

November 22, 2010

AMENDED AGENDA

◆ PUBLIC NOTICE ◆

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

at the

Airport Plaza Hotel
1981 Terminal Way
Reno

Wednesday, December 1, 2010 – 9:00 am

Thursday, December 2, 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.

December 2010 Board Meeting Agenda

- * 1. [Approval of October 13-14, 2010, Minutes](#)
- * 2. [Applications for Out-of-State MDEG – Non Appearance:](#)
 - A. Air-Way Medical Inc. – Bishop, CA
 - B. A Natural Image, LLC – Manchester, CT
 - C. Cascade Prosthetics and Orthotics, Inc. – Ferndale, WA
 - D. Classic Sleepcare, LLC – Agoura Hills, CA
 - E. Foundation Care LLC – Earth City, MO
 - F. Lincare Inc. – Clearwater, FL
 - G. Medtronic USA, Inc. – Jacksonville, FL
 - H. Medtronic USA, Inc. – Mystic, CT
 - I. Physio-Control, Inc. – Redmond, WA
 - J. R&J Medical Sales, Inc. – Syosset, NY

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

- K. Baxter Healthcare Corporation – Baxter, CA
- L. Baxter Healthcare Corporation – Ontario, CA
- M. Baxter Healthcare Corporation – Wilsonville, OR
- N. Braun Pharmacy – Chicago, IL
- O. California Pet Pharmacy – Hayward, CA
- P. Capital Rx, Inc. – Sacramento, CA
- Q. CHS Pharmacy – Vancouver, WA
- R. Global Medical Direct – Lenexa, KS
- S. Specialty Veterinary Pharmacy – Houston, TX

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

- T. Baxter Healthcare Corporation – Buffalo Grove, IL
- U. Camber Pharmaceuticals Inc. – Piscataway, NJ
- V. Centurion Medical Products Corporation – Kennesaw, GA
- W. Genzyme Corporation – Cambridge, MA
- X. Clean Harbors of Aragonite, LLC – Aragonite, UT
- Y. Darby Dental Supply, LLC – Guilderland Center, NY
- Z. Pernix Therapeutics, LLC – Magnolia, TX
- AA. Stericycle – Norcross, GA
- BB. Tri-anim Health Services Inc. – Denver, CO
- CC. Vidacare Corporation – Shavano Park, TX
- DD. Wockhardt USA LLC – Parsippany, NJ

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Applications for Nevada Pharmacy – Non Appearance:

- EE. Advanced Care Rx Pharmacy 2 – Las Vegas
- FF. Assist Care Pharmacy Inc. – Las Vegas
- GG. Catalyst Mail – Las Vegas
- HH. MLK Pharmacy – Las Vegas
- II. Spectrum Pharmacy Services LLC – Las Vegas
- JJ. Spectrum Pharmacy Services LLC – Reno

◆ 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. William J. Mumbert, R.Ph (10-079-RPH-N)
- B. Enrique A. Romero, R.Ph (10-050A-RPH-N)
- C. Edwin Gonyou, R.Ph (10-050B-RPH-N)
- D. Farideh Forouziannia, R.Ph (10-050C-RPH-N)

- * 4. [Request to Amend Order – Appearance](#):

Jiansheng Li

- * 5. [Applications for Nevada Pharmacy – Appearance](#):

- A. Live Better Rx – Las Vegas
- B. Partell Specialty Pharmacy – Las Vegas

- * 6. [Applications for Nevada Wholesaler – Appearance](#)

- A. 21st Century Environmental Management of Nevada, LLC - Fernley
- B. PCCA – Henderson

- * 7. [Applications for Nevada MDEG – Appearance](#):

- A. Access Orthopedic, LLC – Las Vegas
- B. B & B Medical Services, Inc. – Reno
- C. Tropicana Medical Supply, Inc. – Las Vegas
- D. WBC Group, LLC – Dinsmore, FL

- * 8. [Request for Pharmaceutical Technician in Training License – Appearance](#):

Andrea K. Boucher

December 2010 Board Meeting Agenda

* 9. Report on Annual Audit – Appearance:

Beth Kohn-Cole, CPA – Kohn Coloday, LLP

*10. General Counsel Report:

Recent Regulatory Activities and Litigation

*11. [Board Statement:](#)

Sanchez v. Wal-Mart

*12. [Discussion and Determination:](#)

Synthetic Cannabinoids

*13. Committee Appointments:

- A. CE Committee
- B. PT Advisory Committee
- C. MDEG Committee

*14. [Executive Secretary Report:](#)

- A. Financial Report
- B. Temporary Licenses
- C. Staff Activities
 - 1. CE
 - 2. PT Advisory Board (12/7)
- D. Reports to Board
 - 1. MDEG Administrator Regulation
 - 2. Akpan
- E. Board Related News
- F. Activities Report

W O R K S H O P – Thursday, December 2, 2010 – 9:00 am

*15.

[Proposed Regulation Amendment Workshop](#) – The purpose of the workshop is to solicit comments from interested persons on the following general topics that may be addressed in the proposed regulations.

1. **Amendment of Nevada Administrative Code NAC 639.7105** This language ensures compatibility with federal regulations.

December 2010 Board Meeting Agenda

- 2. Amendment of Nevada Administrative Code NAC 453.510 Schedule I**
Added JWH-018 and JWH-073 to Schedule I and miscellaneous spelling corrections per the request of the Las Vegas Metropolitan Police Department.
- 3. Amendment of Nevada Administrative Code NAC 453.520 Schedule II**
Added Lisdexamfetamine and Tapentadol to Schedule II per the request of the Las Vegas Metropolitan Police Department.
- 4. Amendment of Nevada Administrative Code NAC 453.540 Schedule IV**
Corrected the spelling of Sibutramine per the request of the Las Vegas Metropolitan Police Department.
- 5. Amendment of Nevada Administrative Code NAC 453.550 Schedule V**
Added Lacosamide to Schedule V and removed language in Subsection 2 per the request of the Las Vegas Metropolitan Police Department.

P U B L I C H E A R I N G – December 2, 2010 – 9:00 am

- *16. [Notice of Intent to Act Upon a Regulation:](#)

Amendment of Nevada Administrative Code 639.NEW, 639.469, 639.525 and 639.528 – Refrigerator and freezer temperature monitoring. This language will ensure that the temperature is stable for drugs that are stored in the refrigerator or freezer of a pharmacy by requiring the temperature to be checked and documented twice daily. If the temperature needs corrections, a pharmacist will ensure that the medication is safe or if it must be discarded.

17. Next Board Meeting:

January 11-12, 2011 – Las Vegas, Nevada

- *18. 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.

December 2010 Board Meeting Agenda

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

This notice has been posted at the following locations and is available for viewing at **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
E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

BOARD MEETING

at the

Las Vegas Chamber of Commerce
6671 Las Vegas Blvd South
Las Vegas

October 13th and 14th, 2010

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

Board Members Present:

Keith Macdonald
Donald Fey

Beth Foster
Chad Luebke

Kam Gandhi
Mary Lau

Board Members Absent:

Kirk Wentworth

Board Staff Present:

Larry Pinson

Jeri Walter

Carolyn Cramer

Rose Marie Reynolds

CONSENT AGENDA

1. Approval of September 8-9, 2010, Minutes
2. Applications for Out-of-State MDEG – Non Appearance:
 - A. Comfort Medical Supply, LLC – Ormona Beach, FL
 - B. IDEV Technologies, Inc. – Webster, TX
 - C. Fisher & Paykel Healthcare, Inc. – Irvine, CA
 - D. KCI USA, Inc. – Salt Lake City, UT
 - E. Life Care Diabetic Supplies, Inc. – Jupiter, FL
 - F. McCleve Orthotics & Prosthetics, Inc. – Mesa, AZ
 - G. Praxair Healthcare Services, Inc. – Cedar City, UT
 - H. Praxair Healthcare Services, Inc. – Salt Lake City, UT

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

- I. Avacare, Inc. – Greensboro, NC
- J. CuraScript SP Specialty Pharmacy – Indianapolis, IN
- K. DCI Pharmacy Services – Nashville, TN

- L. Main Street Family Pharmacy, LLC – Newbern, TN
- M. Northwest Health Systems, Inc. – Spokane, WA
- N. OncoSource Rx LLC – Columbia, MD
- O. Pharmacy Services, Inc. – St Louis, MO
- P. Pet's Choice Pharmacy – Fairbury, NE
- Q. Valley Vet Supply – Marysville, KS

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

- R. Exel Inc. – San Jose, CA
- S. Global Pharmaceuticals Division of Impax Laboratories Inc – Chelfont, PA
- T. Hospira Worldwide, Inc. c/o Aspen Logistics, Inc. – W Salt Lake City, UT
- U. KV Pharmaceutical Company – Bridgeton, MO
- V. Maxim Health Systems, LLC – Columbia, MD
- W. Medline Industries Holdings, LP – Sumner, WA
- X. Nesher Pharmaceuticals, Inc. – Bridgeton, MO
- Y. Nesher Pharmaceuticals, Inc. – Bridgeton, MO
- Z. PediatRx, Inc. – Califon, NJ
- AA. Ther-Rx Corporation – Bridgeton, MO
- BB. Tri-Anim Health Services, Inc. – Visalia, CA
- CC. Woodfield Distribution, LLC – Boca Raton, FL

Applications for Nevada Pharmacy – Non Appearance:

- DD. Mt. View Pharmacy – Las Vegas
- EE. Western Home Care – Las Vegas

Discussion:

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.

Second: Kam Gandhi

Action: Passed Unanimously.

Discussion:

Motion: Chad Luebke found the minutes to accurate and complete and moved for approval.

Second: Kam Gandhi

Action: Passed Unanimously.

REGULAR AGENDA

3. Disciplinary Actions:

A. Patrick J. Cunningham, R.Ph (10-054-RPH-S)

President Fey recused from participation in the matter of Patrick Cunningham as they both worked in the pharmacy at Sunrise Hospital. President Fey asked Chad Luebke to preside.

Patrick Cunningham appeared and was sworn by Presiding Officer Luebke prior to answering questions or offering testimony.

Carolyn Cramer gave opening statements and described the circumstances of this matter. The Board received notice of termination of employment from Sunrise Hospital where Mr. Cunningham was found working under the influence of alcohol.

Mr. Cunningham admitted that he had a very stressful week because two of his close friends died within a short period of time of each other. He indicated that he went out with friends the night before the lab test and they were drinking heavily. In hindsight, he should have called in sick rather than gone to work that morning, but he used poor judgment. Mr. Cunningham also testified that he was working under stressful circumstances at Sunrise Hospital. He stated that he hated to go to work and that he did not get along with pharmacy management. Mr. Cunningham testified that he did not have an alcohol problem and that this was a onetime incident. He indicated that while he was working that morning, his work was being double checked and he did not feel he was a danger to the public or patients in the hospital.

Ms. Cramer presented Exhibit 1, a toxicology report showing that Mr. Cunningham's blood alcohol level was 0.42 g/dL. This exhibit was accepted into the record.

Ms. Cramer recommended revocation of Mr. Cunningham's pharmacist license. Even though there was no patient harm, she reminded that it isn't lawful to work in a pharmacy under the influence of alcohol. Ms. Cramer pointed out that the lab draw showing a 0.42 g/dL blood level occurred at noon and noted that if the draw was at 6:00 a.m. when he came on shift his alcohol level would have been even higher.

Mr. Cunningham gave a history of his work experience, noted that he was a leader in the state for advancing pharmacy practice in Nevada, and cited his many accomplishments. He did not feel that his license should be revoked for a one time incident.

Board Action:

Motion: Keith Macdonald moved to find Mr. Cunningham guilty of the alleged violations.

Second: Beth Foster

Action: Passed Unanimously

Motion: Keith Macdonald moved to suspend Mr. Cunningham's pharmacist license for a period of 4 months, within 30 days have a PRN-PRN and anger management evaluation, and place his license on probation for 1 year after the suspension is lifted. If Mr. Cunningham proves to have a problem with alcohol and/or anger management he must appear before the Board prior to continuing practice.

Second: Kam Gandhi

Amend: Mary Lau asked if the First and Second would consider fees and costs. Mr. Macdonald and Mr. Gandhi did not want to add fees and costs to the motion.

Action: Passed Unanimously

B. Cornelius N. Murray

(10-051-PT-S)

Carolyn Cramer noted that Mr. Murray was not present even though he had been noticed appropriately and the letter advising him of the time to appear was sent to the same address as the Accusation and it was not returned.

Ms. Cramer advised that Mr. Murray submitted a written statement to Walgreens loss prevention personnel admitting to cash theft from his employing pharmacy in the amount of \$365.00.

Board Action:

Motion: Mary Lau moved to find Cornelius Murray guilty of the alleged violation.

Second: Beth Foster

Action: Passed Unanimously

Motion: Mary Lau moved to revoke Cornelius Murray's pharmaceutical technician registration.

Second: Keith Macdonald

Action: Passed Unanimously

Carolyn Cramer noted that Ms. Thompson was not present even though she had been noticed appropriately and the letter advising her of the time to appear was sent to the same address as the Accusation and it was not returned.

Ms. Cramer advised that Ms. Thompson submitted a written statement to Smith's district pharmacy manager and store management personnel admitting that she had been taking large quantities of hydrocodone 10/325 for her and her husband's personal use. Smith's determined that their inventory was short approximately 3,900 dosage units since July, 2010. When Ms. Thompson was confronted, she produced two bottles of hydrocodone 10/325 #100 from under her skirt and relinquished them to Smith's personnel.

Board Action:

Motion: Keith Macdonald moved to find Brandi Thompson guilty of the alleged violations.

Second: Chad Luebke

Action: Passed Unanimously

Motion: Keith Macdonald moved to revoke Brandi Thompson's pharmaceutical technician registration

Second: Chad Luebke

Action: Passed Unanimously

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|----|--|----------------|
| D. | Timothy Lopez, R.Ph | (09-122-RPH-S) |
| E. | Applied Pharmacy Services, LLC dba Remedy Rx | (09-122-PH-S) |
| F. | Timothy Lopez, R.Ph | (09-006-RPH-S) |
| G. | Applied Pharmacy Services, LLC dba Remedy Rx | (09-006-PH-S) |

Tim Lopez was present as was his legal counsel, Kevin Murphy. Mr. Murphy and Carolyn Cramer had drafted a stipulated agreement and Ms. Cramer presented it to the Board.

Both Mr. Lopez and Applied Pharmacy Services, dba Remedy Rx, admit to the factual allegations made in the Accusations. Mr. Lopez's pharmacist license will be on probation for five years with conditions. Mr. Lopez will be allowed on the premises of Remedy during business hours only when there is another pharmacist present, to attend to activities related to the sale or transfer of Remedy. Remedy shall have 180 days to arrange for a sale or otherwise transfer its business to another person or entity. On the 181st day after approval of the stipulated agreement Remedy shall voluntarily surrender its license if a sale or transfer has not transpired.

Mr. Murphy agreed that this was the stipulated agreement he and his client had signed.

Board Action:

Motion: Keith Macdonald moved to accept the stipulated agreement as presented.

Second: Beth Foster

Action: Passed Unanimously

H.	Jill Henry, R.Ph	(10-021-RPH-S)
I.	Resource Pharmacy	(10-021-RH-S)

Jill Henry and Linda Sandberg appeared and were sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer advised the Board that Ms. Henry and Ms. Sandberg, representing Resource Pharmacy, were not contesting the facts presented in the Accusation.

Ms. Sandberg presented an exhibit, Pharmacy Practice Overview, that was accepted into the record.

Jill Henry read a statement to the Board regarding how her practice of pharmacy has changed because of these two errors. Ms. Henry cited several areas that she has improved upon and gave details of how she implemented the changes and incorporated them into her daily practice.

Linda Sandberg reviewed the exhibit that was presented and explained the changes and how they have positively impacted the pharmacy procedures.

Board Action:

Motion: Mary Lau moved to find Ms. Henry guilty of the First, Second and Third Causes of Action.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Mary Lau moved to have Resource Pharmacy pay the fees and costs in this matter and accept the presentation as proof of pharmacy practice changes.

Second: Chad Luebke

Action: Passed Unanimously

J. Lisa A. Heathcock

(10-007-PT-S)

Carolyn Cramer noted for the record that Ms. Heathcock had received the Accusation and the notice of appearance was sent to the same address and it had not been returned.

Ms. Cramer explained that Ms. Heathcock worked at Walgreens #12646 without a valid registration for approximately 205 days. Ms. Cramer recommended revocation of Ms. Heathcock's pharmaceutical technician registration.

