHAFER, PRESIDENT
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/01 - 1/03	UNEMPLOYED	BURNED OUT
Title	Description of Duties	Name of Supervisor
	CLEAN UP RANCH IN DOSS, TX	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1999 - 2001	SOCIÉTÉ GÉNÉRALE, TOKYO, JAPAN	RETIRE
Title	Description of Duties	Name of Supervisor
EXEC. MAN. DIR.	BRANCH MGR	BRIAN KAYE
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1996 - 2000 1999	UNION BANK OF SWITZERLAND, TOKYO, JAPAN	MERGE W/ SBC
Title	Description of Duties	Name of Supervisor
MAN. DIR.	CHIEF OPERATING OFFICER	PETER BRUTSCHE
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1976 - 1996	DEUTSCHE BANK, TOKYO, JAPAN	OFFER FROM UBS
Title	Description of Duties	Name of Supervisor
COO	CHIEF OPERATING OFFICER	HELMUT MADER
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1971 - 1973	GERMAN AIR FORCE	TIME UP
Title	Description of Duties	Name of Supervisor
1ST LT	DRILL INSTRUCTOR	DO NOT REMEMBER
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
SINCE 2005	MERIDIAN OIL + GAS	
Title	Description of Duties	Name of Supervisor
SHAREHOLDER	INVESTOR ONLY	MATT REED, PRES

If additional space is needed, please provide an attachment.


Applicant's initial R Page 6

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
SINCE 2007	VIP SPORTS GETAWAY	
Title	Description of Duties	Name of Supervisor
SHAREHOLDER	INVESTOR ONLY	ROBERT KLITING, COO
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
SINCE 2004	MANMADE FILMS	
Title	Description of Duties	Name of Supervisor
SHAREHOLDER	INVESTOR ONLY	M. MAN, PRES
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
UNTIL 1975	ATTENDED SCHOOL	GRADUATED
Title	Description of Duties	Name of Supervisor
STUDENT	UNIVERSITY OF TEXAS AT AUSTIN	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/76 - 6/76	AIR PRODUCTS + CHEM., ALLENTOWN, PA	OFFER FROM DEUTSCHE
Title	Description of Duties	Name of Supervisor
SYSTEM ENG.	PROGRAMMER	DO NOT RECALL
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, please provide an attachment.

Applicant's initial  Page

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>DAVID HOELZINGER</u>	Home <u>3824 PALO VERDE LN,</u>	<u>PHOENIX,</u>	<u>AZ</u>	<u>602</u>		<u>8</u>
Employer <u>AZ CARDIOLOGIST</u>	Business <u>MED. DOCTOR</u>					
Name <u>RICHARD LAUGHLIN</u>	Home <u>616 W. MAIN,</u>	<u>FREDERICKS BURG,</u>	<u>TX</u>	<u>78624</u>	<u>(830)</u>	<u>11</u>
Employer <u>LAUGHLIN HOMES</u>	Business <u>616 W. MAIN,</u>	<u>FBG,</u>	<u>TX</u>	<u>78624</u>		
Name <u>ANNE WEINHEIMER</u>	Home <u>811 N. LLANO,</u>	<u>FREDERICKS BURG,</u>	<u>TX</u>	<u>(830)</u>		<u>8</u>
Employer <u>HOUSEWIFE</u>	Business <u>N/A</u>					
Name <u>LOTTIE DEMEL</u>	Home <u>673 DEMBACH,</u>	<u>FREDERICKS BURG,</u>	<u>TX</u>	<u>(830)</u>		<u>39</u>
Employer <u>HOUSEWIFE</u>	Business <u>N/A</u>					
Name <u>STEVE KOSUB</u>	Home <u>302 CORONA,</u>	<u>SAN ANTONIO,</u>	<u>TX</u>	<u>78209</u>	<u>(210)</u>	<u>40</u>
Employer <u>SAWS</u>	Business <u>LAWYER</u>					

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

Liquor	Lawyer	Race horse/race dog owner	<u>Securities dealer</u>	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

JAPANESE SECURITIES DEALERS ASSOC., LIC I + II

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.

Applicant's initial R

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada, any reason whatsoever? Yes ☒ No ☐ If yes, please provide details and a written explanation.

JAP. SEC. DEALERS ASSOC TO TAKE EXAM

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupation or professional activity? Yes ☐ No ☒ If yes, please provide details and a written explanation

If yes to the above, state where, when and for what reason:

N/A

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 ☒ If yes, please provide details and a written explanation

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 ☒ If yes, please provide details and a written explanation

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 ☒ If yes, please provide details and a written explanation.

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 closure)? Yes ☐ No ☒ If yes, please

18. Do you have any relatives within the fourth degree of consanguinity who are currently employed in the pharmaceutical or drug related industry? Yes ☒ No ☐ If yes, please

MY DAUGHTER CARA ROESCH IS A
PHARMACEUTICAL TECHNICIAN IN T
(Her license is expired as she
is now working as a licensed
Physical Therapist in St Louis, Mo)



Date of photograph 2/10/2010

Applicant's initial

[Signature]

STATE OF NEVADA

SS.

COUNTY OF Washoe

I, Heinz Roesch, 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 license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (1) 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 current Nevada Revised Statutes and Nevada Administrative Code 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 or assigns shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a license in the State of Nevada.

Roesch

Signature of Applicant

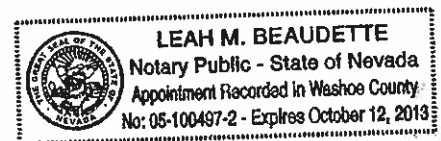
Subscribed and Sworn to before me this 1st day of

March, 2010.

Leah M. Beaudette

Notary Public

(seal)



Applicant's initial R

Page

-PERSONAL HISTORY RECORD

Date 3/1/2010

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, attach 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 WHOLESALE LICENSE (MDEG)
OMED of Nevada, LLC, 800 STILLWELL RD #80, RENO, NV 89512
N/A

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Vander Ploeg First Name Terrence Middle Name Lee

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) N/A

Present Residence Address-Street or RFD 9900 Wilbur May Pkwy #4201 City RENO State/Zip NV. 89512

Present Business Address 800 Stillwell Rd #80, Reno, NV 89512 Dates 10/09 - Present

Date of Birth 50 Place of Birth (City, County, State) Belflower, Los Angeles, CA

Age 50 Sex M

Color of Eyes Green Color of Hair Red Complexion White Weight 175 Build Medium Height 5'11

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. 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 Th?

MARITAL INFORMATION-Continued

A. **Current Marriage** 9/24/83 Phoenix, Maricopa, AZ
Date City, County and State
 Spouse's full name (Maiden) Rhett Kay Romero
 Date of Birth _____ Place of Birth Welch, LA
 Resident address 470 5600 Circle Drive Susanville CA 96130
Street City State Zip
 Telephone: Residence _____ Business (530) 251-8253
 Spouse's employer Lassen County, CA Occupation Deputy District Attorney
 Address of employer 220 S Lassen St Susanville CA 96130
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
<u>Sonnier-Faye Vander Ploeg</u>	<u>3/18/88</u>	<u>Plano, TX</u>	<u>7250 Perkins Rd. #631, Baton Rouge, LA 7081</u>
<u>Jake Lee Vander Ploeg</u>	<u>12/16/89</u>	<u>Phoenix, AZ</u>	<u>2305 Sheridan Rd, BOBB Hall #410, Evanston, IL 60201</u>

B. **Child Support Information:**

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

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

Applicant's initial TRP

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

Name (Maiden)	Birth Date	Address	Occupation
Father <u>Roger Vander Ploeg</u>	<u>7</u>	<u>18615 N. 43rd St., Phoenix, AZ 85024</u>	<u>Teacher</u>
Mother <u>Madeline Vander Ploeg</u>	<u>3</u>	<u>55 Heritage Circle, Sedona, AZ 86351</u>	<u>Realtor</u>
Father-in-Law <u>Rosamond Romero</u>		<u>5010 E. Lincoln Drive, Paradise Valley, AZ 85253</u>	<u>Restaurat</u>
Mother-in-Law <u>Kay Romero</u>		<u>5010 E. Lincoln Dr., Paradise Valley, AZ 85253</u>	<u>owner</u>

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Spouse <u>Ellen Vander Ploeg</u>		<u>6010 E. Grapevine, Cave Creek, AZ 85331</u>	<u>Bartender</u>
<u>Roger Kohrs</u>	<u>UNKNOWN</u>	<u>6010 E. Grapevine, Cave Creek, AZ 85331</u>	<u>owner-US Roofin</u>

Spouse _____

Spouse _____

Spouse _____

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>Cocopah Elementary</u>	<u>Scottsdale, AZ</u>	<u>1971-1973</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School <u>Chaparral H.S.</u>	<u>Scottsdale, AZ</u>	<u>1973-1977</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College <u>Yavapai Junior College</u>	<u>Prescott, AZ</u>	<u>1977-1979</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
University <u>Northern Arizona Univ.</u>	<u>Flagstaff, AZ</u>	<u>1981-1983</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any BS, Business Administration

College or university where obtained Northern Arizona University

Applicant's initial B

5 MILITARY INFORMATION:

- A. Have you ever served in any armed forces?

Yes ☐ No ☒Branch N/A 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 separate sheet. (List all incidents regardless of where they occurred-foreign or domestic.)

- B. Have you registered for the draft?

Yes ☐ No ☒County N/A 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 and provide a written explanation. 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
- ☒

- 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 _____

- 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 _____

- 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, please provide a written explanation.

Name	Relationship	Charge	Location	Date
<u>N/A</u>				

Applicant's initial DP

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been 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 and provide a written explanation. 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 and provide a written explanation.

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
10/09-Present	9900 Wilbur Way #4201	Reno	NV
5/08 - 10/09	470-560 Circle Dr.	Susanville	CA
12/07 - 5/08	716 Court St.	Susanville	CA
8/05 - 12/07	925 Longwood Ct.	Chalfant	PA
8/98 - 8/05	1-29-22 Haneji Setajaya-ku Tokyo	Japan	Japan
6/93 - 8/98	7340 E. Dreyfus	Scottsdale	AZ
11/88 - 6/93	2710 E. Yucca St	Phoenix	AZ
6/87 - 11/88	Meadow Creek Dr.	Las Colinas	TX
3/85 - 6/87	8472 Lonon Ct.	Orangevale	CA

Applicant's initial

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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
10/09 - Present	OMED of Nevada, LLC 800 Stillwell Rd #80, Reno NV	N/A
Title	Description of Duties	Name of Supervisor
President	General Management	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/07 - 10/09	Unemployed	Purchase OMED of NV
Title	Description of Duties	Name of Supervisor
	Spend Time with Family / Look for Business	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5/88 - 6/07	Motorola, Inc Schaumburg, IL (HQ)	Burned out / I worked in: Phoenix, AZ Tokyo, Japan Horsham, PA
Title	Description of Duties	Name of Supervisor
Sector Financial Controller	Financial Management	Russ Hammer
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
4/89 - 4/00	Baby Kay's Cajun Kitchen	Moved to Tokyo
Title	Description of Duties	Name of Supervisor
CFO / Part Owner	Financial / Accounting	Key Romero
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6/87 - 5/88	General Dynamics, Inc, Ft. Worth, Tx	Take job w/ Motorola in Ph
Title	Description of Duties	Name of Supervisor
Internal Auditor	Internal Audit - Finance / Compliance	T.M. Fair
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6/84 - 6/87	Touche Ross & Co. Sacramento, CA	Take job w/ General Dym.
Title	Description of Duties	Name of Supervisor
Audit Senior	Audit company financial statements	Ken Macias
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6/83 - 6/84	Kmart, Lodi, CA	Take job w/ Touche Ross
Title	Description of Duties	Name of Supervisor
Asst. Mgr.	General Store Management	? Don't Remember
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/77 - 5/83	Student - Yavapai College, Northern Arizona Univ	Work at KMa
Title	Description of Duties	Name of Supervisor
Student	Study	N/A

If additional space is needed, please provide an attachment.

Applicant's initial TP 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>David Hoelzger</u>	Home	<u>3829 Palo Verde Ln,</u>	<u>Phx,</u>	<u>AZ</u>		<u>17</u>
Employer <u>AZ Cardiologist</u>	Business	<u>340 E. Palm Ln.</u>	<u>PH,</u>			
Name <u>Bruce Winter</u>	Home	<u>11621 N. Bancroft Dr.,</u>	<u>PHX,</u>			<u>17</u>
Employer <u>AZ River Runners</u>	Business	<u>15211 N. Cave Creek</u>				
Name <u>Dan Pakenham</u>	Home	<u>434 E. 52nd St.,</u>	<u>NY, NY</u>			<u>11</u>
Employer <u>Citigroup / Citibank</u>	Business	<u>NY, NY</u>				
Name <u>Scott Timison</u>	Home	<u>636 Glen Oaks Dr.</u>				<u>25</u>
Employer <u>self</u>	Business	<u>ATA Consultant</u>				
Name <u>Jim Mori</u>	Home	<u>3-8-13 Daishoji,</u>	<u>Tokyo</u>			
Employer <u>Macguarie</u>	Business	<u>Tokyo, Japan</u>				<u>12</u>

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

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

Yes ☒ No ☐

If yes, state type, where and years held

CPA - California - 198

Arizona - 1989 - 2000

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.

Business License + Liquor License - 1989 - Scottsdale, AZ

Licensing Agency - City of Scottsdale, State of AZ

Partners: Kay Romero, 5010 E. Lincoln Dr., Paradise Valley, AZ

Applicant's initial

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Page 7

Rene Romero, 5960 N. Hummbyrd Ln., Paradise Valley, AZ

Theresa Romero, 5960 N. Hummbyrd Ln. Paradise Valley, AZ

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 ☒ If yes, please provide details and a written explanation.

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒ If yes, please provide details and a written explanation

If yes to the above, state where, when and for what reason:

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 ☒ If yes, please provide details and a written explanation

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 ☒ If yes, please provide details and a written explanation

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 ☒ If yes, please provide details and a written explanation.

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 closure)? Yes ☐ No ☒ If yes, please provide details and written explanation

18. Do you have any relatives within the fourth degree of consanguinity as pharmaceutical or drug related industry? Yes ☐ No ☒ If yes, please

ATTACH

WITHIN 1



Date of photograph

Applicant's initial

DF

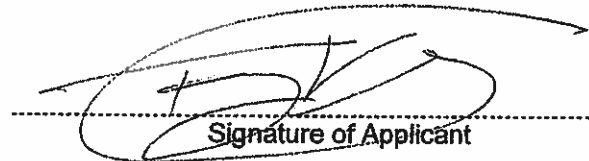
STATE OF NEVADA

SS.

COUNTY OF Washoe

I, Terrence Under Ploeg, 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 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 current Nevada Revised Statutes and Nevada Administrative Code 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 shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a license in the State of Nevada.

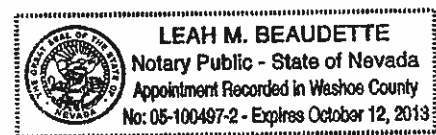

Signature of Applicant

Subscribed and Sworn to before me this 1ST day of

March, 2010

Leah M. Beaurette
Notary Public

(seal)



Applicant's initial TP

Blank

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA MDEG PROVIDER

NON PUBLICLY TRADED CORPORATION

FEE: \$500.00 (non-refundable and not transferable) - Application must be printed legibly

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 MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
Please provide current license number if making changes: _____

FACILITY INFORMATION

Facility Name: OZOMOR MEDICAL SUPPLIES INC

Physical Address: 6280 SOUTH VALLEY VIEW BLVD, #220
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 6280 SOUTH VALLEY VIEW BLVD, #220

City: LAS VEGAS State: NV Zip Code: 89118

Telephone Number: (702) 515-9680 Fax Number: 399-7950

E-mail: Princenneta@gmail.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 0900 to 1700 Tue: 0900 to 1700 Wed: 0900 to 1700 Thu: 0900 to 1700

Fri: 0900 to 1700 Sat: N/A to N/A Sun: N/A to N/A Holidays: N/A to N/A

FACILITY ADMINISTRATOR INFORMATION

Name: VALANDO STERLING

Address: 3551 ROSE CANYON DRIVE

City: NLV State: NV Zip Code: 89032

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: _____

Board Use Only
Received MAR 29 2010 Check Number mo Amount 500.00

53404
657

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA
Parent Company if any: N/A
Corporation Name: OZOMAR MEDICAL SUPPLIES INC
Mailing Address: 6280 SOUTH VALLEY VIEW BLVD #220
City, State and Zip: LAS VEGAS, NV, 89118
Telephone Number: (702) 515-9680 Fax Number: (702) 399-7154
License Contact Person: VALANDO STERLING
Professional Compliance Contact Person: VALANDO STERLING

NAME AND TITLE OF EACH OFFICER AND DIRECTOR (Use separate sheet if necessary)

<u>Officer or director name</u>	<u>Officer or director title</u>
<u>Evangeline Ramirez</u>	<u>SECRETARY / TREASURER</u>
<u>VALANDO STERLING</u>	<u>PRESIDENT</u>

For any corporation non publicly traded, disclose the following:

- 1) List any persons to whom the shares were issued by the corporation?
- a) VALANDO STERLING 3551 ROSE CANYON DRIVE
Name Address NLV, NV, 89032
- b) Evangeline Ramirez 8204 CUPERTINO HTS WAY
Name Address LAS VEGAS NV, 89178
- c) _____
Name Address
- d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form.

- 2) Provide the number of shares issued by the corporation. 75,000
- 3) What was the price paid per share? \$1.00
- 4) What date did the corporation actually receive the cash assets? 2/10/10
- 5) Provide a copy of the corporations stock register evidencing the above information.

If the non publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation, and include a list of its officers.

N/A

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 ☒ If yes, list the persons, their address and their business names.

a) VALANDO STERLING 1101 N. DECATUR BOULEVARD, LV,
NV, EBONNY HOME HEALTH AGENCY
Name Address
Business

b) _____
Name Address
Business

c) _____
Name Address
Business

d) _____
Name Address
Business

- 2) Are you or have you in the last 10 years been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☒ No ☐ If yes, list the persons, their address and their business names.

a) _____
Name Address
Business

b) _____
Name Address
Business

c) _____
Name Address
Business

3) Are any of the owners health professionals? If yes, please list name.

<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 checked="" type="checkbox"/> Registered Nurse	Name: <u>VALANDO STERLING</u>
<input type="checkbox"/> Respiratory Therapist	Name: _____

Within the last five (5) years:

- 4) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 5) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 6) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 7) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 ☒
- 8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 any question 4 through 8 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 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.

ERAMIR
Signature of corporation officer

3/22/10
Date

EVANGELINE RAMIREZ SECRETARY/TREASURER
Type name and title

Date 3/20/10

Application for DURABLE MEDICAL SUPPLIES (EQUIPMENT SUPPLIES)
 6280 SOUTH VALLEY VIEW BLVD, LV, NV, 89118
 #220 OZOMAR MEDICAL SUPPLIES INC
 If applicable, Name Under Which It Is Now Operated

MARITAL INFORMATION-Continued

A. **Current Marriage** August, 08 2009 Las Vegas NV.
 Spouse's full name (Maiden) Jeremie V. Ramirez City, County
 Date of Birth Place of Birth Philippines
 Resident address 8264 Cupertino Hts. Wy Las Vegas NV. 89178
 Telephone: Residence
 Spouse's employer Three Wishes Occupation Manager
 Address of employer 5010 W. Arby Las Vegas NV. 89119
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
Jeff Javien	10-08	CA.		Orange County, CA.