Board Action:

Motion: Keith Macdonald moved to find Ms. Heathcock guilty of the alleged violation.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Keith Macdonald moved to revoke Ms. Heathcock's pharmaceutical technician registration.

Second: Kam Gandhi

Action: Passed Unanimously

K. Veronica B. Cox

(10-059-PT-N)

Veronica Cox appeared and was sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer advised the Board that Ms. Cox admits to the alleged violations in the Accusation, and under the circumstances of this matter she is seeking revocation of Ms. Cox's pharmaceutical technician registration.

Ms. Cox testified that she accepts responsibility for having a lapse in judgment. She noted that she has been suspended since August 5th, 2010. Ms. Cox destroyed packets of CII prescriptions because she was angry with the managing pharmacist and wanted to get the managing pharmacist in trouble with the Board since the pharmacy was due to be inspected. Ms. Cox indicated that she was remorseful of her actions and realizes the seriousness of destroying pharmacy records.

Board Action:

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

Second: Kam Gandhi

Action: Passed Unanimously

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

Second: Beth Foster

Action: Passed Unanimously

4. Application for Nevada Pharmacy – Appearance:

DOLCRX – Las Vegas

Khanh Pham, David Patel and Ron Shockey appeared and were sworn by President Fey prior to answering questions or offering testimony.

Ms. Pham testified that she has a diabetic patient base and through her practice at this pharmacy could better manage her patients diabetes. Ms. Pham described her pharmacy practice to the Board's satisfaction.

Board Action:

Motion: Keith Macdonald moved to approve the pharmacy application for DOLCRX.

Second: Mary Lau

Action: Passed Unanimously

5. Application for Out-of-State Pharmacy – Appearance:

Walgreens Infusion Services – Chico, CA

Joe Dodge appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mary Lau recused from participation in this application as Walgreens retail pharmacies are members of RAN.

Mr. Dodge testified that the pharmacy in Chico, California has only three or four Blue Shield insurance patients it will be serving. They will only be shipping factor products to these patients and nothing else. Mr. Dodge described their shipping methods to the Board's satisfaction.

Board Action:

Motion: Beth Foster moved to approve the application for out of state pharmacy for Walgreens Infusion Services.

Second: Chad Luebke

Action: Passed Unanimously

6. Applications for Nevada MDEG – Appearance:

A. LV Medical Supply – Las Vegas

Katherine Prybil, Arson Manoukian and Aragats Karpetyan appeared and were sworn by President Fey prior to answering questions or offering testimony.

Ms. Prybil appeared as the facility administrator and advised the Board that she had seven years of experience and is certified and trained in various aspects of MDEG operations, including orthotic devices, nebulizers, etc. They are not going to need a respiratory therapist at this time since they do not plan to dispense medical gases as part of their business plan. Ms. Prybil stated that she is going to work full time and conform to the business plan and will attend to referrals from doctors and walk-ins.

Mr. Manukian indicated that he is going to market their business and that will be his principle function in the business. When asked about suppliers he indicated that they have suppliers in mind however they have not contacted them until they have their license with the Board of Pharmacy.

Board Action:

Motion: Chad Luebke moved to approve the application for an MDEG license for Las Vegas Medical Supply.

Second: Mary Lau

Action: Passed Unanimously

B. Tropicana Medical Supply, Inc. – Las Vegas

Mercy Alonge, Azucena Maya, Queen Anieze and Ray Seidlinger appeared and were sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer reminded the Board that Tropicana Medical Supply was operating without a license. They used Elijah Akpan's license to get Medicare and Medicaid privileges. They whited out Elijah Akpan's name on his license and submitted that for authorization to allow them to practice. It was also noted that various other licenses have expired. Ms. Cramer indicated that they practiced without a license for over a

year and have not been honest with the Board about billing insurance and Medicare and Medicaid.

Carolyn Cramer submitted documents to Ms. Anieze and Ms. Alonge to review showing the license that had been whited out.

Ray Seidlinger testified that he went back to inspect Tropicana Medical and found a statement from a plumber that the hot water had been fixed, but it was not. He indicated that he left the hot water tap running for approximately 15 minutes and it never got hot. Mr. Seidlinger also looked at their records and found that they were billing insurance companies. He stated that he picked up copies of billing documents. Mr. Seidlinger also testified that he listened to the recording of the testimony of Tropicana Medical Supply's last appearance when they clearly stated that they were not billing for their services.

Ms. Alonge claimed ignorance about the requirements involved in purchasing an MDEG facility and did not realize that she had to have a new license with the Board of Pharmacy and could not use Elijah Akpan's license when she purchased the business.

Board Action:

Motion: Keith Macdonald moved to deny the MDEG application for Tropicana Medical Supply. They can reapply after they figure out what they need to do to operate a MDEG facility.

Second: Chad Luebke

Action: Passed Unanimously

C. WS&S Las Vegas – Las Vegas

Linda and John VanGorder appeared and were sworn by President Fey prior to answering questions or offering testimony.

Ms. VanGorder testified that this was a change of ownership and that she had worked at WS&S Las Vegas for four years under the previous owner's supervision. She indicated that she was to be the facility administrator. Ms. VanGorder explained that children with disabilities is the patient base for WS&S Las Vegas and they will be dealing mostly with walkers, bath equipment, wheelchairs and power chairs.

Board Action:

Motion: Keith Macdonald moved to approve the MDEG application for WS&S Las Vegas.

Second: Kam Gandhi

Action: Passed Unanimously

7. Requests to Amend Discipline Order – Appearance:

A. Henry H. Miller, R.Ph

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

Mr. Miller was present to request an amendment to his Board Order. He explained that he was working at Partel Pharmacy and they had asked him to be the managing pharmacist at the second pharmacy Partel was opening.

Mr. Espadero is supportive of the request to allow Mr. Miller to be a managing pharmacist, however he would not support any more than 90 hours in a two week period.

Mr. Miller explained that they have two or three pharmacists on duty at all times and that he would be able to comply with the terms of not working more than 90 hours within a two week period.

Mr. Espadero indicated that Mr. Miller was doing well in the PRN-PRN program and that he has made considerable lifestyle changes and now is able to cope with stressful situations in a positive manner.

Beth Foster voiced her concerns that it is too soon to allow Mr. Miller to be a managing pharmacist.

Mr. Miller indicated that he was confident there would not be any incidents as in the past as he has proven himself to his peers and his employers. Mr. Miller reiterated that he never wants to go back to where he was before, and that he is enjoying life now.

Board Action:

Motion: Kam Gandhi moved to amend Mr. Miller's Order to allow him to be a managing pharmacist providing he did not work more than 90 hours within a two week period.

Second: Keith Macdonald

Action: Passed Unanimously

B. Steve Shaver, R.Ph

President Fey disclosed that he knows Mr. Shave and that they worked together about nine years ago.

Steve Shaver appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Shaver gave the Board an overview of his history with the Nevada Board of Pharmacy since most of the Board members are new. He then presented a binder of his accomplishments for the last five years of his recovery and monitoring in New Mexico.

Joe Kellogg appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Kellogg gave testimony regarding his association with Mr. Shaver and his work experience with him. Mr. Kellogg noted that he was on the Board when Mr. Shaver was Ordered to 10 years probation and feels very confident recommending that Mr. Shaver be released from that requirement.

Mr. Shaver explained that he is being released from the New Mexico PRN program and would like to be released from probation in Nevada requiring him to report to PRN-PRN in Nevada.

Board Action:

Motion: Keith Macdonald moved to release Mr. Shaver from probation.

Second: Kam Gandhi

Action: Passed Unanimously

8. Request for Reinstatement of Pharmacist License – Appearance:

Michelle Badten

Michelle Badten appeared and was sworn by President Fey prior to answering questions or offering testimony.

Ms. Badten appeared with Larry Espadero, who was reminded that he was still under oath.

Mr. Espadero indicated that Ms. Badten has been very active with the PRN-PRN program and with other programs for the recovery of addiction. Ms. Badten has the support of family and friends which is an important part of the recovery process.

President Fey asked Ms. Badten to explain the circumstances of her situation since she did not appear when the Board revoked her license.

Ms. Badten explained that she had gone through a divorce and she was not coping well with the transition. She stated that she became addicted to Oxycontin and began writing her own prescriptions at work and also took outdated drugs for her personal use.

Mr. Espadero noted that Ms. Badten had attained the goals she set for herself because of the support of her family and peers in her groups. He indicated that she has been amazingly successful in her recovery and recommends that the Board grant reinstatement of her pharmacist license.

Kam Gandhi disclosed that he worked for Sav-On.

When asked about the success rate of PRN-PRN participants, Mr. Espadero indicated it was averaging 95%.

Board Action:

Motion: Keith Macdonald moved to grant reinstatement of Ms. Badten's pharmacist with the provision that she continue with PRN-PRN.

Second: Mary Lau

Action: Passed Unanimously

9. Request for Reinstatement of Pharmacy Technician License – Appearance:

Cynthia J. Stone

Cynthia Stone did not appear before the Board.

Board Action:

Motion: Keith Macdonald moved to deny Cynthia Stone's request for reinstatement of her pharmaceutical technician registration.

Second: Kam Gandhi

Action: Passed Unanimously

10. Request for Reconsideration of Discipline Order – Appearance:

Elijah Akpah, R.Ph

Elijah Akpan appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Akpan stated that he was present to request reconsideration of the revocation of his pharmacist license. He claimed that he didn't really fraudulently bill Medicare and

Medicaid but that his employees did it. Mr. Akpan claimed that he and his employees were investigated by the FBI. Mr. Akpan had some serious bad luck because he could not maintain legal counsel. He was charged with 129 counts of fraud. Mr. Akpan stated that he ran out of money and could no longer afford to fight the charges and he pled guilty to one count of Medicare and Medicaid fraud. Mr. Akpan pled that his license not be revoked so he can work to provide for his family and allow him funds to repay the criminal penalties for pleading guilty to the one count of fraud of approximately \$811,000.00.

The Board indicated that he would not be allowed to practice pharmacy in the majority of settings because he was convicted of Medicare and Medicaid fraud. A pharmacist with such a conviction is listed on the OIG list that disallows employment by anyone that bills Medicare or Medicaid. Mr. Akpan stated that he had a letter from the federal government that said he could still practice pharmacy.

Board Action:

Motion: Kam Gandhi moved to deny Mr. Akpan's request for reconsideration of the original Board Order until he can provide proof of reversal of the federal denial to practice.

Second: Beth Foster

Action: Passed Unanimously

11. Requests for Pharmaceutical Technician in Training License – Appearance:

A. Jamal Brumfield

Jamal Brumfield appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Brumfield testified that he is a student at Pima Medical Institute and is ready for his externship. When he applied for his pharmaceutical technician in training registration he had to answer yes to one of the questions because he had a DUI. Mr. Brumfield advised the Board that his DUI was reduced to a reckless driving citation.

The Board asked Mr. Brumfield if he was advised before he enrolled at Pima Medical Institute that his DUI could prevent him from completing the pharmaceutical technician program and he indicated that he was not told.

Board Action:

Motion: Keith Macdonald moved to accept the application for pharmaceutical technician in training and asked Mr. Brumfield to provide a copy of the reduced conviction to the Board's staff.

Second: Kam Gandhi

Action: Passed Unanimously

B. Anthony Cox

Anthony Cox appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Cox explained that in June of 2007 he was stopped for a lane change violation and in the process of that he was found to be in possession of less than one ounce of marijuana. Mr. Cox stated that he did not use marijuana and that he went out with friends and tried it. Mr. Cox also described the trouble he was in at home with his wife and vowed that he would never try marijuana again.

The Board asked Mr. Cox if he was advised before he enrolled at Anthem Institute that his marijuana conviction could prevent him from completing the pharmaceutical technician program and he indicated that he was not told

Board Action:

Motion: Chad Luebke moved to accept the pharmaceutical technician in training application for Mr. Cox.

Second: Keith Macdonald

Action: Passed Unanimously

C. Leon DeGrate

Leon DeGrate appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. DeGrate is enrolled at Anthem Institute in the pharmaceutical technician program. He stated that in 2003 he pled guilty to grand larceny for taking telephones from his employer and selling them for his own gain. Mr. DeGrate stated that he complied with all of the requirements of the court and will be discharged from probation the end of October or early November. He plans to go to court to see if he could have the charges pled down to a gross misdemeanor or conspiracy to commit grand larceny with credit for time served.

Board Action:

Motion: Kam Gandhi moved to approve the application for pharmaceutical technician in training for Mr. DeGrate.

Second: Keith Macdonald

Action: Passed Unanimously

D. Crystal Gebhart

Ms. Gebhart was unable to appear.

Board Action:

Motion: Beth Foster moved to table this application until the January 2011 Board meeting.

Second: Kam Gandhi

Action: Passed Unanimously

E. Genero Siciliano

Mr. Siciliano did not appear. Since he has been agendized several times and has not appeared, the Board determined he must not be interested in obtaining a pharmaceutical technician in training registration any longer.

Board Action:

Motion: Mary Lau moved to deny the application for pharmaceutical technician in training for Mr. Siciliano.

Second: Beth Foster

Action: Passed Unanimously

F. Cara Terry

Cara Terry appeared and was sworn by President Fey prior to answering questions or offering testimony.

Ms. Terry is a student at Pima Medical Institute and is applying for a pharmaceutical technician in training registration so she can complete the program. She indicated that she got a ticket for possession of drug paraphernalia because passengers in her car were in possession of tobacco pipes. There were no drugs in the car and she was not charged with any drug possession offenses. Ms. Terry stated that she learned a serious lesson from this experience and selects her friends more carefully now.

Board Action:

Motion: Kam Gandhi moved to approve the application for pharmaceutical technician in training for Ms. Terry.

Second: Mary Lau

Action: Passed Unanimously

12. Request for Dispensing Technician in Training License – Appearance:

Tawanda Lee

Tawanda Lee and Dr. Stanley William Pierce, Jr. appeared and were sworn by President Fey prior to answering questions or offering testimony.

Ms. Lee explained that she will be arraigned tomorrow on charges of domestic violence. She and her husband had an argument because she was working too much.

Dr. Pierce testified that Ms. Lee had worked for him for a long period of time and was an excellent employee. He would like her to become a dispensing technician in his practice and was present to testify on her behalf.

Board Action:

Motion: Keith Macdonald moved to approve the application for dispensing technician in training for Ms. Lee.

Second: Kam Gandhi

Action: Passed Unanimously

13. Presentation:

Mark Amodei and Liz MacMenamin

Liz Macmenamin, director of government affairs, and Mark Amodei, counsel, for the Retail Association of Nevada appeared and made a presentation regarding the Sanchez v. Wal-Mart case heard in the Supreme Court of Nevada. Footnote #3 of the ruling, outlining Justice Hardesty's opinion on the case, was read and commented on. It is the opinion of RAN that in 2006 when the changes to NAC 639.753 were passed, the Board of Pharmacy did not intend to create a 3rd party liability to others.

14. Election of President

Beth Foster was elected the new Board President

15. General Counsel Report

Recent Regulatory Activities and Litigation

Carolyn Cramer gave a summary of how the renewal process was going. There were more than 17,000 renewals sent out and Board staff was staying on top of getting the renewals scanned, the money deposited and the certificates sent. Unfortunately, some people do not complete the application for renewal appropriately and they have to be returned, but on the whole the process was moving along smoothly.

16. Discussion and Determinations:

A. Continuing Education

Larry Pinson reminded the Board of the current practice of auditing pharmacist's continuing education. As it stands now, if a pharmacist has not done a certain number of the required CE's they are brought to hearing for the Board to determine an appropriate penalty. During the time the deficiency is determined and the time a hearing can be scheduled a significant amount of time can elapse. Should the Board consider suspending a pharmacist's license until a hearing can be scheduled?

Beth Foster thinks a pharmacist should not be able to practice if they have not kept up their continuing education. Because of the ease of attaining CE through today's technology there should be no excuse not to do it between the appropriate timeframes. It was the consensus that pharmacists should not be able to practice until they do their CE.

It was suggested that Board staff could send the pharmacist's in violation a letter requiring them to have their CE done within a certain amount of time, such as seven days, and then bring them to hearing for lying on their renewal applications.

Board staff was directed to send a letter after the audit if it is determined a pharmacist is delinquent in their CE requiring them to have the CE completed within two weeks or they will be suspended and not allowed to practice until they appear at hearing.

B. 14 Day Rule

The 14-day rule is in statute and cannot be changed.

17. Executive Secretary Report:

A. Financial Report

The financial report was given to the Board's satisfaction.

B. Temporary Licenses

No temporary licenses were issued since the last meeting.

C. Staff Activities

1. CE

Staff has been actively conducting CE programs all around the state, all have been well attended. The Pharmacist's Letter Nevada law CE program is now available online free of charge to pharmacists and pharmacy technicians.

2. NABP District Meeting

Larry Pinson chaired a round table discussion on PMP activity throughout the country, sharing our program highlights with other states. Jenine Davis, our PMP intervention officer, spoke as well.

D. Reports to Board

1. MDEG Committee Meeting (9/21)

The committee was bewildered with the rejection of the facility administrator regulation by the Legislative Commission on regulations. Larry Pinson has asked the Commission to reconsider after further clarification of the intent of the regulation and its importance with respect to Medicare and Medicaid fraud.

F. Board Related News

Larry Pinson shared with the Board the accomplishment of Daniel Blakeley who on 9/23/10 became the only known pharmacist to have become licensed in all 50 states.

A report was given on the success rate with NAPLEX of USN students (98% pass rate).

F. Activities Report

WORKSHOP

18 .

Proposed Regulation Amendment Workshop.

Amendment of Nevada Administrative Code 639.510 Schedule 1

Because of noted abuse of un-regulated synthetic cannabinoids resulting in dire circumstances and requests from legislators and the Douglas County District Attorney's Office it is in the public's best interest to schedule as a CI.

Tracy Birch, Las Vegas Metro Forensic Lab Manager, David Goldthorp, Las Vegas Metro Forensic Controlled Substance Unit and Bruce Gettner, Detective for Las Vegas Metro Narcotics Division appeared to request the Board schedule synthetic cannabinoids in Schedule I

They discussed with the Board how to craft language to define synthetic cannabinoids so it does not impede the practice of medicine, and is identifiable with crime labs so that officers can effectively enforce the law. Spice, for instance, has synthetic cannabinoids added to herbal mixtures. People that they have seen using Spice or other brand name herbal mixtures tend to use enhancers along with them exhibiting behavior similar to people who use LSD. Detective Gettner indicated that they are seeing large numbers of people under the influence of synthetic cannabinoids taken with enhancers who become extremely violent. They have seen users who have lost consciousness for as long as six hours after taking Spice. Las Vegas Metro has not been able to attribute any deaths to synthetic cannabinoids yet, however they are extremely concerned.

Ms. Birch, Mr. Goldthorp and Detective Gettner all indicated they would be willing to work with Board staff to compile language that would accomplish their goal of scheduling synthetic cannabinoids in Schedule I.

PUBLIC HEARING

19. Notice of Intent to Act Upon a Regulation:

1. **Amendment of Nevada Administrative Code 639.NEW, 639.469, 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.

President Fey opened the Public Hearing.

Ray Seidlinger, Board inspector, appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Seidlinger asked the Board to consider that the language be amended to include a minimum/maximum temperature feature. If the refrigerator goes out of range an alert is given and will annotate a digital reading while the pharmacy is closed. He advised that the CDC requires checking and logging twice a day and that vaccines need to be monitored. Mr. Seidlinger stated that the cost is minimal and you can get a thermometer that monitors and annotates any variances for less than \$20.00.

Katie Craven appeared and was sworn by President Fey prior to answering questions or offering testimony.

Ms. Cramer would like to see language on page four subsection (e) removed since this language does not comply with the compounding regulations which require a laminar airflow hood to be certified twice a year, not annually as these regulations are written.

Liz Macmenamin appeared and was sworn by President Fey prior to answering questions or offering testimony.

Ms. Macmenamin would like the Board of Pharmacy to educate pharmacies not regulate them. She noted that if pharmacies are closed they would not be compliant and does not want a requirement to have a thermometer in a pharmacy refrigerator. Ms. Macmenamin also noted that Joey Scolari, owner of Scolari's Food and Drug stores, would find it to be a financial burden to have to put thermometers in their refrigerators.

Joe Kellogg appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Kellogg does not think it is necessary to regulate the temperature in pharmacy refrigerators and would like to see the Board abandon this regulation.

Ron Shockey, Board inspector, appeared and was sworn by President Fey prior to answering questions or offering testimony.

Mr. Shockey gave a little history into this topic and noted that ambulatory surgery centers started this issue. They did not record drug temperatures when they were closed. Mr. Shockey advised that proper storage with a temperature gauge would do the job.

President Fey closed the Public Hearing and asked for a motion.

Board Action:

Motion: Keith Macdonald moved to abandon this regulation, feeling that compliance through the inspection process is sufficient.

Second: Beth Foster

Action: Passed Unanimously

2. **Amendment of Nevada Administrative Code 639.NEW Telepharmacy**
This language sets the parameters for a pharmacist or dispensing practitioner to practice from a remote site in rural areas to facilitate the needs of patients in remote areas of Nevada.

President Fey opened the Public Hearing.

There was no public comment.

President Fey closed the Public Hearing and asked for a motion.

Board Action:

Motion: Mary Lau moved to adopt this language as presented.

Second: Keith Macdonald

Action: Passed Unanimously

20. Next Board Meeting:

December 1 & 2, 2010 – Reno, Nevada

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

Don Fey wanted to publicly thank the Board and staff for their support and the honor it was working with each of them in his three year tenure on the Board. Chad Luebke also said it was a pleasure to serve as a member on the Nevada Board of Pharmacy. Board staff commended each on their outstanding service to the Board.

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: Air-Way Medical Inc.

Physical Address: 437 E. Line Street Bishop, CA. 93514
(This must be a business address, we can not issue a license to a home address)

Mailing Address: P.O. Box 568

City: Bishop State: CA Zip Code: 93515

Telephone Number: (760) 872-1117 Fax Number: (760) 872-3898

E-mail: airwaymedical@usamedia.tv 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 24/7 for weekends + Holidays) Sun: (on call 24/7 for weekends + Holidays) Holidays: (on call 24/7 for weekends + Holidays)

FACILITY ADMINISTRATOR INFORMATION (Person who is on site on a daily basis.)

Name: Glenn Steinke

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: N/A

** 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 a Nevada contact.

Name: Vitalcare/Rotech Telephone: (800) 393-1512 Page 1-2010

55417
1190

NEVADA STATE BOARD OF PHARMACY

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

FACILITY INFORMATION

Facility Name: A NATURAL IMAGE, LLC
Physical Address: 694 HARTFORD RD, MANCHESTER, CT 06040
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 481 8TH AVE, SUITE 531,
City: NEW YORK State: NY Zip Code: 10001
Telephone Number: 646-350-0967 Fax Number: 888-865-8954
E-mail: aanschei@mac.com Website: www.anaturalimage.net

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: _____ to _____ Tue: 9.30A to 5p Wed: _____ to _____ Thu: 9.30A to 5p
Fri: 9.30A to 5p Sat: 9.30A to 1p Sun: _____ to _____ Holidays: _____ to _____

FACILITY ADMINISTRATOR INFORMATION

Name: ADAM ANSCHEL
Address: 481 8TH AVE SUITE 531
City: NEW YORK State: NY Zip Code: 10001

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

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

Board Use Only
Received NOV 18 2010 Check Number 2030 Amount 500.00

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1191

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 X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Cascade Prosthetics and Orthotics, Inc.

Physical Address: 1360 Sunset Avenue
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1360 Sunset Avenue

City: Ferndale State: WA Zip Code: 98248-8913

Telephone Number: 800-848-7332 Fax Number: 800-776-7518

E-mail: cpersse@dafo.com Website: www.cascadepo.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: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

FACILITY ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)

Name: Heather Barthlow

Address: 1360 Sunset Avenue

City: Ferndale State: WA Zip Code: 98248-8913

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 Prosthetics
- ☐ Other: _____

** 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 a Nevada contact.

Name: _____ Telephone: _____

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

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New MDEG ☒ Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: CLASSIC SLEEP CARE, LLC

Physical Address: 30851 Agoura Road, Suite 202
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME AS ABOVE

City: AGOURA HILLS State: CA Zip Code: 91301

Telephone Number: 888-707-2454 Fax Number: 888-249-3875

E-mail: R FALLAN@CLASSICSLEEP CARE.COM Website: WWW.CLASSICSLEEP CARE.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: 8 to 4 Sun: _____ to _____ Holidays: _____ to _____
CLOSED (D)

FACILITY ADMINISTRATOR INFORMATION (Person who is on site on a daily basis.)

Name: ROSEANN Monette - Office Manager

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

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input checked="" 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 type="checkbox"/> Other: _____ |

** 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 a Nevada contact.

ONCE we receive a provider license, we will hire a ^{cert} Respiratory Therapist as an

Name: emergency contact Telephone: _____ Page 1-2010

CPAP machines + supplies ONLY. MASKS, TUBING, FILTERS
Bi-level Replacement Cushions/pillows
Headgear 55416
1189

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 X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Foundation Care LLC

Physical Address: 4010 Wedgeway Court, Earth City, MO 63045
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4010 Wedgeway Court, .

City: Earth City State: MO Zip Code: 63045

Telephone Number: 314-291-1122 Fax Number: 314-291-1133

E-mail: Lindsay.Wessels@Foundcare.com Website: www.Foundcare.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 6 Tue: 8 to 6 Wed: 8 to 6 Thu: 8 to 6
Fri: 8 to 6 Sat: closed to Sun: closed to Holidays: closed to

FACILITY ADMINISTRATOR INFORMATION (Person who is on site on a daily basis.)

Name: Charlene Hydo

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: eie neb

** 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 a Nevada contact.

Name: _____ Telephone: _____ Page 1-2010

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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: Lincare Inc.

Physical Address: 4825 140th Ave N. Ste D Clearwater, FL
(This must be a business address, we can not issue a license to a home address) 33762

Mailing Address: P O Box 9004

City: Clearwater State: FL Zip Code: 33758

Telephone Number: (888) 544-2715 Fax Number: (727) 431-5343

E-mail: ghowdesh@lincare.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING - Always on call 24/7

Mon: 8 am to 5 pm Tue: 8 am to 5 pm Wed: 8 am to 5 pm Thu: 8 am to 5 pm
Fri: 8 am to 5 pm Sat: on call Sun: on call Holidays: on call

FACILITY ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)

Name: Donna MacPhaiden

Address: 4825 140th Ave N. Ste D

City: Clearwater State: FL Zip Code: 33762

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

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input checked="" 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 | |

** 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 a Nevada contact.

Name: Lincare Manager Telephone: 775-359-6262 Page 1-2010

55420
1193

NEVADA STATE BOARD OF PHARMACY

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APPLICATION FOR OUT-OF-STATE MDEG PROVIDER CORPORATION

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New MDEG X Ownership Change Name Change Location Change

FACILITY INFORMATION

Facility Name: Medtronic USA, Inc.

Physical Address: 6743 Southpoint Drive North
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same

City: Jacksonville State: FL Zip Code: 32216

Telephone Number: 904-296-9600 Fax Number: 904-296-6448

E-mail: chad.m.tremaroli@medtronic.com Website: www.medtronic.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7am to 7:30pm Tue: 7am to 7:30pm Wed: 7am to 7:30pm Thu: 7am to 7:30pm
Fri: 7am to 7:30pm Sat: to Sun: to Holidays: to

FACILITY ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)

Name: Chad Tremaroli

Address: 1422 Marsh Grass Court

City: Jacksonville State: FL Zip Code: 32218

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"/> Medical device manufacturing and distribution | |

** 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 a Nevada contact.

Name: Chad Tremaroli Telephone: 904-296-9600 X7050 Page 1-2010

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1172

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: Medtronic USA, Inc.

Physical Address: 950 Flanders Road

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

Mailing Address: same

City: Mystic State: CT Zip Code: 06355

Telephone Number: 860-572-5100 Fax Number: 860-572-5103

E-mail: Scott.Quaratella@medtronic.com Website: www.medtronic.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7:00 to 7:00 Tue: 7:00 to 7:00 Wed: 7:00 to 7:00 Thu: 7:00 to 7:00

Fri: 7:00 to 7:00 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

FACILITY ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)

Name: Scott Quaratella

Address: 950 Flanders Road

City: Mystic State: CT Zip Code: 06355

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"/> Medical device manufacturing and distribution | |

** 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 a Nevada contact.

Name: Scott Quaratella Telephone: 860-572-5100

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1176

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: PHYSIO-CONTROL, INC.

Physical Address: 11811 WILLOWIS ROAD NORTHEAST

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

Mailing Address: SAME

City: REDMOND State: WA Zip Code: 98052

Telephone Number: (425) 867-4000 Fax Number: (425) 867-4142

E-mail: _____ Website: _____

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: 9 to 5 Sun: 9 to 5 Holidays: _____ to _____

FACILITY ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)

Name: BRIAN P. WEBSTER, PRESIDENT

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 type="checkbox"/> Assistive Equipment |
| <input 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 | |

** 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 a Nevada contact.

MARK PAULLIS, DISTRICT MANAGER NORTHERN NEVADA (800) 442-1142 x 726
Name: JERRY BENTLEY, DISTRICT MANAGER SOUTHERN NEVADA (800) 442-1142 x 726

55121
1173

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: RJ MEDICAL SALES, INC.

Physical Address: 15 RAILROAD AVENUE, SYOSSET, NY 11791
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2646 SW MAPPLE ROAD SUITE 305

City: PAUM CITY State: FL Zip Code: 34990

Telephone Number: 866.215.5576 Fax Number: 866.398.2416

E-mail: KTrowb.d@RJMEDICAL.COM Website: RJMEDICALSALES.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 to 5:00 Tue: 8:30 to 5:00 Wed: 8:30 to 5:00 Thu: 8:30 to 5:00
Fri: 8:30 to 5:00 Sat: closed to closed Sun: closed to closed Holidays: closed to closed

FACILITY ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)

Name: MARY JO THIBOUT / BETH JADEZUK

Address: 15 RAILROAD AVE

City: SYOSSET, NY State: NY Zip Code: 11791

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

- | | |
|---|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | <input checked="" type="checkbox"/> Other: <u>Diabetic Shoes, Aqua Therapy device, VED, ^{SCAF Lift Mechanism}</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 a Nevada contact. ON CALL Phone # in Syosset, NY: 516-528-3232, Mail order only into Nevada

Name: BETH JADEZUK, SYOSSET, NY Telephone: 516-528-3232 Page 1-2010
New York / Long Island only

55361
1182

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: Baxter Healthcare Corporation

Physical Address: 700 Vaughn Road

Mailing Address: One Baxter Parkway, DFS-3E, Deerfield, IL 60015

City: Dixon State: CA Zip Code: 95620

Telephone Number: 510-786-9744 Fax Number: 510-887-1388

Toll Free Number: N/A 866-250-9499

E-mail: GRAPC@baxter.com Website: www.baxter.com

Managing Pharmacist: See Attached License Number: N/A

Hours of Operation:

Monday thru Friday _____ am _____ pm Saturday _____ am _____ pm

Sunday N/A 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: NOV 10 2010 Check Number: 737 Amount: 500.00

55306
3167



October 18, 2010

Re: Nevada, Application for Out-of-State Pharmacy License
Managing Pharmacist, Resident License and License Verification
Baxter Healthcare Corporation, 700 Vaughn Road, Dixon, CA 95620

A letter of good standing from the California Board of Pharmacy has not been included. The Dixon, CA facility is a distribution warehouse owned and operated by Cardinal Health. The Dixon facility is licensed by the California Board of Pharmacy as a wholesaler under Cardinal Health (Permit #WLS 4004). Baxter Healthcare is not licensed as a wholesaler due to the California Business and Professions Code (Ch. 9, Div. 2, Art. 6, Sec. 4107), which allows for a single permit for an address. Additionally, neither Baxter nor Cardinal is required to be licensed as a pharmacy in California or staff a pharmacist because the dispensing of dialysis products to patients' homes (see attached business description) is exempt from licensure under the following sections of the California Business and Professions Code, Ch. 9, Div. 2, Art. 3:

4051. Conduct Limited to Pharmacist; Conduct Authorized by Pharmacist

(a) Except as otherwise provided in this chapter, it is unlawful for any person to manufacture, compound, furnish, sell, or dispense any dangerous drug or dangerous device, or to dispense or compound any prescription pursuant to Section 4040 of a prescriber unless he or she is a pharmacist under this chapter.

(b) Notwithstanding any other law, a pharmacist may authorize the initiation of a prescription, pursuant to Section 4052, and otherwise provide clinical advice or information or patient consultation if all of the following conditions are met:

- (1) The clinical advice or information or patient consultation is provided to a health care professional or to a patient.
- (2) The pharmacist has access to prescription, patient profile, or other relevant medical information for purposes of patient and clinical consultation and advice.
- (3) Access to the information described in paragraph (2) is secure from unauthorized access and use.