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

Name	Street	City	State	Zip	Telephone
Jeff Javien	9724 Thistle Dew Ave	LV	NV.	89148	702-3400195

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
------	------------	-------------	-------------------

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 er

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 Elmer B. Paulin		Las Vegas, NV.	driver
Mother Eva M. Paulin		Las Vegas, NV.	nurse
Father-in-Law Andrew Forte		Arlington, VA	military
Mother-in-Law Vivian Forte		Arlington, VA.	Smithsonian employee

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
Spouse Emily Tumamo		8947 Trento Ave B Ft Lewis WA 98433	homemaker
Zalay Tumamo		8947 Trento Ave B Ft Lewis WA 98433	military
Spouse Ava Paulin		9425 Sandy Reef Apt C 9425 Sandy Reef Apt C Lrvn	
Emerson Paulin		W NV. 89147	891
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Daguerre Middle School	Yermo, CA	1992-1994	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Silver Valley H.S.	Yermo, CA	1994-1998	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College Concorde University	San Bernardino, CA	1999-2001	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any _____ vocational nurse certificate

College or university where obtained _____

Applicant's initial *ES*

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 separate sheet. (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 and provide a written explanation. 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 ☒
- 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, please provide a written explanation.

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

Applicant's initial

EP

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 and provide a written explanation. 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 and provide a written explanation.

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
1985-1990	1023	Artesia Blvd, Artesia,	CA.
1990-1998		Newberry Springs,	CA.
1998-2001	7101 E.	Rosecrans Ave	CA. 90723
2001-2003	1124	Plantation El #C	Las Vegas NV. 89117
2003-2005	9724	Thistle Dew Ave	Las Vegas NV. 89148
2005-current	8204	Cupertino Hb. Way	Las Vegas NV. 89178

Applicant's initial

QR

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.

4-1996-1999	Volo Ralph Lauren	2796 Tanger Way	School
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
	customer service rep working w/	Barkston, CA	92311 RELOCATION
Title	Description of Duties	Name of Supervisor	
2-2001 - 4-2004	Chancellor's gardens	Asst'd	better oppourtunit
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
	Alzheimer's Director - pt manager w/ files	Carroll	NEW EMPLOYMENT
Title	Description of Duties	Name of Supervisor	ERIKSSON
4-2004-current	Saguaro Home Health Care		Ramon
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	
	community liaison Maryland Prkwy LV, nv.	current	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	

If additional space is needed, please provide an attachment.

Applicant's initial ER

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	Years Known
Name <u>ARI VAIZ</u>	Home <u>300 TAYMAH PARK AVE.</u>				
Employer <u>SUPER AUTO</u>	Business <u>CAR BUSINESS OWNER</u>				
Name <u>Kate Parker</u>	Home				
Employer <u>JKK Home Care</u>	Business <u>business owner</u>				
Name <u>Cynthia Fardell</u>	Home <u>5122 S. JERRY PINES LV.</u>				
Employer <u>Palms Casino</u>	Business <u>cocktail waitress</u>				
Name <u>Marygrace Trinidad</u>	Home				
Employer <u>Desert Urology</u>	Business <u>nurse</u>				
Name <u>Terry McInight</u>	Home				
Employer <u>Osteopathic C.A.S.</u>	Business <u>nurse</u>				

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

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

Yes ☐ No ☒

If yes, state type, where and years held

11. Have you ever applied for a city, county 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

EP

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 ☒ If yes, please provide details and a written explanation.

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒ If yes, please provide details and a written explanation

If yes to the above, state where, when and for what reason:

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 ☒ If yes, please provide details and a written explanation

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 ☒ If yes, please provide details and a written explanation

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 ☒ If yes, please provide details and a written explanation.

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 closure)? Yes ☐ No ☒ If yes, please provide details and written explanation

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 ☒ If yes, please provide details and written explanation

ATT

WI



Date of photograph 3/19/10

Applicant's initial

ER

STATE OF

Nevada

SS.

COUNTY OF

Clark

I, Evangelina Ramirez

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 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 current Nevada Revised Statutes and Nevada Administrative Code promulgated thereunder and agree, if licensed, to abide thereby,

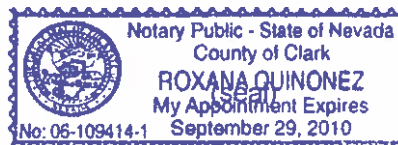
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a license in the State of Nevada.

u Ramirez
Signature of Applicant

Subscribed and Sworn to before me this 24th day of

March, 2010 by: Evangelina Ramirez

Ramirez
Notary Public



Applicant's initial

ER

PERSONAL HISTORY RECORD

Date 03/22/2016

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, attach 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 DURABLE MEDICAL EQUIPMENT SUPPLIES
Nature of License
OZOMER MEDICAL SUPPLIES INC. 6280 SOUTH VALLEY
Name and Address of Establishment for Which License is Requested
VIEW BOULEVARD, LV, NV, 89118
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name STERLING First Name VALANDO Middle Name KELEE
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
3551 ROSE CANYON DR. NORTH LAS VEGAS NV 89032
Present Residence Address-Street or RFD City State/Zip
REGISTERED NURSE Dates 12/22/09-12/22/11 State/Zip NEVADA
Occupation Phone: 702-989-9858
7 KINGSTON, JAMAICA Residence Business Fax
Date of Birth 32 Sex FEMALE
Age BROWN BLACK BLACK 140lbs SLIM 5,7"
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 099-420-417

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐
Applicant's initial RB

MARITAL INFORMATION-Continued

A. **Current Marriage** JUNE 26, 2006
 Date
 Spouse's full name (Maiden) FESTUS EBDOKA City, Coun S.S. No.
 Date of Birth 1/1/1975 Place of Birth NIGERIA, AFRICA
 Resident address 3551 ROSE CANYON DR N-L-V NV 89032
 Street City State Zip
 Telephone: Re _____ Business (702) 399-7135
 Spouse's employer EBONY HEALTH AGENCY Occupation NURSING
 Address of employer 1101 N. DECATUR BLVD, LV, NV 89118
 Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
JEFFERY BYRES	1/24/05	2003, CANADA	DIS	TORONTO CANADA

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
------	------------	-------------	-------------------

B. **Child Support Information:**

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

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

Applicant's initial AB

FAMILY INFORMATION-Continued

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

Name

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			
NORMAN STERLING		LONG ISLAND, USA	SELF EMPLOYED
Mother			
SONIA WILLIS		Brampton, CANADA	FOOD SERVICE
Father-in-Law			
GODPOWER KBONKA		NIGERIA, AFRICA	SELF EMPLOYED
Mother-in-Law			
JOSEPHINE OKOTERE		NIGERIA, AFRICA	HOME MAKER

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
NOEL STERLING		NEW JERSEY	SECURITY
Spouse			
	N/A		
ANEKA STERLING		NEW YORK	HEALTH CARE
Spouse			
	N/A		
SHANE STERLING		FLORIDA	NAVY
Spouse			
	N/A		

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	ALPHA PRIMARY	KINGSTON, JA	1983-1988	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	ALPHA HIGH	KINGSTON, JA	1988-1994	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	HUMBER COLLEGE	TORONTO, CA	1999-2002	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any

NURSING DIPLOMA

College or university where obtained

HUMBER COLLEGE, TORONTO, CANADA

Applicant's initial

AS

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 separate sheet. (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 and provide a written explanation. 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 ☒
- 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, please provide a written explanation.

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

N/A

Applicant's initial AB

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 and provide a written explanation. 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 and provide a written explanation.

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
2006- present	3551 Rose Canyon	N.L.V	NJ USA
2005 - 2006	Stclair	Glendale	CA USA
1997 - 2005	32 Barington Cres	Brampton	Ontario Canada
1990 - 1997	ELTHAM PARK	SPANISH TOWN	JAMAICA

Applicant's initial

AB

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
Title	Description of Duties	Name of Supervisor
3/10/07 - DATE	EBONNY HOME HEALTH AGENCY	TO START NEW BUSINESS
NURSE SUPERVISOR	ENSURE PTS. ARE PROPERLY CARED FOR IN THEIR HOMES AND SUPERVISES EMPLOYEES.	
2006-2007	NORTH VISTA HOSPITAL 1409 EAST LAKE MEAD BLVD, NLY, NV, 89030	TO WORK IN FAMILY BUSINESS
RN	RN ICU DUTIES	JOANNE
2002-2005	BRAMPTON HOSPITAL, CANADA	RELOCATION
RN	RN RESPIRALOGY DUTIES	
1994-1997	HD HOPWOOD LTD, JAMAICA	RELOCATION
CUSTOMER SERVICE	ORDER ENTRY ETC.	H. CHAMBERS
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, please provide an attachment.

Applicant's initial AS

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>EDELLIS MOSERI</u>	Home	<u>SOMERSET, NY</u>				
Employer <u>VA HOSPITAL</u>		Business <u>NURSING</u>				
Name <u>PAULINUS EICHIE</u>	Home	<u>LOS ANGELES, CA</u>				
Employer <u>SELF-EMPLOYED</u>		Business <u>ATTORNEY</u>				
Name <u>JULIET SIMMS</u>	Home	<u>BRAMPTON, CANADA</u>				
Employer		Business				
Name <u>GODWIN OKOTA</u>	Home	<u>DALLAS, TEXAS</u>				<u>5</u>
Employer <u>SELF-EMPLOYED</u>		Business <u>PA (OUT-PT)</u>				
Name <u>TONY ZIANIK</u>	Home	<u>LAS VEGAS NV, 89031</u>				
Employer <u>SELF-EMPLOYED</u>		Business <u>LMT MEDICAL SUPPLIE</u>				

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

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

Yes ☐ No ☒

If yes, state type, where and years held

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial AB

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 ☒ If yes, please provide details and a written explanation.