4054. Supply by Manufacturer, etc. of Certain Dialysis Drugs and Devices

Section 4051 shall not apply to a manufacturer or wholesaler that provides dialysis drugs and devices directly to patients.

4059. Furnishing Dangerous Drugs or Devices Prohibited Without Prescription: Exceptions

(c) A pharmacist, or a person exempted pursuant to Section 4054, may distribute dangerous drugs and dangerous devices directly to dialysis patients pursuant to regulations adopted by the board. The board shall adopt any regulations as are necessary to ensure the safe distribution of these drugs and devices to dialysis patients without interruption thereof. A person who violates a regulation adopted pursuant to this subdivision shall be liable upon order of the board to surrender his or her personal license. These penalties shall be in addition to penalties that may be imposed pursuant to Section 4301. If the board finds any dialysis drugs or devices distributed pursuant to this subdivision to be ineffective or unsafe for the intended use, the board may institute immediate recall of any or all of the drugs or devices distributed to individual patients.

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: Baxter Healthcare Corporation

Physical Address: 4551 E. Philadelphia Street

Mailing Address: One Baxter Parkway, DFS-3E, Deerfield, IL 60015

City: Ontario State: CA Zip Code: 91761

Telephone Number: 909-605-0900 Fax Number: 909-605-0958

Toll Free Number: 866-250-9499

E-mail: GRAPC@baxter.com Website: www.baxter.com

Managing Pharmacist: See Attached License Number: N/A

Hours of Operation:

Monday thru Friday _____ am _____ pm Saturday N/A am _____ pm
Sunday N/A 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: _____ Check Number: 738 Amount: 500.00

55367
3171



October 18, 2010

Re: Nevada, Application for Out-of-State Pharmacy License
Managing Pharmacist, Resident License and License Verification
Baxter Healthcare Corporation, 4551 East Philadelphia Street, Ontario, CA 91761

A letter of good standing from the California Board of Pharmacy has not been included. The Ontario, CA facility is a distribution warehouse owned and operated by Cardinal Health. The Ontario facility is licensed by the California Board of Pharmacy as a wholesaler under Cardinal Health (Permit #WLS 3287). Baxter Healthcare is not licensed as a wholesaler due to the California Business and Professions Code (Ch. 9, Div. 2, Art. 6, Sec. 4107), which allows for a single permit for an address. Additionally, neither Baxter nor Cardinal is required to be licensed as a pharmacy in California or staff a pharmacist because the dispensing of dialysis products to patients' homes (see attached business description) is exempt from licensure under the following sections of the California Business and Professions Code, Ch. 9, Div. 2, Art. 3:

4051. Conduct Limited to Pharmacist; Conduct Authorized by Pharmacist

(a) Except as otherwise provided in this chapter, it is unlawful for any person to manufacture, compound, furnish, sell, or dispense any dangerous drug or dangerous device, or to dispense or compound any prescription pursuant to Section 4040 of a prescriber unless he or she is a pharmacist under this chapter.

(b) Notwithstanding any other law, a pharmacist may authorize the initiation of a prescription, pursuant to Section 4052, and otherwise provide clinical advice or information or patient consultation if all of the following conditions are met:

- (1) The clinical advice or information or patient consultation is provided to a health care professional or to a patient.
- (2) The pharmacist has access to prescription, patient profile, or other relevant medical information for purposes of patient and clinical consultation and advice.
- (3) Access to the information described in paragraph (2) is secure from unauthorized access and use.

4054. Supply by Manufacturer, etc. of Certain Dialysis Drugs and Devices

Section 4051 shall not apply to a manufacturer or wholesaler that provides dialysis drugs and devices directly to patients.

4059. Furnishing Dangerous Drugs or Devices Prohibited Without Prescription: Exceptions

(c) A pharmacist, or a person exempted pursuant to Section 4054, may distribute dangerous drugs and dangerous devices directly to dialysis patients pursuant to regulations adopted by the board. The board shall adopt any regulations as are necessary to ensure the safe distribution of these drugs and devices to dialysis patients without interruption thereof. A person who violates a regulation adopted pursuant to this subdivision shall be liable upon order of the board to surrender his or her personal license. These penalties shall be in addition to penalties that may be imposed pursuant to Section 4301. If the board finds any dialysis drugs or devices distributed pursuant to this subdivision to be ineffective or unsafe for the intended use, the board may institute immediate recall of any or all of the drugs or devices distributed to individual patients.

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: Baxter Healthcare Corporation
Physical Address: 10200 SW Commerce Circle
Mailing Address: One Baxter Parkway, DEF-3E, Deerfield, IL 60015
City: Wilsonville State: OR Zip Code: 97070
Telephone Number: 503-682-1947 Fax Number: 503-582-8638
Toll Free Number: 866-250-9499
E-mail: GRAPC@baxter.com Website: www.baxter.com
Managing Pharmacist: William Bates License Number: RPH-0005427

Hours of Operation:

Monday thru Friday 8:00 am 4:30 pm Saturday N/A am _____ pm
Sunday N/A am _____ 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: NOV 10 2010 Check Number: 739 Amount: 500.00

55305
3170

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: BRAUN PHARMA INC. dba BRAUN PHARMACARE
Physical Address: 2060 N. CLARK ST.
Mailing Address: - SAME -
City: CHICAGO State: IL Zip Code: 60614
Telephone Number: 773.549.0634 Fax Number: 773.549.2753
Toll Free Number: 877.549.6907
E-mail: LOCARE @ BRAUNRX.COM Website: WWW.BRAUNRX.COM
Managing Pharmacist: DANIEL POMORANTZ License Number: 051029233

Hours of Operation:

Monday thru Friday 9 am 7 pm
Saturday 9 am 4 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: NOV 04 2010 Check Number: 141 Amount: 500.00

55354
3151

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
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 Pharmacy ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: California Pet Pharmacy
Physical Address: 3250 ARDEN ROAD
Mailing Address: 3250 ARDEN ROAD
City: HAYWARD State: CA Zip Code: 94545
Telephone Number: (510) 785-7739 Fax Number: (510) 860-4228
Toll Free Number: 877-554-4797
E-mail: saks@californiapetpharmacy.com Website: www.californiapetpharmacy.com
Managing Pharmacist: RAJEEV SAWHNEY License Number: CA# 43831
NV# 10469

Hours of Operation:

Monday thru Friday 8 am 5 pm Saturday 8 am 12 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: NOV 10 2010 Check Number: 1043 Amount: 500-

55430
3187

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: CAPITAL RX, INC.
Physical Address: 4225 NORTHGATE BLVD STE 2 SACRAMENTO CA 95834
Mailing Address: 2301 CAROLINE STREET HOUSTON TX 77004
City: _____ State: _____ Zip Code: _____
Telephone Number: 916 927-0336 Fax Number: 916 927-7965
Toll Free Number: 800 511-5144
E-mail: INFO@CAP-RX.COM Website: WWW.CAP-RX.COM
Managing Pharmacist: Nghiem, Nghi Tham-Dan License Number: 48549

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday 10 am 2 pm
Sunday Clsd am _____ pm 24 Hours *On Call Pharmacist

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 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: NOV 15 2010 Check Number: 10072 Amount: 500.00

55427
3185

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: Care Health Solutions DBA CHS Pharmacy

Physical Address: 6600 NE 112th Court

Mailing Address: _____

City: Vancouver State: WA Zip Code: 98662

Telephone Number: 360-694-7377 Fax Number: 866-296-0293

Toll Free Number: 888-520-5132

E-mail: j.walich@chs-pharmacy.com Website: _____

Managing Pharmacist: Jim Walich License Number: 00009701

Hours of Operation:

Monday thru Friday 6 am 9 pm

Saturday 9 am 5 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: NOV 04 2010 Check Number: 418 Amount: 500.00

55382
3155

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: Global Medical Direct

Physical Address: 14309 W. 95th St.

Mailing Address: 14309 W. 95th St.

City: Lenexa State: KS Zip Code: 66215

Telephone Number: (913) 422-1666 Fax Number: (913) 422-8366

Toll Free Number: (800) 505-1625

E-mail: internet-leads@globalmeddirect.com Website: www.globalmeddirect.com

Managing Pharmacist: Jennifer Patykiewicz License Number: 1-14032

Hours of Operation:

Monday thru Friday 8 am 5 pm Saturday 9 am 1 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: NOV 15 2010 Check Number: 542 Amount: 500.00

55428
3186

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: Specialty Veterinary Pharmacy
Physical Address: 10400 Westoffice Dr. Ste 101
Mailing Address: 10400 Westoffice Dr. Ste 101
City: Houston State: TX Zip Code: 77042
Telephone Number: 713-780-2223 Fax Number: 713-780-2234
Toll Free Number: 877-673-3705
E-mail: info@svpmeds.com Website: www.svpmeds.net
Managing Pharmacist: Damonica Correll License Number: 46968

Hours of Operation:

Monday thru Friday 8:00 am 5:00 pm Saturday 9:00 am 12:00 pm
Sunday closed am closed 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 NOV 02 2010 Check Number: 351 Amount: 500.00

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 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 issued 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: Baxter Healthcare Corporation

Physical Address: 900 Corporate Grove Drive

Mailing Address: Attn: Quality & Regulatory Affairs, Keegan Chamberlain, 7000 Cardinal
Dublin, OH 43017

City: Buffalo Grove State: IL Zip Code: 60089

Telephone Number: 847-777-3100 Fax Number: 847-777-3333

E-mail: Gmb-Facility-Licensing@cardinalhealth.com

Facility Manager: Matt Plisz

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other _____

Type of Products to be handled or wholesaled by firm

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

Board Use Only

Received NOV 04 2010 Check Number 736 Amount 500.00

PT

55302
1999

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: Camber Pharmaceuticals Inc

Physical Address: 1031 Centennial Ave

Mailing Address: same as above

City: Piscataway State: NJ Zip Code: 08854

Telephone Number: 732-377-2029 Fax Number: 732-377-2067

Toll Free Number: _____

E-mail: mbecker@camberpharma.com Website: www.camberpharma.com

Facility Manager: Kon Ostetick

Professional qualifications and experience of facility manager:
23 years in the Pharmaceutical industry

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: NOV 1 2010 Check Number: 925 Amount: 500.00

55412
2009

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: Centurion Medical Products Corporation
Physical Address: 3600 Cobb International Blvd., Suite 300 Kennesaw, GA 30152
Mailing Address: 100 Centurion Way
City: Williamston State: Michigan Zip Code: 48895
Telephone Number: 770-421-8255 Fax Number: 770-421-8502
Toll Free Number: 800-248-4058
E-mail: mprice@centurionmp.com Website: www.centurionmp.com
Facility Manager: Michael Turner

Professional qualifications and experience of facility manager: over three years experience handling distribution, storage, and recordkeeping for a licensed facility

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers

Type of Products to be handled or wholesaled:

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

Licensed as a Manufacturer by the FDA? ☐ Yes ☒ No, If yes include a copy of the FDA registration.

Board Use Only

Received: NOV 16 2010

Check Number: 290

Amount: 500

551B
2010

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

55377
2001

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: CLEAN HARBORS OF ARAGONITE, LLC
Physical Address: 11600 NORTH APTUS ROAD
Mailing Address: SAME
City: ARAGONITE State: UT Zip Code: 84029
Telephone Number: 435-884-8100 Fax Number: _____
Toll Free Number: _____
E-mail: MENSINGER, JEFFREY@CLEANHARBORS.COM Website: WWW.CLEANHARBORS.COM
Facility Manager: MICHAEL MARLOWE
Professional qualifications and experience of facility manager: see attached

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: OCT 07 2010 Check Number: 838 Amount: 500.00

10-K

55111
1979

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: DARBY DENTAL SUPPLY, LLC

Physical Address: NE INDUSTRIAL PARK, VAN BUREN BVD, BLDG-27

Mailing Address: NE INDUSTRIAL PARK, VAN BUREN BVD, BLDG-27

City: Guilderland Center State: New York Zip Code: 12085

Telephone Number: (518) 218-3400 Fax Number: (518)

Toll Free Number: 1-800-645-2310

E-mail: Gary.Lippitt@darbydentalsupply.com Website: _____

Facility Manager: Gary Lippitt

Professional qualifications and experience of facility manager: HAS OVER 10 YEARS
EXPERIENCE IN A SUPERVISORY/MANAGEMENT CAPACITY IN THE DISTRIBUTION/WAREHOUSING
OF PHARMACEUTICALS.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers

Type of Products to be handled or wholesaled:

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

Licensed as a Manufacturer by the FDA? ☐ Yes ☒ No, If yes include a copy of the FDA registration.

Board Use Only

Received: OCT 28 2010 Check Number: 505 Amount: 500.00

55252
1189

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: Pernix Therapeutics, LLC
Physical Address: 33219 Forest West Dr.
Mailing Address: same
City: Magnolia State: TX Zip Code: 77354
Telephone Number: 832-934-1825 Fax Number: 832-934-1857
Toll Free Number: 800-793-2145
E-mail: cadams@pernixtx.com Website: www.pernixtx.com
Facility Manager: Cooper Collins
Professional qualifications and experience of facility manager: see attached resume

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: NOV 16 2010 Check Number: 702 Amount: 500-

Page 1 - 2010

PT

55431
2013

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

Physical Address: 6264 Crooked Creek Rd

Mailing Address: 6264 Crooked Creek Rd

City: NORCROSS State: GA Zip Code: 30092

Telephone Number: 7704091500 Fax Number: _____

Toll Free Number: _____

E-mail: TKilgore@Stericycle.com Website: _____

Facility Manager: Terry Kilgore

Professional qualifications and experience of facility manager: 15 years managing Strong Pharmaceutical Services division

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers

Type of Products to be handled or wholesaled:

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

Licensed as a Manufacturer by the FDA? ☐ Yes ☒ No, If yes include a copy of the FDA registration.

Board Use Only

Received: NOV 15 2010 Check Number: 780 Amount: 500-

10-K

55415
2012

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane -- Reno, NV 89509 -- (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALE 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: Tri-anim Health Services, Inc.
Physical Address: 5160 Havana Street, Unit H, Denver, CO 80239
(Regulatory)
Mailing Address: 5000 Tuttle Crossing Blvd., Dublin OH 43016
City: Denver State: CO Zip Code: 80239
Facility Telephone Number: 303-322-3143 Regulatory Fax Number: 877-842-0349
Regulatory Affairs
Toll Free Number: 1-814-760-5021
E-mail: Regulatory@Sarnova.com Website: www.Tri-anim.com
Facility Manager: Charles "Charlie" Watson
Professional qualifications and experience of facility manager: refer to attached resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers

Type of Products to be handled or wholesaled:

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

Licensed as a Manufacturer by the FDA? ☐ Yes ☒ No, If yes include a copy of the FDA registration. Wholesale distribution only - not a manufacturer.

Board Use On **NOV 18 2010**

Received: _____ Check Number: 406 Amount: 500.00

55411
2008

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: VIDACARR CORP. INC.
Physical Address: 4350 LOCKHILL SELMA RD. SUITE 150
Mailing Address: 4350 LOCKHILL SELMA RD. SUITE 150
City: SHAVANO PARK State: TX Zip Code: 78249-2095
Telephone Number: 214-375-8500 Fax Number: 214-375-8537
Toll Free Number: 866-479-8500
E-mail: _____ Website: WWW.VIDACARR.COM
Facility Manager: MARK MILLIN

Professional qualifications and experience of facility manager: PLEASE SEE ATTACHED
DOCUMENT

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers

Type of Products to be handled or wholesaled:

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

Licensed as a Manufacturer by the FDA? ☒ Yes ☐ No, If yes include a copy of the FDA registration.

Board Use Only

Received: NOV 15 2010 Check Number: 368 Amount: 500-

55414
2011

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 01257)

GENERAL INFORMATION

Facility Name: Wockhardt USA LLC

Physical Address: 20 Waterview Blvd 3rd FL. Parsippany, NJ 07054

Mailing Address: Same

City: _____ State: _____ Zip Code: _____

Telephone Number: 973-257-4960 Fax Number: 973-257-4961

Toll Free Number: _____

E-mail: US Licensing@wockhardt.com Website: wockhardtusa.com

Facility Manager: Jerome D. Nabour

Professional qualifications and experience of facility manager:
SVP, Head of Global Legal Affairs and U.S. General Counsel

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers

Type of Products to be handled or wholesaled:

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

Licensed as a Manufacturer by the FDA? ☐ Yes ☒ No, If yes include a copy of the FDA registration.