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☒ No ☐ If yes, please provide details and a written explanation

If yes to the above, state where, when and for what reason:

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 ☒ If yes, please provide details and a written explanation

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 ☒ If yes, please provide details and a written explanation

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 ☒ If yes, please provide details and a written explanation.

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 closure)? Yes ☐ No ☒ If yes, please provide details and written explanation

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 ☒ If yes, please provide details and written explanation

ATTACH I

WITHIN L



Date of photograph 03/23/2010

Applicant's initial AB

STATE OF NEVADA

SS.

COUNTY OF CLARK

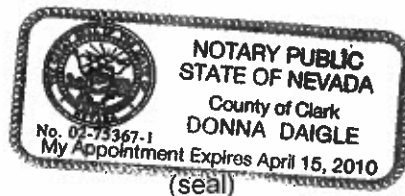
Valando Sterling, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a 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 current Nevada Revised Statutes and Nevada Administrative Code 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 license in the State of Nevada.

Valando Sterling RN
Signature of Applicant

Subscribed and Sworn to before me this 23 day of

March 2010
Donna Daigle
Notary Public



Applicant's initial VS

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA MDEG PROVIDER NON PUBLICLY TRADED CORPORATION

FEE: **\$500.00** (non-refundable and not transferable) - Application must be printed legibly

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 MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
Please provide current license number if making changes:

FACILITY INFORMATION

Facility Name: STATE SERV MEDICAL OF NEVADA, LLC

Physical Address: 6280 S. VALLEY VIEW BLVD,
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2130 E UNIVERSITY DR #238, LAS VEGAS, NEVADA 89111

City: TEMPE State: AZ Zip Code: 85281

Telephone Number: 480-633-7250 Fax Number: 480 323-2155

E-mail: TALLISON@STATESERV.COM Website: WWW.STATESERV.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8 to 8 Sat: 8 to 8 Sun: 8 to 8 Holidays: 8 to 8

FACILITY ADMINISTRATOR INFORMATION

Name: ANTHONY R. PERRE

Address: 17833 CAROLINE

City: HIGLEY State: AZ Zip Code: 85236

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: DURABLE MEDICAL EQUIPMENT

Board Use Only

Received MAR 17 2010 Check Number 548 Amount 500

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA
Parent Company if any: N/A
Corporation Name: STATE SERV MEDICAL OF NEVADA
Mailing Address: 2130 E. UNIVERSITY DR.
City, State and Zip: TEMPE, AZ 85281
Telephone Number: 480 633 7250 Fax Number: 480 323-2155
License Contact Person: THOMAS ALLISON
Professional Compliance Contact Person: LAURIE KENVILLE

NAME AND TITLE OF EACH OFFICER AND DIRECTOR (Use separate sheet if necessary)

<u>Officer or director name</u>	<u>Officer or director title</u>
<u>ANTHONY R. PERRE</u>	<u>MEMBER MANAGER (LLC)</u>
_____	_____

For any corporation non publicly traded, disclose the following:

- 1) List any persons to whom the shares were issued by the corporation?
- | | | |
|---------------------------|-----------------------------|-------------------|
| a) <u>ANTHONY R PERRE</u> | <u>17833 CAROLINE LANE,</u> | <u>HIGLEY, AZ</u> |
| Name | Address | <u>85236</u> |
| b) _____ | _____ | _____ |
| Name | Address | |
| c) _____ | _____ | _____ |
| Name | Address | |
| d) _____ | _____ | _____ |
| Name | Address | |

NOTE: All persons who are stockholders must accurately complete a personal history record form.

- 2) Provide the number of shares issued by the corporation. (LLC) 100%
3) What was the price paid per share? N/A
4) What date did the corporation actually receive the cash assets? N/A
5) Provide a copy of the corporations stock register evidencing the above information.

N/A - LLC NOT A CORPORATION

If the non publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation, and include a list of its officers.

N/A

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 ☒ If yes, list the persons, their address and their business names.

a) _____
Name Address

Business

b) _____
Name Address

Business

c) _____
Name Address

Business

d) _____
Name Address

Business

- 2) Are you or have you in the last 10 years been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☒ No ☐ If yes, list the persons, their address and their business names.

a) Anthony R. PERRE 2130 E UNIVERSITY DR. TEMPE, AZ 85281
Name Address

STATE SERV, LLC (ARIZONA LLC)
Business

b) _____
Name Address

Business

c) _____
Name Address

Business

3) Are any of the owners health professionals? If yes, please list name.

___ Practitioner	Name: _____
___ Advanced Practitioner of Nursing	Name: _____
___ Physician's Assistant	Name: _____
___ Physical Therapist	Name: _____
___ Occupational Therapist	Name: _____
___ Registered Nurse	Name: _____
___ Respiratory Therapist	Name: _____

Within the last five (5) years:

- 4) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 5) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 6) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 7) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 ☒
- 8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 any question 4 through 8 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 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.


Signature of corporation officer

Date

3/11/10

Type name and title

Anthony R PERRE

MEMBER / MANAGER

PERSONAL HISTORY RECORD

Date 3/11/10

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, attach 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 DURABLE MEDICAL EQUIPMENT
Nature of License
STATE SERV MEDICAL OF NEVADA, LLC
Name and Address of Establishment for Which License Is Requested
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name PERRE First Name ANTHONY Middle Name RALPH
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD 17833 EAST CAROLINE City HIGLEY State/Zip ARIZONA 85236
Dates 1998-

Present Business Address 2130 E UNIVERSITY DR City TEMPE State/Zip ARIZONA 85281
Dates 10/10/2007

Occupation MEMBER/MANAGER Phone: Residence (480) 633-3140
Business (480) 323-2155
Fax

Date of Birth _____ Place of Birth (City, County, State) BUFFALO, NEW YORK

Age 51 Social Security Number _____ Sex MALE

Color of Eyes BROWN Color of Hair BROWN Complexion MEDIUM Weight 220 Build MEDIUM Height 6'2

Scars, tattoos or distinguishing marks and/or characteristics TATTOO LEFT BICEP

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 [Signature]

MARITAL INFORMATION-Continued

A. **Current Marriage** 1-30-93 Phoenix, Arizona MARICOPA COUNTY
Date City, County and State
 Spouse's full name (Maiden) DAWN MICHELE Smith
S.S. No.
 Date of Birth Place of Birth WASHINGTON, DC
 Resident address 17833 CAROLINE HIGLEY AZ 85236
Street City State Zip
 Telephone: R Business (480) 967-2200
 Spouse's employer NA Occupation NA
 Address of employer NA
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
KATHY MOHLER	10/89	PHOENIX ARIZONA	ANNULLED	PHOENIX ARIZONA

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

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 Page 2

FAMILY INFORMATION-Continued

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

Name N/A

Address _____

Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parent-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father <u>Anthony J Perre</u>		<u>GILBERT, ARIZONA</u> <u>172 STRAWBERRY DR</u>	<u>DECEASED</u> <u>RETIRED</u>
Mother <u>Joan D. Perre</u>		<u>GILBERT, ARIZONA</u> <u>172 STRAWBERRY DR.</u>	<u>RETIRED</u>
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
<u>SANDY PERRE</u>		<u>QUEEN CREEK, ARIZONA</u>	<u>1st Title Co.</u> <u>ADMIN ASST.</u>
Spouse <u>PAUL DICOSMO</u>		<u>QUEEN CREEK, ARIZONA</u>	<u>OWNED</u> <u>DIVERSIFIED FLEET</u>
<u>DANA PERRE</u>		<u>MESA, ARIZONA</u>	<u>-</u>
Spouse <u>BRUCE BERTHOLD</u>		<u>MESA, ARIZONA</u>	<u>RETIRED</u>
<u>JOHN PERRE</u>		<u>CASTLE ROCK, COLORADO</u>	<u>SALES MGR.</u> <u>NESTLE FOODS</u>
Spouse <u>DENISE DEGRAFTENRIVS.</u>		<u>CASTLE ROCK, COLORADO</u>	<u>-</u>
<u>JOE PERRE</u>		<u>CHANDLER, ARIZONA</u>	<u>SALES MANAGER</u> <u>COUGER CLIPPER</u>
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	<u>ST. BENEDICTS</u>	<u>BUFFALO, NY</u>	<u>1966 to 1973</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	<u>WILLIAMSVILLE North</u>	<u>BUFFALO, NY</u>	<u>1973 to 1977</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	<u>STATE UNIVERSITY OF NEW YORK</u>	<u>FREDONIAN NEW YORK</u>	<u>1977 to 1981</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any BS History

College or university where obtained STATE UNIVERSITY OF NEW YORK @ FREDONIA

Applicant's initial (S)

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 separate sheet. (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 and provide a written explanation. 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 ☒
- 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, please provide a written explanation.**

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 and provide a written explanation. 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 and provide a written explanation.

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
9/98 to PRESENT	17833 EAST CAROLINE	HIGLEY	ARIZONA
7/94 to 9/98	1716 EAST BARBARITA	GILBERT	ARIZONA
8/92 - 7/94	170 GILA LANE	CHANDLER	ARIZONA
7/75 - 8/85	232 CIMARON COURT	GETSVILLE	NEW YORK

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
7/2004	STATESERV LLC 2130 E. UNIVERSITY TEMPE, AZ 85281	—
Title	Description of Duties	Name of Supervisor
MEMBER/MGR	MEMBER MANAGER FINANCIALS BUSINESS MGR	—
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/02 -	PAY QUAKE MERCHANT SERVICES 2130 E UNIVERSITY TEMPE, AZ 85281	SOLD Company
Title	Description of Duties	Name of Supervisor
CEO	FINANCIAL, BUSINESS MANAGER	—
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5/2000 - 7/2002	US MERCHANT SERVICES 351 BASELINE RD GILBERT, AZ 85234	START OWN Company
Title	Description of Duties	Name of Supervisor
SALES MGR.	BUSINESS DEVELOPMENT AGORA HILLS CA.	STU ROSENBAUM
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/96 - 5/2000	CARDSERVICE INTL AGORA HILLS, CA	BETTER OPPORTUNITY
Title	Description of Duties	Name of Supervisor
SALES MGR	BUSINESS DEVELOPMENT	Todd Whiton
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/94 - 7/96	CALIBUR BANK PHOENIX, AZ	BETTER OPPORTUNITY
Title	Description of Duties	Name of Supervisor
MERCHANT SERVICE MGR.	CREDIT CARD MANAGEMENT	DON JACKSON
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5/92 - 1/94	MERCHANT CONSULTANT GROUP PHOENIX, AZ	BETTER OPPORTUNITY
Title	Description of Duties	Name of Supervisor
SALES MGR.	BUSINESS DEVELOPMENT	BILL JENSON
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6/85 - 3/92	BANK OF AMERICA PHOENIX, AZ	BETTER OPPORTUNITY
Title	Description of Duties	Name of Supervisor
SALES	CREDIT CARD PROCESSING SALES	CHARLES DRUCKER
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3/82 - 5/85	DATER/INSTACARD NY/NY	BETTER OPPORTUNITY
Title	Description of Duties	Name of Supervisor
SALES MGR.	CREDIT CARD PROCESSING	MARK ZALESKI

If additional space is needed, please provide an 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 <u>DAVE VENTURA</u>	Home	<u>PHOENIX, ARIZONA</u>				<u>(23)</u>
Employer <u>AMERICAN ARGOS</u>		Business	<u>REAL ESTATE</u>			
Name <u>JERRY PERRE</u>	Home	<u>PHOENIX, ARIZONA</u>				<u>(28)</u>
Employer <u>MORGAN STANLEY</u>		Business	<u>STOCK BROKER</u>			<u>(14)</u>
Name <u>TODD WHITON</u>	Home	<u>NY/NY</u>				<u>(45)</u>
Employer <u>PIVOTAL PAYMENTS</u>		Business	<u>CREDIT CARD</u>			<u>(24)</u>
Name <u>DALE LAGREE</u>	Home	<u>WILLIAMSVILLE, NY</u>				
Employer <u>PRAXAIR</u>		Business	<u>GAS SALES/O2</u>			
Name <u>TOM ALLISON</u>	Home	<u>CHANDLER, AZ</u>				
Employer <u>ALLISON FURNITURE</u>		Business	<u>FURNITURE</u>			

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

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

Yes ☐ No ☒

If yes, state type, where and years held

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

STATE SERV, LLC TEMPE, ARIZONA DURABLE MEDICAL EQUIPMENT
2004

Applicant's initial

(Signature)

Page

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 ☒ If yes, please provide details and a written explanation.

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒ If yes, please provide details and a written explanation

If yes to the above, state where, when and for what reason:

N/A

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 ☒ If yes, please provide details and a written explanation

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 ☒ If yes, please provide details and a written explanation

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 ☒ If yes, please provide details and a written explanation.

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 closure)? Yes ☐ No ☒ If yes, please provide details and written explanation.....

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 ☒ If yes, please provide details and written explanation



Date of photograph 3-10-10

Applicant's initial

STATE OF ARIZONA

ss.

COUNTY OF Maricopa

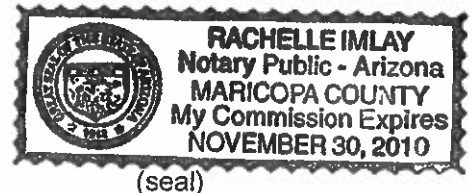
I, TONY PERRE, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of 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 current Nevada Revised Statutes and Nevada Administrative Code 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 license in the State of Nevada.

[Signature]
Signature of Applicant

Subscribed and Sworn to before me this 11 day of

[Signature] 2010
Rachelle
Notary Public



Applicant's initial

[Signature]

Page 1



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

January 26, 2010

Anthony R. Perre
StateServ Medical of Nevada, LLC
4635 Andrews St. #D
North Las Vegas, Nevada 89081

Dear Mr. Perre:

This letter is to inform you that we are closing your license for, StateServ Medical of Nevada, LLC MP 00354, as our Inspector Ray Seidlinger found that your business location has ceased to do business since January 6, 2010. As you are no longer in business at the location we have closed your file. If you wish to resume business you will need to reapply with this Board.

If you have any questions regarding this letter please call me.

Sincerely,

A handwritten signature in black ink, appearing to be "CJ Cramer", written over the printed name.

Carolyn J. Cramer
General Counsel

EXECUTIVE SECRETARY REPORT – APRIL 2010

A) FINANCIAL REPORT

B) INVESTMENT REPORT

C) TEMPORARY LICENSES

D) STAFF ACTIVITIES

1. Meetings

- a. LCHC working group (3/25/10)
- b. CSPAPTF meeting (3/26/10)
 - a. Intervention Officer
- c. Rural mental health (3/16/10)

E) REPORT TO BOARD

- 1. 50 year certificates
- 2. auto

F) BOARD RELATED NEWS

- 1. DEA rule on electronic prescribing of CS

G) ACTIVITIES REPORT

Blank

TEMPORARY LICENSES
(Issued since last board meeting)

No temporary licenses have been issued since last board meeting.

Blank



Nevada State Board of Pharmacy

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E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

MARCH 3RD & 4TH 2010 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 March, 2010 Board meeting.

Licensing Activity:

- 7 licenses were granted for Out-of-State pharmacies.
- 7 licenses were granted for Out-of-State MDEG companies.
- 7 licenses were granted for Out-of-State wholesalers.
- 3 licenses were granted for Nevada pharmacy (pending inspection).
- 4 licenses were granted for Nevada MDEG companies (pending inspection).

Disciplinary Action:

- Pharmaceutical technician JA was revoked for the diversion of controlled substances and dangerous drugs.
- Pharmacists MH, CP and MB were disciplined for the misfilling of a primidone prescription with prednisone, resulting in alleged patient harm.
- Pharmacists CV and TD were both reinstated with several restrictions placed on their licenses.
- Pharmaceutical technicians TD and CM were both suspended pending evaluation by PRN-PRN for substance abuse.

Other Activity:

- Besides the usual business activities of the Board, presentations were made by HCA and St. Mary's Hospital, both regarding pharmacy issues. Reports to the Board were given on upcoming student rotations and an opinion on hCG. Two continuing education programs were approved for credit and delegates to the NABP Annual Meeting were selected.

Workshop:

1. **Amendment of Nevada Administrative Code 639.NEW Telepharmacy Regulation** This language sets the parameters for a pharmacist or dispensing practitioner to practice from a remote site.
2. **Amendment of Nevada Administrative Code 639.525 Minimum requirements for work area and equipment.** This amendment will require the temperature of the pharmacy's refrigerator to be monitored and logged to ensure biologicals are protected for patient safety.

BOARD MEETING

Las Vegas Chamber of Commerce
Turnberry Town Square
6671 Las Vegas Boulevard, South
Building D1, Suite 300
Las Vegas

April 14 & 15, 2010

The meeting was called to order at 9:00 a.m. by Don Fey, Board President.

Board Members Present:

Keith Macdonald	Beth Foster	Kirk Wentworth
Donald Fey	Chad Luebke	Mary Lau

Board Members Absent:

Kam Gandhi

Board Staff Present:

Larry Pinson	Jeri Walter	Carolyn Cramer	Kimberly Arguello
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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.

1. Approval of March 3-4, 2010, Minutes
2. Applications for Out-of-State MDEG – Non Appearance:
 - A. Enteral Products, LLC – Santa Fe Springs, CA
 - B. Home Delivery Incontinent Supplies Co. – Olivette, MO
 - C. MDC Acquisition Co. – Rancho Cucamonga, CA
 - D. MDC Acquisition Co. – Twinsburg, OH
 - E. Medi Trade – Miami, FL
 - F. Praxair Healthcare Services, Inc. – St. George, UT
 - G. RGH Enterprises, Inc. – Clifton Park, NY
 - H. RGH Enterprises, Inc. – Dinsmore, FL

- I. RGH Enterprises, Inc. – Elgin, IL
- J. RGH Enterprises, Inc. – Fort Worth, TX
- K. Zevex, Inc. – Salt Lake City, UT

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

- L. Almac Clinical Services, LLC – Durham, NC
- M. Cardinal Health Pharmacy Services, LLC – Edinburg, TX
- N. CareMed Pharmaceutical Services – Lake Success, NY
- O. Coram Specialty Infusion Services – Mandota Heights, MN
- P. EZ Pass Rx – Bountiful, UT
- Q. Omnicare Canoga Park, CA – Canoga Park, CA
- R. Petmedsnmore Inc. – Reseda, CA
- S. Russellville Pharmacy – Russellville, AL

Applications for Out-of-State Wholesaler – Non Appearance:

- T. Banyan International Corporation – Abilene, TX
- U. Bard Access Systems, Inc. – Salt Lake City, UT
- V. Bard Brachytherapy, Inc. – Carol Stream, IL
- W. Cangene BioPharma, Inc. – Baltimore, MD
- X. CuraScript SD Specialty Distribution – Tempe, AZ
- Y. Greer Laboratories Inc. – Lenoir, NC
- Z. Nephron Pharmaceuticals Corporation – Phoenix, AZ
- AA. Ozburn-Hessey Logistics, LLC – Plainfield, IN

Applications for Nevada Pharmacy – Non Appearance:

- BB. Alta Surgery Center – Reno
- CC. MedCare Pharmacy – Carson City
- DD. Walgreens #11766 – Las Vegas
- EE. Walgreens #12539 – Las Vegas
- FF. Wellcare Pharmacy III, LLC – Henderson

Applications for Nevada MDEG – Non Appearance:

- GG. American Home Companion, Inc. – Carson City
- HH. American Home Companion, Inc. – Elko

Discussion:

NOTE: Mary Lau recused from participation in the vote on Items DD and EE as Walgreens is a member of RAN. Kirk Wentworth recused from participation in the vote on Item CC as he is the owner that is selling MedCare Pharmacy.