Board Use Only

Received: NOV 04 2010 Check Number: 921 Amount: 500.00

55378
2002

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: Advanced Care Rx Pharmacy 2
Physical Address: 4161 S. Eastern ave Unit A-3 Las Vegas NV
Mailing Address: Same Above
City: Las Vegas State: NV Zip Code: 89119
Telephone Number: (702) 595-6265 Fax Number: (702) 597-2934
Toll Free Number: 877-297-8771
E-mail: Jenny@staffingnv.com Website: www.ACRxPharmacy.com
Managing Pharmacist: Daniel A. Shalala License Number: 15615

Hours of Operation:

Monday thru Friday 9 am 7 pm
Sunday — am — pm

Saturday 10 am 4 pm
24 Hours —

TYPE OF PHARMACY

SERVICES PROVIDED

- ☒ Retail & compounding
☐ 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: NOV 15 2010 Check Number: 640 Amount: 500

55424
3181

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 01387)

GENERAL INFORMATION

Pharmacy Name: ASSIST Care PHARMACY DPC
Physical Address: 4865 W. NEVSO DR
Mailing Address: 4865 W. NEVSO DR
City: LAS VEGAS State: NV Zip Code: 89103
Telephone Number: 702-889-8007 Fax Number: 702-889-8026
Toll Free Number: 1-877-889-8779
E-mail: Kelly.H@assistcare.org Website: N/A
Managing Pharmacist: LARA Bellegue-Schockel License Number: 10718

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday 11 am 4 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 NOV 15 2010 Check Number: 762 Amount: 500

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: Catalyst Mail
Physical Address: 6225 Annie Oakley Dr., Suite 100, Las Vegas, NV
Mailing Address: 6225 Annie Oakley Dr., Suite 100
City: Las Vegas State: NV Zip Code: 89120
Telephone Number: 702-436-8654 Fax Number: NONE
Toll Free Number: 877-524-8952
E-mail: _____ Website: undetermined at this time
Managing Pharmacist: James Stupnik License Number: 9792

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: NOV 15 2010 Check Number: 618 Amount: 500.00

55423
3180

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: MLK PHARMACY
Physical Address: 1061 West Owens Ave
Mailing Address: Same
City: Las Vegas State: NV Zip Code: 89106
Telephone Number: 702-272-2278 Fax Number: 702-242-0849
Toll Free Number: 702-272-2278
E-mail: Sima@MLKRX.COM Website: WWW.MLKRX.COM
Managing Pharmacist: SIMA MOGHADAM License Number: 11250

Hours of Operation:

Monday thru Friday 10 am 6 pm Saturday 10 am 4 pm
Sunday _____ am _____ 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 checked="" 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: NOV 15 2010 Check Number: 1026 Amount: 500.00

55426
3184

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 01845)

GENERAL INFORMATION

Pharmacy Name: Spectrum Pharmacy Services, LLC
Physical Address: 15 Cactus Garden Drive, Building C
Mailing Address: Same as above
City: Henderson State: NV Zip Code: 89014
Telephone Number: (702) 853-2200 Fax Number: (702) 853-2201
Toll Free Number: 800-214-5957
E-mail: SWCarlton@spectrumrx.net Website: _____
Managing Pharmacist: Stephen W. Carlton License Number: 06471

Hours of Operation:

Monday thru Friday _____ am _____ 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: NOV 18 2010 Check Number: 272 Amount: 500.00

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 02018)

GENERAL INFORMATION

Pharmacy Name: SPECTRUM PHARMACY SERVICES LLC
Physical Address: 4690 LONGLEY LANE, BLDG A UNIT 39
Mailing Address: 4690 LONGLEY LANE, BLDG A UNIT 39
City: RENO State: NEVADA Zip Code: 89052
Telephone Number: (775) 825-6117 Fax Number: (775) 825-3840
Toll Free Number: (800) 214-5957
E-mail: rkemper@spectrumrx.net Website: N/A
Managing Pharmacist: RUTH KEMPER License Number: 09551

Hours of Operation:

Monday thru Friday 8 am 8 pm Saturday 8 am 8 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: NOV 15 2010 Check Number: 273 Amount: 500.00

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

v.

WILLIAM J. MUMBERT, R.PH,
Certificate of Registration No. 13225,
Respondent.

NOTICE OF INTENDED ACTION
AND ACCUSATION

Case No. 10-079-RPH-N

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 Mumbert is a registered pharmacist with the Board.

II.

On or about October 13, 2010 Board staff received a telephone call from Flint Pendergraft, Vice President of Raley's Pharmacy Operations notifying the Board that they had terminated the employment of Mr. Mumbert.

III.

During regularly scheduled pharmacy audits of Raley's Incline Village Pharmacy, pharmacy manager John Luther, discovered significant discrepancies in the hydrocodone count. Mr. Luther reported the shortages to Raley's asset protection on September 1, 2010. On September 21, 2010 surveillance cameras were set up in the pharmacy and monitored. During that surveillance Mr. Mumbert was observed on multiple occasions removing stock bottles from the pharmacy shelf and taking them into the restroom. On October 12, 2010 Mr. Mumbert was confronted and admitted to the theft of over 800 hydrocodone 10/325 tablets and 30 diazepam 10 mg. tablets over a period of several months.


FIRST CAUSE OF ACTION

IV.

In removing controlled substances from his employing pharmacy, namely hydrocodone/APAP 10/325 tablets and diazepam 10 mg. tablets without a prescription therefore, Mr. Mumbert violated (NRS) 453.331(1)(d), 453.336(1) and/or 639.210(1), (4), and/or (12) and/or Nevada Administrative Code (NAC) 639.945(1)(h) and/or (i).

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

Signed this 29th day of October 2010.


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 10 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
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING**

**WILLIAM J. MUMBERT, R.PH
Certificate of Registration No. 13225,**

Case No. 10-079-PRH-N

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. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the 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.

The Board has reserved Wednesday, December 1, 2010 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, 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 29th day of October, 2010.


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

WILLIAM J. MUMBERT, R.PH
Certificate of Registration No. 13225,

Case No. 10-079-RPH-N

Respondent.

_____/

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

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

none

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


I realize and am regretful that I made a very big mistake in both relapsing in my recovery and in removing drugs from the pharmacy. I want to, and am highly motivated to, resume my recovery and continue my career as a pharmacist. I am willing to do whatever it takes, whatever the Board decides to do. I hope to be allowed to maintain my license and my privilege to work and serve the public.

On 10/14/2010, I met with Larry Espadero and signed a 5-year treatment and monitoring contract with PRN-PRN. I have already begun participation in their program, and have done everything that has been asked of me.

Respectfully submitted

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 9th day of November, 2010.


William J. Mumhart, RPh

Walgreens #2662. When she arrived home she examined the contents of the prescription bottle and noted that it contained larger tablets than she had previously taken. Ms. Grenert attributed this difference in size to a difference in manufacturers and subsequently took the larger tablets as directed, one by mouth daily. Soon afterward, Ms. Grenert began to experience frequent hot flashes. Thinking that she may have been given the wrong medication, she contacted the pharmacy on or about May 11, 2010. Ms. Grenert spoke with pharmacist Enrique Romero who assured her that the medication dispensed was correct and that the dosage form and manufacturer were the same. Mr. Romero told Ms. Grenert that the larger size was possibly due to a difference in formulation. Based on the assurances, Ms. Grenert continued to take the larger tablets.

III.

Because the severity and frequency of the hot flashes increased, on or about May 25, 2010, Ms. Grenert telephoned her physician's office and spoke with medical assistant Kelly Gregory. Upon hearing the symptoms Ms. Grenert was experiencing, and her concerns regarding the difference in tablet size, Ms. Gregory telephoned Walgreens #2662 and spoke with Enrique Romero. Mr. Romero explained that he was familiar with Ms. Grenert's complaints and reiterated that the medication dispensed was correct. At Ms. Gregory's request, Mr. Romero reviewed the patient profile for Ms. Grenert's previous estradiol fills and could find no explanation for the difference in tablet size and suggested that Ms. Grenert bring her medication to the pharmacy for further examination.

IV.

That same day, Ms. Grenert went to Walgreens #2662 as directed by Ms. Gregory to have her medication examined. Mr. Romero was not present in the pharmacy, however Ms. Grenert spoke with pharmacist William Ruebusch who identified the medication she had been taking as 10 mg. enalapril tablets.

V.

During the investigation of this matter it was determined that Ms. Grenert received a new prescription for 2 mg. Estrace tablets from her physician on March 12, 2010 changing the number of tablets from 30 to 90 tablets. After her appointment, Ms. Grenert took the prescription to Walgreens #2662 to be filled. Because there were still tablets remaining from the previous fill, this new prescription was not processed until April 13, 2010.

VI.

Board staff visited Walgreens #2662's to determine how the error occurred. The steps taken to fill Ms. Grenert's prescription were examined. A pharmaceutical technician scanned the prescription, another pharmaceutical technician completed the data entry, pharmacist Edwin Gonyou performed the data review, a pharmaceutical technician filled the prescription, Edwin Gonyou did the product review and pharmacist Farideh Farouzannia counseled Ms. Grenert when she picked up her prescription. During one of several site visits Board staff spoke with a pharmaceutical technician that had returned from a leave of absence on April 19, 2010 and discovered several enalapril 10 mg. tablets in an opened stock bottle of estradiol. This discovery, and a

follow up interview with the filling pharmaceutical technician, found that there was a probability that sometime prior to April 13, 2010, an unopened bottle of 10 mg. enalapril was inadvertently placed on the shelf behind an opened bottle of estradiol. During the filling of Ms. Grenert's estradiol prescription, the pharmaceutical technician noted that the front stock bottle of estradiol did not contain enough to fill a 90 tablet prescription and retrieved both the front estradiol bottle and the unopened enalapril bottle behind it. After scanning the partial estradiol stock bottle, the pharmaceutical technician opened the 100 count stock bottle of enalapril, removed 10 tablets and placed those in the estradiol bottle, then place the remaining 90 tablets of enalapril into a prescription vial and discarded the empty enalapril stock bottle. After placing the estradiol label on the prescription vial containing 90 tablets of enalapril, the pharmaceutical technician staged the filled and labeled vial, estradiol stock bottle and the label set for product verification. During product verification, pharmacist Gonyou failed to note the substitution error. The prescription was then bagged and staged for customer pick up. Ms. Grenert picked up the prescription two days later and pharmacy records show she was counseled by pharmacist Farouzannia.

FIRST CAUSE OF ACTION

VII.

In failing to adequately investigate Ms. Grenert's initial concern that her medication was different than what she usually took, Mr. Romero violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(i).

SECOND CAUSE OF ACTION

VIII.

In verifying 10 mg. tablets of enalapril instead of the prescribed 2 mg tablets of estradiol, Mr. Gonyou violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).


THIRD CAUSE OF ACTION

IX.

In failing to notice that the medication he was counseling Ms. Grenert on was not 2 mg. tablets of estradiol as prescribed, Ms. Forouzannia violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.707 and/or 639.945(1)(i).

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 29th day of October, 2010.



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,

v.

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

ENRIQUE ROMERO, R.Ph.,
Certificate of Registration #17468,

Case No. 10-050A-RPH-N

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. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the 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.

The Board has reserved Wednesday, December 1, 2010 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, 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 29th day of October, 2010.



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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

Nevada State Board of Pharmacy)	
)	
Petitioner,)	<u>ANSWER AND RESPONSE</u>
)	
vs.)	
)	
Enrique Romero, R.Ph.)	Case No. 10-050A-RPH-N
Certificate of Registration #17468)	
)	
Edwin Gonyou, R.Ph.)	Case No. 10-050B-RPH-N
Certificate of Registration #10721)	
)	
Farideh Forouziannia, R.Ph.)	Case No. 10-050C-RPH-N
Certificate of Registration #14180)	
)	
Respondents)	
)	

COME NOW RESPONDENTS ENRIQUE ROMERO, EDWIN GONYOU and FARIDEY FOROUZIANNIA, by and through their counsel of record, Robert C. Graham, Esq. of the law firm of Rob Graham & Associates, and by way of this pleading, admit, deny and respond to the Notice of Intended Action and Accusation as follows:

1. As to paragraph I, Respondents admit the assertions of this paragraph;
2. As to paragraph II, III, IV, V and VI, Respondents lack full knowledge as to the facts and circumstances sufficient with which to fully respond and so they deny each and every assertion contained due to the lack of information on the matters contained therein.
3. As to Cause of Action I, paragraph VII, Respondent ROMERO denies the general assertion that he failed to adequately investigate the assertion by the claimant.

4. As to Cause of Action II, Paragraph VIII, Respondent GONYOU denies the general assertion to the extent that there were mitigating and extenuating circumstances underlying any asserted errors which are primarily responsible for the mislabeling and confusion of the medications, which if fully considered, would excuse the error of Respondent GONYOU.
5. As to Cause of Action III, Paragraph IX, Respondent FOROUZIANNIA denies any action on her part resulted in any violation of NRS 639.210(4) or NAC 639.707.
6. Respondents request a hearing on this matter before the full Board of Pharmacy.

Dated this 9th day of November, 2010.

ROB GRAHAM & ASSOCIATES

/s/ Robert C. Graham
ROBERT C. GRAHAM, ESQ.
Nevada Bar Number 004618
7375 W. Peak Dr., #220
Las Vegas, NV 89128
(702) 255-6161
(702) 255-8383 (fax)
rgraham@lawyerswest.net

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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**ENRIQUE ROMERO, R.Ph.,
Certificate of Registration #17468,**

Case No. 10-050A-RPH-N

**EDWIN GONYOU
Certificate of Registration #10721**

Case No. 10-050B-RPH-N

**FARIDEH FOROUZIANNIA
Certificate of Registration #14180**

Case No. 10-050C-RPH-N

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 Respondents Enrique Romero, Edwin Gonyou, and Farideh Forouzannia are pharmacists licensed by the Board.

II.

On or about April 13, 2010, Kathy Grenert had her prescription for #90 2 mg. estradiol tablets filled at Walgreens #2662, located at 12645 South Virginia Street in Reno, Nevada. On April 15, 2010, Ms. Grenert picked up her medication from

Walgreens #2662. When she arrived home she examined the contents of the prescription bottle and noted that it contained larger tablets than she had previously taken. Ms. Grenert attributed this difference in size to a difference in manufacturers and subsequently took the larger tablets as directed, one by mouth daily. Soon afterward, Ms. Grenert began to experience frequent hot flashes. Thinking that she may have been given the wrong medication, she contacted the pharmacy on or about May 11, 2010. Ms. Grenert spoke with pharmacist Enrique Romero who assured her that the medication dispensed was correct and that the dosage form and manufacturer were the same. Mr. Romero told Ms. Grenert that the larger size was possibly due to a difference in formulation. Based on the assurances, Ms. Grenert continued to take the larger tablets.

III.

Because the severity and frequency of the hot flashes increased, on or about May 25, 2010, Ms. Grenert telephoned her physician's office and spoke with medical assistant Kelly Gregory. Upon hearing the symptoms Ms. Grenert was experiencing, and her concerns regarding the difference in tablet size, Ms. Gregory telephoned Walgreens #2662 and spoke with Enrique Romero. Mr. Romero explained that he was familiar with Ms. Grenert's complaints and reiterated that the medication dispensed was correct. At Ms. Gregory's request, Mr. Romero reviewed the patient profile for Ms. Grenert's previous estradiol fills and could find no explanation for the difference in tablet size and suggested that Ms. Grenert bring her medication to the pharmacy for further examination.

IV.

That same day, Ms. Grenert went to Walgreens #2662 as directed by Ms. Gregory to have her medication examined. Mr. Romero was not present in the pharmacy, however Ms. Grenert spoke with pharmacist William Ruebusch who identified the medication she had been taking as 10 mg. enalapril tablets.

V.

During the investigation of this matter it was determined that Ms. Grenert received a new prescription for 2 mg. Estrace tablets from her physician on March 12, 2010 changing the number of tablets from 30 to 90 tablets. After her appointment, Ms. Grenert took the prescription to Walgreens #2662 to be filled. Because there were still tablets remaining from the previous fill, this new prescription was not processed until April 13, 2010.

VI.