Larry Pinson advised the Board that he got clarification regarding the hours of operation on Item M, Cardinal Health Pharmacy Services, and they will only be processing physician's orders when the hospital pharmacy is closed.

The consent agenda applications and supporting documents were reviewed.

Board Action:

Motion: Mary Lau found the consent agenda application information to be accurate and complete and moved for approval with the exception of Items CC, DD and EE.

Second: Chad Luebke

Action: Passed Unanimously.

Motion: Chad Luebke moved to approve Items CC, DD and EE.

Second: Keith Macdonald

Action: Passed Unanimously

Discussion:

Motion: Beth Foster found the minutes to accurate and complete and moved for approval.

Second: Chad Luebke

Action: Passed Unanimously.

REGULAR AGENDA

3. Disciplinary Actions:

- | | | |
|----|--------------------|----------------|
| A. | Sean H. Tran, R.Ph | (09-029-RPH-S) |
| B. | Evergreens Drug | (09-029-PH-S) |
| C. | Quan Haduong, MD | (09-029-CS-S) |

John Cotton and John Savage were present to represent Quan Haduong. Sean Tran was present to represent himself and Evergreens Drug.

Carolyn Cramer advised the Board that she was going to present the testimony of Eleanor Fodell and Danny Garcia. Carmen Garcia and Yenchi Haduong were going to testify on behalf of Dr. Haduong. Board staff presented 26 exhibits that were accepted

into the record and Mr. Cotton presented three exhibits on behalf of Dr. Haduong that were also accepted into the record.

Sean Tran, Eleanor Fodell, complainant, Danny Garcia, Board investigator, Carmen Garcia, Dr. Haduong's office staff member, and Yenchu Haduong, Dr. Haduong's wife and office staff member appeared and were sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer gave opening statements and advised the Board of the circumstances of this matter.

Sean Tran gave opening statements and gave an overview of his career achievements and how he practices pharmacy.

John Cotton gave opening statements and advised the Board that methadone may have had nothing to do with the death of Greg Fodell.

Carolyn Cramer called Ms. Fodell to testify. Ms. Fodell brought a picture of Mr. Fodell to show the Board so they could see who she was going to be testifying on behalf of. Ms. Fodell stated that on the morning of Mr. Fodell's death she got up early and noticed that Mr. Fodell was breathing irregularly. She went down stairs and made coffee and did what she generally does in the morning. Mr. Fodell did not come down stairs, so around 10:00 a.m. she went upstairs to check on him and see how he was feeling. When she went into the bedroom she noticed that he was blue and she tried to arouse him. She found that he was unresponsive, called 911 and gave him CPR until the paramedics arrived. The paramedics continued with CPR to no avail and pronounced him dead.

Approximately a week after her husband's death, Ms. Fodell was going through her husband's things and found medications that were dispensed by Evergreens Drug. Ms. Fodell indicated that her husband had seen Dr. Haduong one time for back pain. Dr. Haduong prescribed methadone and Oxycodone. Ms. Fodell reported that her husband indicated that he did not feel well when he took the medications prescribed and got rid of them by putting them down the garbage disposal.

Ms. Fodell indicated that she was confused regarding the methadone and Oxycodone that she found after his death that had been dispensed by Evergreens Drug and asked for patient profiles from Walgreens, where Mr. Fodell originally had the prescriptions filled, and copies of the prescriptions from Dr. Haduong's office. Ms. Fodell indicated that she spoke with Ms. Haduong, and Ms. Haduong provided Ms. Fodell with Mr. Fodell's medical records and a Task Force profile for him. The records indicated that Mr. Fodell only saw Dr. Haduong once for his back pain when Dr. Haduong wrote the initial prescriptions for Mr. Fodell that were dispensed by Walgreens in September, 2008. Ms. Fodell went to Evergreens Drug and spoke with Sean Tran and explained her concerns and asked for a copy of the prescriptions written by Dr. Haduong for the methadone and Oxycodone she found after her husband's death. Mr. Tran did not

provide her a copy of the prescriptions, however he gave her a patient profile that showed that he filled the prescriptions in November, 2008 for Mr. Fodell. Ms. Fodell left Evergreens, but returned later and Mr. Tran finally gave her a copy of the prescriptions he filled from. Ms. Fodell discovered that they were the same prescriptions that were filled in September at Walgreens. When Ms. Fodell asked Mr. Tran why he filled prescriptions that were dated in September and were filled by Walgreens, he explained that he got approval from Jennifer at Dr. Haduong's office because the doctor was in surgery and was not available to speak. Ms. Fodell indicated that she left Evergreens Drug and filed a complaint with the Board of Pharmacy.

Ms. Fodell researched further and looked at her husband's cell phone records. On the day the prescriptions were filled by Evergreens Drug, Mr. Fodell had made several calls to Dr. Haduong's office. Ms. Fodell surmised that Dr. Haduong's office faxed a copy of the original prescriptions from September to Evergreens Drug and Sean Tran filled from the old faxed prescriptions.

The Board took a brief break to read the Autopsy and Quest Diagnostics lab reports.

Sean Tran questioned Ms. Fodell. He asked if she knew if Mr. Fodell was seeing other doctors and if he had been prescribed pain medications by any other doctors. Ms. Fodell said that Mr. Fodell was seeing a cardiologist, Dr. Goldsmith, however she did not know if Dr. Goldsmith was prescribing pain medications.

Mr. Cotton cross examined Ms. Fodell in depth regarding what they did the night before she found Mr. Fodell. He asked about their marital status and Ms. Fodell indicated that she had filed for divorce, however they were still living together and he died before any finality of the divorce. Mr. Cotton asked if she was aware of Mr. Fodell having suicidal tendencies and asked about commitment to Montevista Hospital. Mr. Cotton noted that the police report indicated that Mr. Fodell had been admitted several times for suicidal ideology. He continued his questioning regarding the validity of back pain, Mr. Fodell's use of methadone and the number of tablets she found in the bottle that was dispensed by Evergreens Drug.

The Board questioned Ms. Fodell regarding any cardiovascular problems Mr. Fodell might have had. Ms. Fodell stated that he had a heart catheter test ordered by Dr. Goldsmith and they found that everything was alright with Mr. Fodell's heart. When asked what Mr. Fodell was taking methadone for she stated that she did not know.

Carolyn Cramer called Danny Garcia to testify. Mr. Garcia reviewed his investigative procedures for the Board. Mr. Garcia testified that he requested a copy of Mr. Fodell's patient profile from Evergreens Drug and copies of the prescriptions for methadone and Oxycodone. He also asked for a copy of the prescriptions written for Mr. Fodell that were filled at Walgreens. Mr. Garcia compared what he received from the two pharmacies and noted a discrepancy with the written prescriptions. The copy of the prescription Mr. Tran gave Ms. Fodell was different from the copy Mr. Tran gave Mr. Garcia. Mr. Garcia questioned Mr. Tran regarding the discrepancy and Mr. Tran told

him that he destroyed what he provided to Ms. Fodell and obtained new backdated prescriptions for Oxycodone and methadone from Dr. Haduong. Mr. Garcia described Walgreens procedures for cancelling CII prescriptions and noted that they were both filled and cancelled appropriately. Mr. Garcia noted that CII prescriptions cannot be refilled or transferred, yet Mr. Tran filled prescriptions that were faxed to him two months after it was originally written and were well after the 14 day rule. Mr. Tran indicated that he thought it was alright to destroy the copies of the prescriptions that were faxed to him because he got new written prescriptions from Dr. Haduong. Mr. Garcia testified that he could find no indication that Mr. Tran ever spoke with Dr. Haduong. Mr. Tran had no information regarding Mr. Fodell having a bone fide relationship with Dr. Haduong in his records.

Mr. Tran testified that he received a telephone call from the medical assistant, Jennifer, at Dr. Haduong's office requesting a 7 day supply of methadone and Oxycontin for Greg Fodell. He cited the 72 hour rule for emergency fills. Mr. Tran stated that he asked why Dr. Haduong had not called and was told that the doctor was doing a procedure and could not place the call. Mr. Tran testified that Jennifer faxed over a copy of the prescriptions written in September for Mr. Fodell and he filled the prescriptions from the faxed copy. Mr. Tran stated that he got ID from Mr. Fodell when he came in to pick up the prescriptions to ensure it was Dr. Haduong's patient that he discussed with Jennifer. Mr. Tran indicated that he felt he did due diligence to ensure that he could treat Mr. Fodell for his pain. He stated he filled the prescription in good faith that Dr. Haduong would send hardcopy prescriptions within 72 hours. Mr. Tran accepted responsibility for not following up with Dr. Haduong's office.

Mr. Cotton questioned Mr. Tran and asked if he maintained any written notes regarding his conversations with Jennifer Palmer. Mr. Tran stated that he has notes but did not provide them to Mr. Garcia and admitted that he had actually never spoken with Dr. Haduong even though he knew he should have and he never followed up.

Carolyn Cramer cited various emergency fill regulations and discounted Mr. Tran's testimony that he was following Nevada's laws.

Carmen Garcia, the medical assistant and manager in Dr. Haduong's office testified. She indicated that she had been with Dr. Haduong since January, 2009 and described her duties in the office. Ms. Garcia indicated that Mr. Tran called and requested a re-write for the prescriptions he filled for Mr. Fodell because Jennifer never sent him hardcopy prescriptions. Ms. Garcia indicated that she asked Dr. Haduong to re-write the prescriptions and he did as he was asked.

Yenchi Haduong noted that she is a licensed pharmacist and does payroll for Dr. Haduong's office. Ms. Haduong indicated that she would have recommended a patient go to an ER for treatment or see the doctor at the hospital where he may be practicing.

Carolyn Cramer gave closing statements noting that there were three things at issue. There was no legitimate medical treatment, yet prescriptions were filled and dispensed

yielding a fatality. There were violations of federal and state laws regarding emergency filling of controlled substances, including Mr. Tran's acceptance of faxed prescriptions for CII's that were two months old and not received directly by speaking to Dr. Haduong. The November prescriptions were never authorized by Dr. Haduong and yet he wrote back dated prescriptions for methadone and Oxycontin which ultimately led to Mr. Fodell's death. Ms. Cramer cited each of the laws Mr. Tran and Evergreens Drug violated.

Mr. Tran made closing statements and stated that his testimony told the whole story of what transpired. Mr. Tran indicated that what he did was in the patient's best interest, however he indicated that he accepted responsibility for not following up in a timely manner to obtain written prescriptions from Dr. Haduong.

Mr. Cotton indicated that he understands that you cannot always be responsible for the actions of your staff. He noted that Jennifer Palmer violated the law, not Dr. Haduong as he was unaware of what had transpired. Mr. Cotton contended that Mr. Fodell did not die of a methadone overdose, that he died of a heart attack.

The Board discussed all 15 Causes of Action in depth. The 1st through 8th Causes of Action relate to Sean Tran and Evergreens Drug. The 9th through 14th Causes of Action are regarding Dr. Haduong. The 15th Cause of Action is a shared charge.

Board Action:

Motion: Keith Macdonald moved to find Mr. Tran and Evergreens Drug guilty of the 1st through 8th Causes of Action.

Second: Chad Luebke

Action: Passed Unanimously

Motion: For the penalty, Keith Macdonald moved to fine Mr. Tran and Evergreens Drug \$1,000.00 total for the 1st, 2nd, 3rd, 4th, and 7th Causes of Action. For the 5th, 6th, and 8th Causes of Action, Mr. Tran and Evergreens Drug will be fined \$1,000.00 for each Cause, plus administrative fees and costs. Mr. Tran will be on 3 years probation and must successfully pass the MPJE within 90 days of the date of the Board's Order. If Mr. Tran fails the MPJE he must reappear before the Board.

Second: Mary Lau

Action: Passed Unanimously

Motion: Chad Luebke moved to find Dr. Haduong guilty of the 9th, 10th, 11th, 12th, and 13th Causes of Action and Dismiss the 14th and 15th Causes of Action.

Second: Beth Foster

Discussion: Keith Macdonald indicated he would like to dismiss the 12th and 13th Causes of Action. This suggestion was not accepted by the First and Second.

Action: Passed with 3 yes votes and 2 negative votes.

Motion: Chad Luebke moved to fine Dr. Haduong \$1,000.00 for each of the 9th and 11th Causes of Action..

Second: Mary Lau

Action: Passed with 3 yes votes and 2 negative votes.

Motion: Chad Luebke moved to impose no fine for the 10th, 12th and 13th Causes of Action.

Second: Keith Macdonald

Action: Passed Unanimously

D.	James R. Thompson, R.Ph	(09-016-RPH-S)
E.	CVS/pharmacy #8789	(09-016-PH-S)

Carolyn Cramer advised the Board that the charges against CVS/pharmacy #8789 were dismissed.

James Thompson and Chris McCain, pharmaceutical technician, appeared and were sworn by President Fey prior to answering questions or offering testimony.

Maria Nutile was present to represent Mr. Thompson.

NOTE: Chad Luebke recused from participation as he is a friend of Mr. Thompson. Mary Lau advised that she will participate in this matter since CVS was dismissed.

Carolyn Cramer called Richard Linton, the complainant in this matter, to testify.

Richard Linton appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Linton testified that he takes Humulin R U100 to control his diabetes. He has taken it in injectable form since 1988. Mr. Linton indicated that he ordered a refill for his Humulin R before going on a trip to Missouri to visit a family member. Before leaving for the trip, he stayed with his wife and while there his blood sugar dropped drastically and the paramedics had to be called. Mr. Linton felt that something was wrong with the

insulin he had received and returned it to CVS #8789 when he returned from his trip. Mr. Linton stated that CVS #8789 exchanged it for what he should have had but they did not explain what he had received. They apologized to him. He later learned that what he actually received was Humulin U500 which is used in insulin pumps rather than for the injectable form he usually used.

Maria Nutile questioned Mr. Linton regarding his Humulin refill. He reiterated that he picked it up to be sure he did not run out of insulin while he was on his trip. Ms. Nutile questioned Mr. Linton regarding what it was he returned to CVS #8789. Mr. Linton described a larger bottle than he usually used but thought perhaps the manufacturer repackaged the Humulin R U100.

The Board continued testimony until Thursday morning.

Nadia Nutile requested that Mary Lau recuse from participation in this matter as she planned to present testimony regarding CVS and their procedures. Mary Lau recused.

Ms. Nutile asked Chris McCoin to testify.

Ms. Nutile asked Mr. McCoin, pharmaceutical technician, to describe the circumstances he remembered about when Mr. Linton returned to the pharmacy to return the Humulin he had received previously from CVS #8789.

Mr. McCoin testified that Mr. Linton appeared at the drive through window in a white truck. Mr. McCoin stated that he looked at the medication that Mr. Linton gave him and asked that since it was filled on November 25th, why was he returning it now. He said Mr. Linton told him that his insulin was going out of date and wanted to replace it. Mr. McCoin stated that he could not see the whole box because the label covered it, but looked at the top of the box and noticed that the Humulin Mr. Linton gave him was for a pump. He said he asked Mr. Linton if he uses a pump and was told no. Mr. McCoin discussed this problem with Mr. Thompson and they exchanged the Humulin they received from Mr. Linton for Humulin R U100. After Mr. Linton left, Mr. McCoin and Mr. Thompson opened the box and discovered that it was unopened and the seal still in place.

Ms. Nutile questioned Mr. McCoin regarding what he saw and did when Mr. Linton was returning the insulin. Mr. McCoin described packaging changes from what was dispensed and what the new packaging is like. Ms. Nutile reviewed Mr. McCoin's written statement to the Board and also asked Mr. McCoin to describe the CVS return procedure for outdated drugs.

Carolyn Cramer questioned Mr. McCoin further regarding CVS's return procedures.

President Fey asked Mr. McCoin how many vials of Humulin were dispensed to Mr. Linton in November and he responded just one.

Ms. Nutile asked Mr. Thompson to testify.

Mr. Thompson noted that he had worked for CVS for 18 years, both in Nevada and Ohio. He was terminated in January 2010 for this error that was not reported in January 2009. On March 19, 2009 Mr. Thompson testified that he wrote his statement. In that statement he reiterated that he asked Mr. Linton if he wanted an exchange for the Humulin that he was returning and that Mr. Linton told him he did want an exchange because it was short dated. At that time, he had his staff remove all the Humulin 500 from stock to ensure it did not go out to another patient by mistake. Ms. Nutile asked if CVS provided medication safety alerts to pharmacy staff. Mr. Thompson stated that they were available to pharmacy staff but they had to look them up on the CVS computer and he had never seen this alert. Mr. Thompson testified that he was unaware that there were two different strengths of Humulin. He indicated that he was aware of Humulin U100 and had no knowledge of Humulin U500 for use in pumps. When he learned he advised pharmacy staff immediately. Mr. Thompson testified that he was terminated from employment from CVS for failure to report the error according to CVS guidelines. He was terminated on January 30, 2010 after the Board filed the Accusation in this matter.

Carolyn Cramer recalled Mr. Linton. Ms. Cramer asked Mr. Linton if he had a white truck. He responded that he did not, he had a red truck. Ms. Cramer asked Mr. Linton how many times the paramedics were called and he said three times during his vacation. She asked him if he had ever experienced a reaction like this before and he indicated that he had not. Ms. Nutile asked Mr. Linton if he went to the doctor and he stated he had not because he always could control his blood sugar in the past. Mr. Linton said he only goes to the doctor if he is sick, not to control his diabetes. Mr. Linton described the packaging and the vial he received as being bigger but just thought the manufacturer had changed the packaging.

Ms. Cramer gave closing statements. Ms. Nutile acknowledged that there was an error made and if CVS was not dismissed from this matter they could have been able to provide pertinent information to Mr. Thompson's defense. Ms. Nutile concluded that perhaps Mr. Linton was confused about the circumstances.

Board Action:

Motion: Beth Foster moved to find Mr. Thompson guilty of the alleged violations.

Second: Keith Macdonald

Action: Passed Unanimously

Motion: Beth Foster moved to assess Mr. Thompson with an administrative fee of \$295.00 and participate in the Your Success Rx program once he is employed.

Second: Kirk Wentworth

Action: Passed Unanimously

F.	Warren C. Rolen, R.Ph	(09-040-RPH-S)
G.	Mountain View Pharmacy	(09-040-PH-S)

Richard Schoenfeld and John Spilatra were present to represent Mr. Rolen and Mountain View Pharmacy.

Carolyn Cramer presented a stipulated agreement they had agreed upon prior to this hearing. Ms. Cramer indicated that Mr. Rolen has agreed to work for two weeks after acceptance of this Agreement in order to hire a new managing pharmacist for Mountain View Pharmacy. At that time, Mr. Rolen has agreed to surrender his pharmacist license, which will be treated as a revocation, and not be involved in the operation of Mountain View Pharmacy other than to do the banking. Mr. Rolen will be allowed six months to sell the pharmacy and may enter the premises to show the property providing another pharmacist is present in the pharmacy. If the pharmacy does not sell within that six months, Mountain View Pharmacy's license will be revoked.