Board staff visited Walgreens #2662's to determine how the error occurred. The steps taken to fill Ms. Grenert's prescription were examined. A pharmaceutical technician scanned the prescription, another pharmaceutical technician completed the data entry, pharmacist Edwin Gonyou performed the data review, a pharmaceutical technician filled the prescription, Edwin Gonyou did the product review and pharmacist Farideh Farouzannia counseled Ms. Grenert when she picked up her prescription. During one of several site visits Board staff spoke with a pharmaceutical technician that had returned from a leave of absence on April 19, 2010 and discovered several enalapril 10 mg. tablets in an opened stock bottle of estradiol. This discovery, and a

follow up interview with the filling pharmaceutical technician, found that there was a probability that sometime prior to April 13, 2010, an unopened bottle of 10 mg. enalapril was inadvertently placed on the shelf behind an opened bottle of estradiol. During the filling of Ms. Grenert's estradiol prescription, the pharmaceutical technician noted that the front stock bottle of estradiol did not contain enough to fill a 90 tablet prescription and retrieved both the front estradiol bottle and the unopened enalapril bottle behind it. After scanning the partial estradiol stock bottle, the pharmaceutical technician opened the 100 count stock bottle of enalapril, removed 10 tablets and placed those in the estradiol bottle, then place the remaining 90 tablets of enalapril into a prescription vial and discarded the empty enalapril stock bottle. After placing the estradiol label on the prescription vial containing 90 tablets of enalapril, the pharmaceutical technician staged the filled and labeled vial, estradiol stock bottle and the label set for product verification. During product verification, pharmacist Gonyou failed to note the substitution error. The prescription was then bagged and staged for customer pick up. Ms. Grenert picked up the prescription two days later and pharmacy records show she was counseled by pharmacist Farouzannia.

FIRST CAUSE OF ACTION

VII.

In failing to adequately investigate Ms. Grenert's initial concern that her medication was different than what she usually took, Mr. Romero violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(i).

SECOND CAUSE OF ACTION

VIII.

In verifying 10 mg. tablets of enalapril instead of the prescribed 2 mg tablets of estradiol, Mr. Gonyou violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

THIRD CAUSE OF ACTION

IX.

In failing to notice that the medication he was counseling Ms. Grenert on was not 2 mg. tablets of estradiol as prescribed, Ms. Forouzannia violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.707 and/or 639.945(1)(i).

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 29th day of October, 2010.



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,

v.

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

EDWIN GONYOU

Certificate of Registration #10721

Case No. 10-050B-RPH-N

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. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the 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.

The Board has reserved Wednesday, December 1, 2010 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, 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 29th day of October, 2010.


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

Nevada Board of Pharmacy

431 W. Plumb Lane

Reno, NV 89509 – 3766

November 8, 2010

Dear Larry L. Pinson;

I have received the information that you have sent to me. I have read it and agree that what you stated in the communication is correct.

Since hearing about this incident, I have thought a lot about it. I do not remember this incident. I do not know the patient and I feel terrible that this has happened.

When I am verifying prescriptions and an event of this nature occurs, I usually get the stock bottle and check to see if the stock tablets are the same as the ones in the patient's bottle. I could very likely have seen the estradiol bottle with the enalapril tablets inside. As a result, it would seem that all was correct with this prescription. A very similar event happened 11-3-10 at the same store. I was verifying the prescription for phenergan suppositories 25 mg and 12.5 mg suppositories were in the bottle to go out to the patient. The 12.5 mg size had come out of a 25 mg stock package. I showed the RX bottle (Suppositories) to Shirley Hopkins and corrected to the correct strength.

In closing, I would like to apologize to the patient for giving her the wrong medication. I am also sorry that she suffered the ill effects that she did. I thank God that this event, which I am responsible for, was not catastrophic as it may well have been.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Edwin E. Gonyou', followed by a long horizontal flourish.

Edwin E. Gonyou

NOV - 9 2010

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND
NOTICE OF DEFENSE

EDWIN GONYOU
Certificate of Registration #10721

Case No. 10-050B-RPH-N

Respondent.

_____/

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

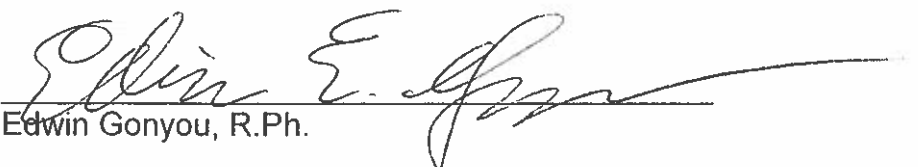
1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

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

I admit.

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 8 day of November, 2010.


Edwin Gonyou, R.Ph.

Nevada State Board of Pharmacy)	
)	
Petitioner,)	<u>ANSWER AND RESPONSE</u>
)	
vs.)	
)	
Enrique Romero, R.Ph.)	Case No. 10-050A-RPH-N
Certificate of Registration #17468)	
)	
Edwin Gonyou, R.Ph.)	Case No. 10-050B-RPH-N
Certificate of Registration #10721)	
)	
Farideh Forouziannia, R.Ph.)	Case No. 10-050C-RPH-N
Certificate of Registration #14180)	
)	
Respondents)	
)	

1. As to paragraph I, Respondents admit the assertions of this paragraph;
2. As to paragraph II, III, IV, V and VI, Respondents lack full knowledge as to the facts and circumstances sufficient with which to fully respond and so they deny each and every assertion contained due to the lack of information on the matters contained therein.
3. As to Cause of Action I, paragraph VII, Respondent ROMERO denies the general assertion that he failed to adequately investigate the assertion by the claimant.

4. As to Cause of Action II, Paragraph VIII, Respondent GONYOU denies the general assertion to the extent that there were mitigating and extenuating circumstances underlying any asserted errors which are primarily responsible for the mislabeling and confusion of the medications, which if fully considered, would excuse the error of Respondent GONYOU.
5. As to Cause of Action III, Paragraph IX, Respondent FOROUZIANNIA denies any action on her part resulted in any violation of NRS 639.210(4) or NAC 639.707.
6. Respondents request a hearing on this matter before the full Board of Pharmacy.

Dated this 9th day of November, 2010.

ROB GRAHAM & ASSOCIATES

_ /s/ Robert C. Graham
ROBERT C. GRAHAM, ESQ.
Nevada Bar Number 004618
7375 W. Peak Dr., #220
Las Vegas, NV 89128
(702) 255-6161
(702) 255-8383 (fax)
rgraham@lawyerswest.net

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,
v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**ENRIQUE ROMERO, R.Ph.,
Certificate of Registration #17468,**

Case No. 10-050A-RPH-N

**EDWIN GONYOU
Certificate of Registration #10721**

Case No. 10-050B-RPH-N

**FARIDEH FOROUZIANNIA
Certificate of Registration #14180**

Case No. 10-050C-RPH-N

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 Respondents Enrique Romero, Edwin Gonyou, and Farideh Forouzannia are pharmacists licensed by the Board.

II.

On or about April 13, 2010, Kathy Grenert had her prescription for #90 2 mg. estradiol tablets filled at Walgreens #2662, located at 12645 South Virginia Street in Reno, Nevada. On April 15, 2010, Ms. Grenert picked up her medication from

Walgreens #2662. When she arrived home she examined the contents of the prescription bottle and noted that it contained larger tablets than she had previously taken. Ms. Grenert attributed this difference in size to a difference in manufacturers and subsequently took the larger tablets as directed, one by mouth daily. Soon afterward, Ms. Grenert began to experience frequent hot flashes. Thinking that she may have been given the wrong medication, she contacted the pharmacy on or about May 11, 2010. Ms. Grenert spoke with pharmacist Enrique Romero who assured her that the medication dispensed was correct and that the dosage form and manufacturer were the same. Mr. Romero told Ms. Grenert that the larger size was possibly due to a difference in formulation. Based on the assurances, Ms. Grenert continued to take the larger tablets.

III.

Because the severity and frequency of the hot flashes increased, on or about May 25, 2010, Ms. Grenert telephoned her physician's office and spoke with medical assistant Kelly Gregory. Upon hearing the symptoms Ms. Grenert was experiencing, and her concerns regarding the difference in tablet size, Ms. Gregory telephoned Walgreens #2662 and spoke with Enrique Romero. Mr. Romero explained that he was familiar with Ms. Grenert's complaints and reiterated that the medication dispensed was correct. At Ms. Gregory's request, Mr. Romero reviewed the patient profile for Ms. Grenert's previous estradiol fills and could find no explanation for the difference in tablet size and suggested that Ms. Grenert bring her medication to the pharmacy for further examination.

IV.

That same day, Ms. Grenert went to Walgreens #2662 as directed by Ms. Gregory to have her medication examined. Mr. Romero was not present in the pharmacy, however Ms. Grenert spoke with pharmacist William Ruebusch who identified the medication she had been taking as 10 mg. enalapril tablets.

V.

During the investigation of this matter it was determined that Ms. Grenert received a new prescription for 2 mg. Estrace tablets from her physician on March 12, 2010 changing the number of tablets from 30 to 90 tablets. After her appointment, Ms. Grenert took the prescription to Walgreens #2662 to be filled. Because there were still tablets remaining from the previous fill, this new prescription was not processed until April 13, 2010.

VI.

Board staff visited Walgreens #2662's to determine how the error occurred. The steps taken to fill Ms. Grenert's prescription were examined. A pharmaceutical technician scanned the prescription, another pharmaceutical technician completed the data entry, pharmacist Edwin Gonyou performed the data review, a pharmaceutical technician filled the prescription, Edwin Gonyou did the product review and pharmacist Farideh Farouzannia counseled Ms. Grenert when she picked up her prescription. During one of several site visits Board staff spoke with a pharmaceutical technician that had returned from a leave of absence on April 19, 2010 and discovered several enalapril 10 mg. tablets in an opened stock bottle of estradiol. This discovery, and a

follow up interview with the filling pharmaceutical technician, found that there was a probability that sometime prior to April 13, 2010, an unopened bottle of 10 mg. enalapril was inadvertently placed on the shelf behind an opened bottle of estradiol. During the filling of Ms. Grenert's estradiol prescription, the pharmaceutical technician noted that the front stock bottle of estradiol did not contain enough to fill a 90 tablet prescription and retrieved both the front estradiol bottle and the unopened enalapril bottle behind it. After scanning the partial estradiol stock bottle, the pharmaceutical technician opened the 100 count stock bottle of enalapril, removed 10 tablets and placed those in the estradiol bottle, then place the remaining 90 tablets of enalapril into a prescription vial and discarded the empty enalapril stock bottle. After placing the estradiol label on the prescription vial containing 90 tablets of enalapril, the pharmaceutical technician staged the filled and labeled vial, estradiol stock bottle and the label set for product verification. During product verification, pharmacist Gonyou failed to note the substitution error. The prescription was then bagged and staged for customer pick up. Ms. Grenert picked up the prescription two days later and pharmacy records show she was counseled by pharmacist Farouzannia.

FIRST CAUSE OF ACTION

VII.

In failing to adequately investigate Ms. Grenert's initial concern that her medication was different than what she usually took, Mr. Romero violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(i).

SECOND CAUSE OF ACTION

VIII.

In verifying 10 mg. tablets of enalapril instead of the prescribed 2 mg tablets of estradiol, Mr. Gonyou violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).


THIRD CAUSE OF ACTION

IX.

In failing to notice that the medication he was counseling Ms. Grenert on was not 2 mg. tablets of estradiol as prescribed, Ms. Forouzannia violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.707 and/or 639.945(1)(i).

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 29th day of October, 2010.



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,

v.

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

FARIDEH FOROUZIANNIA
Certificate of Registration #14180

Case No. 10-050C-RPH-N

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. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the 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.

The Board has reserved Wednesday, December 1, 2010 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, 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 29th day of October, 2010.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

Nevada State Board of Pharmacy)	
)	
Petitioner,)	<u>ANSWER AND RESPONSE</u>
)	
vs.)	
)	
Enrique Romero, R.Ph. Certificate of Registration #17468)	Case No. 10-050A-RPH-N
)	
Edwin Gonyou, R.Ph. Certificate of Registration #10721)	Case No. 10-050B-RPH-N
)	
Farideh Forouziannia, R.Ph. Certificate of Registration #14180)	Case No. 10-050C-RPH-N
)	
Respondents)	
)	

COME NOW RESPONDENTS ENRIQUE ROMERO, EDWIN GONYOU and FARIDEY FOROUZIANNIA, by and through their counsel of record, Robert C. Graham, Esq. of the law firm of Rob Graham & Associates, and by way of this pleading, admit, deny and respond to the Notice of Intended Action and Accusation as follows:

1. As to paragraph I, Respondents admit the assertions of this paragraph;
2. As to paragraph II, III, IV, V and VI, Respondents lack full knowledge as to the facts and circumstances sufficient with which to fully respond and so they deny each and every assertion contained due to the lack of information on the matters contained therein.
3. As to Cause of Action I, paragraph VII, Respondent ROMERO denies the general assertion that he failed to adequately investigate the assertion by the claimant.

4. As to Cause of Action II, Paragraph VIII, Respondent GONYOU denies the general assertion to the extent that there were mitigating and extenuating circumstances underlying any asserted errors which are primarily responsible for the mislabeling and confusion of the medications, which if fully considered, would excuse the error of Respondent GONYOU.
5. As to Cause of Action III, Paragraph IX, Respondent FOROUZIANNIA denies any action on her part resulted in any violation of NRS 639.210(4) or NAC 639.707.
6. Respondents request a hearing on this matter before the full Board of Pharmacy.

Dated this 9th day of November, 2010.

ROB GRAHAM & ASSOCIATES

_/_s/ Robert C. Graham
ROBERT C. GRAHAM, ESQ.
Nevada Bar Number 004618
7375 W. Peak Dr., #220
Las Vegas, NV 89128
(702) 255-6161
(702) 255-8383 (fax)
rgraham@lawyerswest.net

HAL TAYLOR
ATTORNEY AT LAW
NevadaLicenseLawyer.com
223 Marsh Avenue
Reno, Nevada 89509

*See -
please put on
the agenda
C*

Licensed to Practice in:
NEVADA
CALIFORNIA
ILLINOIS

PHONE: (775) 825-2223
FAX: (775) 329-1113

October 22, 2010

Nevada State Board of Pharmacy
431 West Plumb Lane
Reno, NV 89509
Attn: Larry L. Pinson
Executive Secretary

Re: Jiansheng Li, R.Ph.
Reg.#17707
Case Nos.: 10-052-RPH-N (CVS)
10-060-RPH-N

Dear Mr. Pinson,

Please see the enclosed letter from Mr. Li. As you may already know, he is moving to work in Texas. He is requesting that he be allowed to attend the meetings of the pharmacy board in Texas in lieu of coming back here. I would hope the Board would consider this a reasonable request. He will be at the Board meeting on December 1st. Please place this request on the agenda.

Thank you in advance for your attention to this request.

Sincerely,

Hal Taylor
Hal Taylor, Esq.

HRT/tmr
Enclosure
cc: Carolyn J. Cramer, Esq.

Nevada State Board of Pharmacy
431 West Plumb Lane
Reno, NV 89509

Attn: Larry L. Pinson
Executive Secretary

Re: Jiansheng Li, R.Ph.
Reg.#17707
Case Nos.: 10-052-RPH-N (CVS)
10-060-RPH-N

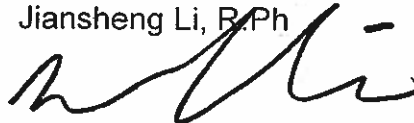
Dear Mr. Pinson:

Because my new job will be in the State of Texas, I am requesting a change from attending meetings of the Nevada State Board of Pharmacy to attending meetings of the Texas State Board of Pharmacy on days when disciplinary matters are scheduled to be heard. The three meetings I will be attending in Texas in the coming year will be February 8, 9, June 7, 8 and August 9, 10 in Austin. Please let me know if you will need anything further from me to put this request before the Board at their December 1, 2010, meeting. (Please copy Hal Taylor, Esq., on any request). I will be coming back from Texas to attend the December 1 meeting.

As soon as I know my new address, I will send a change of address notification to the Board. Thank you for your assistance.

Sincerely,

Jiansheng Li, R.Ph

A handwritten signature in black ink, appearing to be 'Jiansheng Li', written over the printed name.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

STIPULATION AND ORDER

v.

**JIANSHENG LI, R.Ph.,
Certificate of Registration #17707,**

Case No. 10-052-RPH-N

**CVS/PHARMACY #9168,
Certificate of Registration #PH00506,**

Case No. 10-052-PH-N

**JIANSHENG LI, R.Ph.,
Certificate of Registration #17707,**

Case No. 10-060-RPH-N

Respondents.

_____ /

This matter was heard by the Nevada Board of Pharmacy (hereinafter Board) at its regular meeting on September 8, 2010, in Reno, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel for the Board. Respondent Jiansheng Li was represented by Hal Taylor, Esq. As a preliminary matter, Board Staff made a Motion to Dismiss CVS/Pharmacy #9168 in Case No. 10-052-PH-N, leaving Respondent Li as the only respondent in 10-052-RPH-S. Respondent Li was the only named respondent in 10-060-RPH-N. Respondent Li stipulates and agrees as follows:

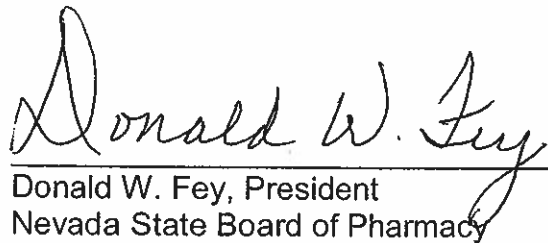
1. Mr. Li admits guilt in the First, Second and Third Causes of Action in Case No. 10-052-RPH-N and the First Cause of Action in Case No. 10-060-RPH-N.
2. Mr. Li shall successfully complete the Your Success Rx program at his own expense.
3. Mr. Li shall pay the fine of \$750.00 for his violation of the Third Cause of Action in Case No. 10-052-RPH-N, to be paid by cashier's check or money order made payable

to "State of Nevada Office of the Treasurer" within 90 days of this Order. No other fees or costs shall be assessed against Mr. Li.

4. Mr. Li shall attend the next four Board meetings in Reno on Wednesdays, which is typically the day the Board conducts disciplinary actions, to learn about the disciplinary process and actions taken by the Board.

5. Any violation of the terms of this Stipulation and Order by Mr. Li shall be deemed to be a violation of this Board's Order and may result in such further administrative and legal action as the Board and its staff deem necessary and appropriate.

Signed this 5th day of October, 2010


Donald W. Fey, President
Nevada State Board of Pharmacy

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: Live Better Rx (application name pending)
Physical Address: 5785 S. Fort Apache Road, Suite A, Las Vegas, NV 89148
Mailing Address: 9137 Heavenly Valley Avenue
City: Las Vegas State: NV Zip Code: 89147
Telephone Number: 702-304-0770 Fax Number: not available at this time
Toll Free Number: not available at this time
E-mail: pgoosan@cox.net Website: N/A
Managing Pharmacist: Patrick G. Osan License Number: 17709

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday _____ am _____ pm
Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|--|---|
| <input checked="" type="checkbox"/> Retail (Compounding) | <input checked="" type="checkbox"/> Off-site Cognitive Services |
| <input type="checkbox"/> Hospital (# beds _____) | <input checked="" type="checkbox"/> Parenteral |
| <input type="checkbox"/> Internet | <input checked="" 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: NOV 15 2010 Check Number: 109 Amount: 500

55425
3183

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada (pending)

Parent Company if any: N/A

Corporation Name: GGE Inc

Mailing Address: 9137 Heavenly Valley Ave

City: Las Vegas State: NV Zip: 89147

Telephone: 702-257-1283 Fax: _____

License Contact Person: Patrick G. Oson

Professional Compliance Contact Person: Patrick G. Oson

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

Officer or director name

Officer or director title

Patrick G. Oson, CEO/owner

Grace E. Oson, Co-owner

For any corporation non publicly traded, disclose the following:

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

a) N/A
Name 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. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the 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) N/A

Name	Address
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)

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.

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

11/9/10
Date

Patrick G. Oson, CEO/owner
Print or Type name and title

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Patrick G. Oson

License #: 17709

Pharmacy Name: Live Better Rx

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

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

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

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of 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 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: PARTELL SPECIALTY PHARMACY
Physical Address: 8751 W. CHARLESTON BLVD. Suite 120
Mailing Address: SAME AS ABOVE
City: LAS VEGAS State: NV Zip Code: 89117
Telephone Number: 702-685-3800 Fax Number: 702-685-3636
Toll Free Number: 1-877-791-3828
E-mail: INFO@PARTELLPHARMACY.COM Website: PARTELLPHARMACY.COM
Managing Pharmacist: NICHOLAS DELGANDIO License Number: 17536

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday 10 am 2 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: NOV 04 2010 Check Number: 589 Amount: 500.00

55381
3159

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA

Parent Company if any: N/A

Corporation Name: ONE WAY DRUG LLC

Mailing Address: 8751 W. CHARLESTON BLVD. Suite 120

City: LAS VEGAS State: N.V. Zip: 89117

Telephone: 702-685-3800 Fax: 702-685-3636

License Contact Person: Nicholas DELGANDIO

Professional Compliance Contact Person: Nicholas DELGANDIO

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

Officer or director name

Officer or director title

Robert A. Seik

C.E.O

Robert M. Sigler

PRESIDENT, C.O.O.

For any corporation non publicly traded, disclose the following:

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

- | | |
|------------------------------|--|
| a) <u>Robert A. Seik</u> | <u>3930 SPENCER ST. LAS VEGAS, N.V. 89119</u> |
| Name | Address |
| b) <u>Robert M. Sigler</u> | <u>10420 NOONTIDE AVE, LAS VEGAS N.V. 8913</u> |
| Name | Address |
| c) <u>Nicholas DELGANDIO</u> | <u>7037 TWIN FORKS PEAK ST. LAS VEGAS NV 89111</u> |
| Name | Address |
| d) <u>JEFF JUDD</u> | <u>1129 JEREZ CT. HENDERSON, NV 89052</u> |
| 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
- 3) What was the price paid per share? VARIABLE
- 4) What date did the corporation actually receive the cash assets? VARIABLE
- 5) Provide a copy of the corporations stock register evidencing the above information

Addendum to "List of any persons whom shares were issued by the corporation"

e. Michael Nagy, 8042 Counterpoint Lane, Las Vegas, NV 89123

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) _____
Name Address
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) Nicholas DELGANDIO 7037 TWIN FOLKS PEAK ST LV NV 89116
Name Address
PARTELL SPECIALTY PHARMACY
Business
b) Nicholas DELGANDIO 7037 TWIN FOLKS PEAK ST LV NV 89116
Name Address
Chem Rx Long Beach, New York
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 ☒

#7 Continued

SIGLER, ROBERT – 7231 S Eastern Ave., Ste B1000 Las Vegas NV 89119
Partell Specialty Pharmacy

SEIK, ROBERT – 3930 Spencer Street Las Vegas NV 89119
Partell Specialty Pharmacy

JUDD, JEFFREY - 1129 Jerez Ct Henderson NV 89052
Partell Specialty Pharmacy

NAGY, MICHAEL – 8042 Counterpoint Lane, Las Vegas, NV 89123
Partell Specialty Pharmacy

- 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 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.

Robert M. Sigler
Signature of corporation officer

10.01.10
Date

Robert M. Sigler President

Print or Type name and title

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Nicholas DELGANDIO

License #: 17536

Pharmacy Name: PARTELL SPECIALTY PHARMACY

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

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

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

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input 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 _____)

GENERAL INFORMATION

Facility Name: 21st Century Environmental Management of Nevada, LLC

Physical Address: 2095 Newlands Dr. E., Fernley, NV 89408

Mailing Address: Same as Physical Address

City: Fernley State: NV Zip Code: 89408

Telephone Number: 775-575-1056 Fax Number: 775-575-2803

Toll Free Number: _____

E-mail: JLevitz@pscnow.com JDavis@pscnow.com Website: www.pscnow.com

Facility Manager: Marie Weinheimer

Professional qualifications and experience of facility manager: _____

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Manufacturers, Research & Laboratories

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: OCT 14 2010 Check Number: CC Amount: 500.00

55195
1984

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: PSC Environmental Services, LLC

Corporation Name: Same

Mailing Address: 5151 San Felipe, Suite 1600

City: Houston

State: TX

Zip: 77056

Telephone: 713-623-8777

Fax: 713-625-7088

License Contact Person: James Lovitz (317) 281-5195

Professional Compliance Contact Person: James Lovitz

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

Officer or director name

Officer or director title

A. Paul Lewis - President
Michael Ramirez - V.P.
David Andrews - Treasurer
Deborah Huston - Secretary

For any corporation non publicly traded, disclose the following:

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

a) Luntz Acquisition (Delaware), LLC - See Page 3 for more details

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. 100 Membership Units

3) What was the price paid per share? NA

4) What date did the corporation actually receive the cash assets? 05/02/2008

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.

Luntz Acquisition (Delaware), LLC
State of Incorporation: Delaware - 2763353

A. Paul Lewis - President
Michael Ramirez - V.P.
David Andrews - Treasurer
Deborah Huston - Secretary

- 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)	_____	
	Name	Address

	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)	_____	
	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.

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

9/30/2010

Date

A. Paul Lewis, President

Print or Type name and title

October 5, 2010

Environmental Services Division

Nevada State Board of Pharmacy
431 West Plumb Lane
Reno, NV 89509

RE: Initial Application Nevada Wholesaler License, Non-Publicly Traded Corporation – 21st
Century Environmental Management of Nevada, LLC, ('21EMN')

To: Nevada State Board of Pharmacy

See enclosed administratively complete application for a new Wholesaler License. Under rule NRS 454.0098, 21EMN meets the definition of a wholesaler; however, we do not produce, derive or prepare drugs, medicines or chemicals. All pharmaceuticals whether controlled or uncontrolled will be accepted for destruction only. The material will be received and placed in secure storage for shipment off-site to a licensed incinerator for final disposal as per NAC 639.6015

The designated representative has numerous years of experience in the handling/management of nonhazardous and hazardous wastes. The designee as defined in NAC 639.5005 does not meet the requirement of 6,000 hours of employment with a pharmacy or wholesaler as per NAC 639.5935; however, the pharmaceuticals in our possession will not be dispensed or distributed but transferred to an incinerator for the purposes of destruction.

The pharmaceutical storage area will not feature temperature controls since there are no specific temperature control requirements for disposal of drugs as per NAC 639.598.

I may be contacted at jdavis@pscnow.com or 954.499.4172 to respond to any queries regarding this submittal.

Yours truly,

PSC ENVIRONMENTAL SERVICES, LLC



Jeffrey O. Davis
Technical Director

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 <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: PCCA

Physical Address: 7360 EASTGATERD, SUITE 120, HENDERSON, NV, 89011

Mailing Address: 9901 SOUTH Wilcrest

City: HOUSTON State: TX Zip Code: 77099

Telephone Number: 281-933-6948 Fax Number: 713-570-2313

Toll Free Number: 800-231-2498

E-mail: fzaccardo@pccarx.com Website: www.pccarx.com

Facility Manager: Cliff Bred

Professional qualifications and experience of facility manager: Mr Bred has been an employee of PCCA 11 years, all in a warehouse/facility setting

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:

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

Board Use Only

Received: NOV 04 2010 Check Number: 490 Amount: 500

55367
2600

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Texas

Parent Company if any: _____

Corporation Name: PCCA

Mailing Address: 9901 South Wilcrest Houston

City: Texas Houston State: Tx Zip: 77099

Telephone: 832-295-1285 Fax: 713-570-2313

License Contact Person: Fabian Zaccardo

Professional Compliance Contact Person: Fabian Zaccardo

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

Officer or director name

Officer or director title

Fabian Zaccardo

CHIEF OPERATING OFFICER

MARC Dupont

Chief Financial Officer

Jim Smith

President

For any corporation non publicly traded, disclose the following:

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

a) See Attached

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. See Attached

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

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.

- 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) ** Same as Previous. PCCA is licensed in Nevada already as a wholesaler but for our Houston location*

Name	Address
<i>PCCA, 9901 South Wilcrest, Houston, Tx, 77099</i>	
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) *PCCA 9901 South Wilcrest, Houston, Tx, 77099*

Name	Address
<i>* Same as Above.</i>	
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.

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

9/20/2010
Date

Fabian Zaccardo, Chief Operating Officer
Print or Type name and title

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: Access Orthopedic, LLC

Physical Address: 8905 W. Post Rd. Suite 110 Las Vegas, NV 89148
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 8905 W. Post Rd. Suite 110 Las Vegas NV 89148

City: Las Vegas State: Nevada Zip Code: 89148

Telephone Number: 702.202.4482 Fax Number: 702.818.5644

E-mail: _____ Website: _____

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: / to / Sun: / to / Holidays: / to /

MDEG ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)

Name: Amanda Fain

**Please complete the attached form. Must be included with the application.

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

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

Board Use Only
Received NOV 15 2010 Check Number 1035 Amount 500

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: N/A

Corporation Name: Access Orthopedic, LLC

Mailing Address: 8905 W. Post Rd Suite 110

City, State and Zip: Las Vegas Nevada 89148

Telephone Number: 702.202.4482

Fax Number: 702.818.5044

License Contact Person: Amanda Fain

Professional Compliance Contact Person: Amanda Fain

NAME AND TITLE OF EACH OFFICER AND DIRECTOR (Use separate sheet if necessary)

Officer or director name

Officer or director title

Alan John Goodin

Owner / operator

Amanda Fain

Administrative Assistance

For any corporation non publicly traded, disclose the following:

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

a) Alan J. Goodin 4346 Jerdon Ct. Las Vegas, NV
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

3) What was the price paid per share? \$1

4) What date did the corporation actually receive the cash assets? 5/93

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 we bill directly to the hospitals

- 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) Orthopedic Motion, Inc 2800 E. Desert Inn Ste. 250
Name Address

Orthopedic Motion, Inc Las Vegas, NV 89121
Business

b) _____
Name Address

Business

c) _____
Name Address

Business

3) Are any of the owners health professionals? If yes, please list name.

___ Practitioner	Name: <u>N/A</u>
___ Advanced Practitioner of Nursing	Name: <u>N/A</u>
___ Physician's Assistant	Name: <u>N/A</u>
___ Physical Therapist	Name: <u>N/A</u>
___ Occupational Therapist	Name: <u>N/A</u>
___ Registered Nurse	Name: <u>N/A</u>
___ Respiratory Therapist	Name: <u>N/A</u>

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.

Alan J. Goodin
Signature of corporation officer

11/10/2010
Date

Alan John Goodin Owner / Operator
Type name and title

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 11/10/2010

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

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

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

Application for medical implants

Nature of MDEG

Access Orthopedic, LLC 8905 W. Post Rd. Suite 110 Las Vegas, NV 89148

Name and Address of Business for Which MDEG Administrator Is Requested

Access Orthopedic, LLC

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Fain
Last Name

Amanda
First Name

K
Middle Name

N/A
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

7640 Cowboy trail las Vegas nevada 89131
Present Residence Address-Street or RFD City State/Zip

3905 W. Post Rd Suite 110 4/10 - current las Vegas NV 89148
Present Business Address City State/Zip

in the process of
obtaining certification new MDEG 10/28/2010
Present Position with the MDEG

Phone: _____ Fax: _____

Email address: afaincell@yahoo.com

Jt. Walten Beach, Florida
Date of Birth Place of Birth (City, County, State)

23 Female
Age Sex

Blue Blonde 120 5'5
Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics two tattoos, one
on each hip: left iron cross - right is an A

Are you a citizen of the United States? Yes ☒ No ☐

If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

February 2011	Access Orthopedic, LLC	1511
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
	8905 W. Post Rd Ste. 110 Las Vegas, NV 89148	
Administrative Assistant	- order & distribute medical implants to Reps for the Hospitals	Alan Goodin
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

a) Board Administrative Action: State: _____
b) _____

Date: _____

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4. Will you be actively involved in and aware of the daily operation of the MDEG?

Yes ☒ No ☐

5. Will you be employed fulltime with the MDEG?

Yes ☒ No ☐

6. Will you be present at the site of the MDEG during its normal operating hours?

Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a


.....
.....
.....
.....
.....



Date of photograph 11/10/2019

I, Amanda Fain, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.