Board Action:

Motion: Keith Macdonald moved to accept the Stipulated Agreement as presented.

Second: Kirk Wentworth

Action: Passed Unanimously

4. Application for Nevada Pharmacy – Appearance:

St. Michael's Center for Special Surgery – Las Vegas

Joseph B. Staller appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Staller described St. Michael's as an ambulatory surgery center. They have an agreement with Scott Ricci, a Nevada licensed pharmacist, to be the consultant pharmacist for their facility. Mr. Staller described their procedures and their expectations from Mr. Ricci.

Board Action:

Motion: Chad Luebke moved to approve the application for pharmacy license for St. Michael's Center for Special Surgery.

Second: Keith Macdonald

Action: Passed Unanimously

5. Application for Nevada Wholesaler – Appearance:

Med-Health Pharmaceutical Products, LLC – North Las Vegas

Paul Gasiewicz appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Gasiewicz explained that this is a change of ownership for a Nevada wholesaler facility. Mr. Gasiewicz gave a brief history of his experience and qualifications to be the facility manager for Med-Health. They will serve pharmacies, practitioners, surgery centers, urgent care and hospitals.

Board Action:

Motion: Keith Macdonald moved to approve the application for change of ownership for a Nevada wholesaler license for Med-Health Pharmaceutical Products, LLC.

Second: Chad Luebke

Action: Passed Unanimously

6. Requests for Pharmaceutical Technician in Training License – Appearance:

A. Crystal Gebhart

Ms. Gebhart cancelled her appearance and will reschedule.

B. Deborah Green

Carolyn Cramer advised the Board that Deborah Green did not appear even though she was noticed for the meeting. Ms. Green is a student participating in the pharmaceutical technician program at Kaplan College and answered one of the questions on the application for pharmaceutical technician in training indicating that she had been diagnosed or treated for alcohol or substance abuse within the last five years. Ms. Green had a PRN evaluation and Larry Espadero, PRN monitor, recommended that Ms. Green not be allowed to work in a pharmacy until she has successfully completed six to twelve months in the PRN program.

Board Action:

Motion: Mary Lau moved to deny the application for pharmaceutical technician in training for Deborah Green.

Second: Beth Foster

Action: Passed Unanimously

C. Dana Hicks

Dana Hicks appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Hicks explained that he is a student at Kaplan College and that he tested positive for marijuana during a drug screening. Mr. Hicks explained that he went to a Halloween party and used poor judgment by using marijuana. Mr. Hicks had to answer a question on the application for pharmaceutical technician in training indicating that he had an incident. Mr. Hicks advised the Board that he had a PRN evaluation and the evaluation indicated that there was a low probability for chemical dependency, however he would be monitored for a period of time to ensure there would be no further incidents. Mr. Hicks appeared sincere in his determination not to repeat this behavior.

Board Action:

Motion: Keith Macdonald moved to approve the application for pharmaceutical technician in training for Mr. Hicks providing he continue with PRN until Mr. Espadero releases him.

Second: Chad Luebke

Action: Passed With One Negative Vote

D. Genero Siciliano

Mr. Siciliano cancelled his appearance and will reschedule.

7. Request for Controlled Substance License – Appearance:

Terry McAnallen, DO

Terry McAnallen and Dr. Peter Mansky appeared and were sworn by President Fey prior to answering questions or offering testimony.

Dr. McAnallen advised the Board that he was present to request a controlled substance license. He was released from treatment for alcohol dependence in January 2010 and noted that he was doing well and had obtained his license from the DO Board.

Dr. Mansky described the intense recovery program he facilitates for the DO Board. He explained that Dr. McAnallen attended a 28 day program that did not work well for him.

He then went into a six month program that worked better to address his alcohol addiction. Dr. Mansky advised the Board that Dr. McAnallen is monitored, must call in every day and is randomly drug/alcohol tested four to six times a month.

Board Action:

Motion: Keith Macdonald moved to approve Dr. McAnallen's application for a controlled substance license.

Second: Mary Lau

Action: Passed Unanimously

8. Applications for Nevada MDEG – Appearance

A. DRS Medical LLC – Las Vegas

David Sanford appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Sanford advised the Board that he will provide continuous motion equipment to patients for post op knee and shoulder therapy. That is the only product and service they will be providing. Mr. Sanford described his experience and detailed their facility procedures.

Board Action:

Motion: Kirk Wentworth moved to approve the application for MDEG provider for DRS Medical LLC.

Second: Keith Macdonald

Action: Passed Unanimously

B. OMED of Nevada, LLC – Reno

Heinz Roesch appeared and was sworn by President Fey prior to answering questions or offering testimony.

Larry Pinson advised the Board that Mr. Roesch came to him and confessed that he had been doing business in Nevada since October, 2009 and was unaware he needed a license with us. He was very up-front and wanted to correct the situation as soon as he found out he was operating without our license.

Mr. Roesch described the purpose of his business as providing general electronic equipment as a wholesaler to MDEG providers. He advised the Board that he did not

bill Medicare or Medicaid and that was probably the reason he was not advised that he needed to be licensed with us when he obtained his business license.

Board Action:

Motion: Keith Macdonald moved to approve the MDEG Wholesaler license for OMED of Nevada, LLC.

Second: Beth Foster

Action: Passed Unanimously

C. Ozomor Medical Supplies Inc. – Las Vegas

Valando Sterling and Evangeline Ramirez appeared and were sworn by President Fey prior to answering questions or offering testimony.

Ms. Sterling and Ms. Ramirez advised the Board that they were both nurses, however they are not practicing at this time. Now they would like to provide care to patients when they are recovering rather than when they are hospitalized in a more positive atmosphere. They gave an overview of how they intend to operate their MDEG facility.

Board Action:

Motion: Mary Lau moved to approve the application for MDEG provider for Ozomor Medical Supplies, Inc.

Second: Kirk Wentworth

Action: Passed Unanimously

D. StateServ Medical of Nevada, LLC – Las Vegas

Tom Allison appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Allison indicated that they moved without telling Board staff of the change of address. The Board's inspector went to do the annual inspection and found no one at the address of record. Mr. Allison is now reapplying for an MDEG license at the new address.

Mr. Allison indicated that they have four locations – one in Colorado, Arizona, New Mexico and Nevada. Mr. Allison was asked who the facility administrator is for the Nevada location and he indicated that it was Cedric Peoples. The Board questioned why it showed Anthony Perre and he stated that they must have misunderstood who they wanted on the application.

Board Action:

Motion: Keith Macdonald moved to approve the application for MDEG provider for StateServ Medical of Nevada, LLC, providing they submit an updated application showing the Nevada facility administrator within 14 days. The Board inspector will meet with the facility administrator during the inspection of the facility.

Second: Kirk Wentworth

Action: Passed Unanimously

9. General Counsel Report:

Carolyn Cramer presented the Board with a copy of the NABP evaluation of the Sanchez v. Wal-Mart case and the AG Opinion on the Prescription Monitoring Program issue.

10. Executive Secretary Report:

- A. Financial Report
- B. Investment Report

Larry Pinson gave the financial and investment reports to the Board's satisfaction. Keith Macdonald came to the Board's office and reviewed the books.

- C. Temporary Licenses

There were no temporary licenses issued since the last Board meeting.

- D. Staff Activities

1. Meetings

- a. LCHC Work Group (3/25/10)

Larry Pinson gave an update on the progress of this group in its legislatively mandated effort to address prescription drug abuse in Nevada.

- b. CSAPTF Meeting (3/25/10)

Larry Pinson reported on the regularly scheduled meeting.

1. Intervention Officer

In the absence of grant money to fund the intervention officer, Larry Pinson advised the Board that he would like to hire Janine Davis to continue her excellent and important job.. There may be an opportunity to move her into the Task Force office as staff changes occur in the future. Ms. Davis has a law enforcement background and works well in her capacity as intervention officer. Keith Macdonald recommended that we hire Ms. Davis. Mr. Pinson asked for a motion.

Board Action:

Motion: Keith Macdonald moved to hire Janine Davis as the intervention officer for the Task Force.

Second: Mary Lau

Action: Passed Unanimously

c. Rural Mental Health (3/16/10)

Mr. Pinson noted that Rural Mental Health has many issues and problems with regard to dispensing medications. This kickoff meeting was called to begin the process of gaining that compliance.

Mr. Pinson advised that he will be speaking at CBI's Inaugural West Coast Forum on Tracking State Laws and Aggregate Spend.

Katie Johnson provided a Board Law CE at the VA in Reno. She and Larry Pinson are working with *Pharmacist's Letter* and videotaped the presentation. *Pharmacist's Letter* is proposing to allow Nevada pharmacists and technicians to do the online CE without being a subscriber. This should benefit the outlying areas that find it difficult to attend a live Board staff presentation.

E. Reports to Board

1. 50 Year Certificates

Mr. Pinson read a letter from one of the 50 Year recipients about how meaningful it was to him to receive his certificate.

2. Auto

Larry Pinson reported that he purchased a new car for use in the North and sent the Ford to Las Vegas.

F. Board Related News

1. DEA Rule on Electronic Prescribing of CS

The DEA is close to allowing controlled substances to be prescribed electronically. Nevada law is more stringent (CII's not allowed to be prescribed electronically) however we have in place the regulations necessary to allow the electronic prescribing of CIII, CIV and CV's now. It would take a statutory change to allow that practice for CII's.

G. Activities Report

11. Next Board Meeting:

June 2-3, 2010 – Reno, Nevada

12. Public Comments and Discussion of and Deliberation Upon Those Comments

Dwayne Fambles, a registered pharmaceutical technician, appeared and asked some very thoughtful CII questions. The Board commended him for his appearance and request for clarification of some of Nevada's CII laws.