Signature of Applicant

PERSONAL HISTORY RECORD

Date 11/10/2010

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 MDEG - Medical implant wholesale
Access Orthopedic, LLC ^{Nature of License} 8905 W. Post Rd. Ste. 110 LV, NV 891
N/A _{Name and Address of Establishment for Which License Is Requested}
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Fain Amanda K
Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

7640 Cowboy trail Las Vegas Nevada 89131
Present Residence Address-Street or RFD City State/Zip

8905 W. Post Rd Ste 4/10 to current Las Vegas, NV 89148
Present Business Address Dates City State/Zip

Administrative Assistant 2/10 - current
Occupation Dates Phone:
Medical implant wholesale

Ft. Wallen Beach, Florida
Place of Birth (City, County, State)

23 Female
Age Social Security Number Sex

Blue Blonde Caucasian 120 Petite 5'5"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics left hip: iron cross
right hip: A

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☒
Applicant's initial AK

MARITAL INFORMATION-Continued

A. Current Marriage

Date _____ City, County and State _____
 Spouse's full name (Maiden) _____ S.S. No. _____
 Date of Birth _____ Place of Birth _____
 Resident address _____
 Street _____ City _____ State _____ Zip _____
 Telephone: Residence (_____) _____ Business (_____) _____
 Spouse's employer _____ Occupation _____
 Address of employer _____
 Street _____ City _____ State _____ Zip _____

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Josh Himmelrick	Jan 4-2010	Sept 29, 2008 Genoa, NV	Divorced	Clark County, NV

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

Name	Street	City	State	Zip	Telephone
Joshua Himmelrick	1093 Turtlewood Pl	Henderson	NV		702.469.1023

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 JS

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			
Michael Fain	11/17	5833 lazy days ct IV NV 89141	Civilian working w/
Mother			
Karla Bostis		5833 lazy days ct I.V., NV 89141	At home wife (homemaker) Bids milita con
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
Nicole Baykin		947 W. Cimmaron St, Post Falls ID 83854	Homemaker
Spouse Joshua Baykin		Same address	Mil-tech
Ryan Fain		1111 Brentwood Dr Irving, TX	Auto Mechanic
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Rosemary Middle	Pahrump, NV	1999-2001	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Pahrump Valley High	Pahrump, NV	2001-2005	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College DeVry University	Henderson, NV	2005-2009	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other Alphatec Product training		2010	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Bachelors of Science in Business Administration

College or university where obtained DeVry University, Henderson NV

Applicant's initial *AF*

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 AF

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
-----------------------------	-------------------	------	-----------------

3/2010	7640 Cowboy trail	Las Vegas	NV
--------	-------------------	-----------	----

2/2007-2010	5833 lazy days ct	Las Vegas	NV
-------------	-------------------	-----------	----

1/1999-2007	3600 Vineyard Dr. W	Pahrump	NV
-------------	---------------------	---------	----

4/1993-1999		Tucson	AZ
-------------	--	--------	----

2/1991-1993		Bitburg,	Germany
-------------	--	----------	---------

5/1989-1991		Las Vegas,	NV
-------------	--	------------	----

1/1987-1989		Ft. Walton Beach,	FL
-------------	--	-------------------	----

- My Father was active duty Air Force until 1999. Every few years we had to move.

Applicant's initial AK

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
2/10 - current	Access orthopedic, LLC 8905 W. Post Rd Ste. 110 IV. NV 89148	N/A
Title	Description of Duties	Name of Supervisor
Admin Assistant	Order - distribute medical implants to reps for Hospitals	Alan Goodin
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/09 - 2/10	Nevada State Corporate Network 777 N. Rainbow Blvd, I.V. N.V. 89147	Moved to Access
Title	Description of Duties	Name of Supervisor
Receptionist/Bookkeeper	- answered phones - moved to client banking Axaprep	Jennifer N.
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/2005 - 2/2008	AT&T - Retail (cellular world) Pahrump, NV	Had a child / finished
Title	Description of Duties	Name of Supervisor
Manager/Sales Rep	Managed employees & sold cell phones	Summer N.
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 AC

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	Tele	Known
Name <u>Kadee Wilkerson</u>	Home <u>693 Blodgett</u>	<u>LV.</u>	<u>NV</u>	<u>89108</u>		<u>11 yrs.</u>
Employer <u>Fox 5</u>	Business <u>Fox 5</u>					
Name <u>Jordan Yost</u>	Home <u>LV.</u>	<u>NV</u>	<u>89141</u>			<u>5 yrs.</u>
Employer <u>Self Employed</u>	Business <u>Avis car rental</u>					
Name <u>Samantha Rodriguez</u>	Home <u>San Diego</u>	<u>CA</u>				
Employer <u>Darrel Rodriguez</u>	Business <u>Outback Steakhouse</u>					
Name <u>Julie Perry</u>	Home <u>Pahrump</u>	<u>NV</u>				
Employer <u>New South Fed</u>	Business <u>New South Fed</u>					<u>905</u>
Name <u>Tony Antonio</u>	Home <u>Las Vegas</u>	<u>NV</u>				
Employer <u>Candlewood Suites</u>	Business <u>Supervisor</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 AP

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



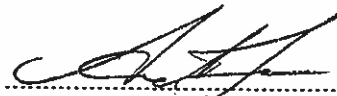
Date of photograph

Applicant's initial *AC*

COUNTY OF Clark

I, Amanda Fain, 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,

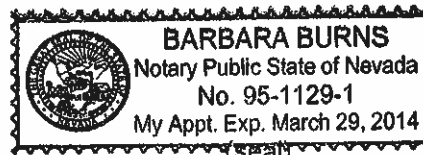
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their 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 10th day of November, 2010

Barbara Burns
Notary Public

Applicant's initial AF

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

FACILITY INFORMATION

Facility Name: B+B Medical Services, Inc.

Physical Address: 5355 Capital Ct. #101 Reno, NV 89502
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2236 NW 10th St 103, OKC, OK 73107

City: Okla. City State: OK Zip Code: 73107

Telephone Number: 405-2359548 Fax Number: 405-601-6283

E-mail: _____ 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 Sun: on call Holidays: on call

MDEG ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)

Name: Barry Blackbird

**Please complete the attached form. Must be included with the application.

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

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

Board Use Only

Received NOV 15 2010 Check Number 415 Amount 500.00

55422
1195

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Oklahoma
Parent Company if any: n/a
Corporation Name: B³B Medical Services, Inc.
Mailing Address: 2236 NW 10th Str 103
City, State and Zip: Oklahoma City, OK 73107
Telephone Number: 405-235-9548 Fax Number: 405-601-6283
License Contact Person: Bill Espey
Professional Compliance Contact Person: Kathy Mass

NAME AND TITLE OF EACH OFFICER AND DIRECTOR (Use separate sheet if necessary)

Officer or director name

Officer or director title

See attached sheet
Attachment "B"

For any corporation non publicly traded, disclose the following:

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

a) William Long 1213 Jackson Ave NE Piedmont, OK 7307
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. 10,000
3) What was the price paid per share? \$1.00
4) What date did the corporation actually receive the cash assets? 1976
5) Provide a copy of the corporations stock register evidencing the above information.

See attached docs
Attachment "A"

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:

0522850001, 100805830A, 0522850005, 0522850008,

0522850002, 0522850007, 0522850009, 0522850004,
100805830B

- 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) _____
Name Address

Business

b) _____
Name Address

Business

c) _____
Name Address

Business

3) Are any of the owners health professionals? If yes, please list name.

___ Practitioner
___ Advanced Practitioner of Nursing
___ Physician's Assistant
___ Physical Therapist
___ Occupational Therapist
___ Registered Nurse
___ Respiratory Therapist

Name: N/A
Name: N/A
Name: N/A
Name: N/A
Name: N/A
Name: N/A

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

11/5/10
Date

William Espey, C.O.O.
Type name and title

APPLICATION TO BE THE MDEG ADMINISTRATOR
Person who runs the facility on a daily basis

Date 11-5-18

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

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

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

Application for home oxygen rental
Nature of MDEG
B+B Medical Services, Inc., 5355 Capital Ct #101 Reno, NV
Name and Address of Business for Which MDEG Administrator Is Requested
N/A 89542
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Blackbird

Last Name

Barry

First Name

Oliver

Middle Name

N/A

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

18940 SE 65th

Present Residence Address-Street or RFD

Newalla

City

OK 74857

State/Zip

5355 Capital Ct #141

Present Business Address

Dates

12/1/10

Reno

City

NV 89502

State/Zip

Aera Mgr.

Dates

10/11/78 to present

Present Position with the MDEG

Phone: _____

Fax: _____

Email address: barry.blackbird@bandbmedical.com

Seminole, Seminole County, OK

Date of Birth

Place of Birth (City, County, State)

53

Age

Male

Sex

Blue

Color of Eyes

Gray

Color of Hair

182

Weight

5'10"

Height

Scars, tattoos or distinguishing marks and/or characteristics _____

Scar above left eye

Are you a citizen of the United States? Yes ☒ No ☐

If alien, registration No N/A

If naturalized, certificate No N/A

Date N/A

Place N/A

(If naturalized, document must be verified.)

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

10/1978	B+B Medical Services Inc 2236 N.W. 10 th St. Ste #103 OKC, OK 73107	800,000+
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Aera Mgr.	manage all locations	Bill Espey
Title	Description of Duties	Name of Supervisor

N/A		
Month and Year	Name/ Address of Employer/Business	No of Employed Hours

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

a) Board Administrative Action:
b)

State: N/A

Date: _____

Case Number: _____

c) Criminal Action:

State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4. Will you be actively involved in and aware of the daily operation of the MDEG?

Yes ☒ No ☐

5. Will you be employed fulltime with the MDEG?

Yes ☒ No ☐

6. Will you be present at the site of the MDEG during its normal operating hours?

Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.

.....
.....
.....
.....
.....



PHOTOGRAPH

TAKEN WITHIN LAST

____ DAYS HERE

Photograph 11/3/2018

I, Barry Blackbird, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.

Barry Blackbird
Signature of Applicant

PERSONAL HISTORY RECORD

MDEG Administrator

Date 11-5-10

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 home oxygen rental
B+B Medical Services, Inc. Nature of License
5355 Capital Ct #101 Reno, NV Name and Address of Establishment for Which License Is Requested
N/A If applicable, Name Under Which It Is Now Operated 8950

1. PERSONAL INFORMATION:

Blackbird Last Name Barry First Name Oliver Middle Name
N/A

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

18940 SE 65th Present Residence Address-Street or RFD Newalla City OK State/Zip 74857

5355 Capital Ct #101 Present Business Address Reno City NV State/Zip 89502

Aera Mgr Occupation 1978 to present Dates

Seminole, Seminole OK Place of Birth (City, County, State)

53 Date of Birth Male Sex

Blue Color of Eyes Gray Color of Hair White Complexion 182 Weight Medium Build 5'10" Height

Blue Color of Eyes Gray Color of Hair White Complexion 182 Weight Medium Build 5'10" Height

Scars, tattoos or distinguishing marks and/or characteristics scar above left eye

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

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☒ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐ Applicant's initial BB

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

Spouse's full name (Maiden) _____ Date _____ City, County and State _____ S.S. No. _____

Date of Birth _____ Place of Birth _____

Resident address _____ Street _____ City _____ State _____ Zip _____

Telephone: Residence (_____) _____ Business (_____) _____

Spouse's employer _____ Occupation _____

Address of employer _____ Street _____ City _____ State _____ Zip _____

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
Carol Cannon	1985	1980	Divorced	Logan County, C

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

Name	Street	City	State	Zip	Telephone
Carol Cannon	1113 W Gladys Way	Mustang	OK	73064	405-209-18

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
Lorelei Mason	12/19/76	OKC, OK	624 SW 7 th , Moore, OK 731
Barry Blackbird	5/28/80	OKC, OK	18941 SE 65 th Newalla, OK 7485

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

BB

FAMILY INFORMATION-Continued

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

Name N/A

Address _____

Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father Gary "Ronny" Blackbird	12-1-50	3604 SE 24th Del City, OK	mid Del School maint.
Mother Donna Oliver		3604 SE 24th Del City, OK	school cafe worker
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
Gary Blackbird		3604 SE 24th Del City, OK	walmart employee
Spouse N/A			

Spouse _____

Spouse _____

Spouse _____

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>
School	CROOKED DAK HS	OKC, OK	1971-75
College			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
University			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any N/ACollege or university where obtained N/A

Applicant's initial

BB

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? _____ 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
<u>N/A</u>				

Applicant's initial

BB

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
--------------------------	-------------------	------	-----------------

12/2000-present	18940 SE 65th	Newalla, OK	OK
7/1998-12/2000	812 Glenwood Dr.	Yukon, OK	OK
4/1991-7/1998	1241 31st St	OKC, OK	OK
7/1990-6/1991	2102 Fruitwood Ct	OKC, OK	OK
01/1988-7/1990	2204 Honey Locust Ct.	OKC, OK	OK
04/1986-01/1988	920 68th St	OKC, OK	OK

Applicant's initial

BB

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
10/1978	BAB Medical Services Inc. OKC, OK	N/A

Title	Description of Duties	Name of Supervisor
Area Mgr.	Mgr all branch locations	Bill Esprey

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1977-78	Nack Hamburg Duncan OKC, OK	new job

Title	Description of Duties	Name of Supervisor
Warehouse	Warehouse duties	Unknown

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1974-1976	OKIA Journal, OKC, OK	new job

Title	Description of Duties	Name of Supervisor
mailroom	load/unload trucks	unknown

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A		

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 BB

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>John Holt</u>	<u>76 Murray Dr</u> Home	<u>Newalla, OK</u>				<u>12</u>
Employer <u>Retired</u>		Business <u>N/A</u>				
Name <u>Gary Bastin</u>	<u>185 Bastin Rd</u> Home	<u>McCloud, OK</u>				<u>52</u>
Employer <u>Chickasaw</u>		Business <u>telecom</u>				
Name <u>Elton Dye</u>	<u>15100 Heritage Ln</u> Home	<u>Nassauvill, TX</u>				<u>45</u>
Employer <u>Securitas Sec. Svc</u>		Business <u>Security</u>				
Name <u>Paul Johnson</u>	<u>4629 SE 35th</u> Home	<u>OK City, OK</u>				<u>32</u>
Employer <u>State of OKla</u>		Business				
Name <u>Mike Johnson</u>	<u>4212 SE 26th</u> Home	<u>OK City, OK</u>				<u>36</u>
Employer <u>Machine Tool</u>		Business <u>Steel</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 of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

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

N/A

Applicant's initial

BB

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.

to open new branch in Gulfport, MS

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 11-3-2010

Applicant's initial

BB

STATE OF Oklahoma

SS.

COUNTY OF Oklahoma

I, Barry Blackbird, 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.

Barry Blackbird
Signature of Applicant

Subscribed and Sworn to before me this 8th day of

November 7, 2010
Gerlie A. Hendrick
Notary Public

(seal)

Applicant's initial BB
Page 9

PERSONAL HISTORY RECORD

stockholder

Date 11-5-10

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 home oxygen rental
BIB Medical Services Inc. Nature of License
N/A Name and Address of Establishment for Which License Is Requested
5355 Capital Ct #10 Reno 895

If applicable, Name Under Which It Is Now Operated:

1. PERSONAL INFORMATION:

LONG William Harry
 Last Name First Name Middle Name
N/A
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
1213 JACKSON AVE. NE Piedmont OKLAHOMA 75078
 Present Residence Address-Street or RFD City State/Zip
2236 N. W. 10TH STREET Dallas 1984 - Present OKLAHOMA CITY OK 73107
 Present Business Address City State/Zip
BUSINESS OWNER, President Dallas 1970 - Present 1-405-235-9548
 Occupation Dates Phone:
Fort Sill Army Base, Commanding Co. OK
 Date of Birth Place of Birth (City, County, State) Residence Business Fax

60 MALE
 Age Sex
HAZEL DRK BROWN White 190 Stocky 5'8"
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics NONE

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

If naturalized, certificate No

Date

Place

(If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial

WHR

MARITAL INFORMATION-Continued

A. Current Marriage

Date OKLAHOMA CITY, OKLAHOMA, OKLAHOMA
 Spouse's full name (Maiden) PATRICIA ANA BOWLING City, County S.S. No. 7-4-2011

Date of Birth 1961 Place of Birth OKLAHOMA CITY, OKLAHOMA

Resident address 1213 JACKSON AVENUE NE Piedmont OKLAHOMA 73078
 Street City State Zip

Telephone: Residence business () N/A

Spouse's employer N/A Occupation MEMORANDUM

Address of employer N/A
 Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>KARON KING ANTONELLI</u>	<u>DIVORCED 3-15-76</u>	<u>OKLAHOMA CITY</u>	<u>DIVORCED</u>	<u>OKLAHOMA CITY OKLAHOMA OKLAHOMA</u>

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

Name	Street	City	State	Zip	Telephone
<u>UNKNOWN</u>					

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
------	------------	-------------	-------------------

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

NH8

FAMILY INFORMATION-Continued

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

Name N/A

Address _____

Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			DECEASED
<u>ODUS EUGENE LONG</u>		<u>UNKNOWN</u>	<u>RETIRED U.S. ARMY</u>
Mother			<u>RETIRED</u>
<u>MARY JOSEPHINE HANDLEY</u>		<u>1513 GLENVIEW MANASSA OKLAHOMA 73554</u>	<u>DECEASED</u>
Father-in-Law			
<u>BRUCE WILLIAM BOWMAN</u>		<u>UNKNOWN</u>	
Mother-in-Law			<u>DECEASED</u>
<u>MARY MARGARET HARRIS</u>		<u>UNKNOWN</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>BROTHER</u>			<u>HOLSTIAN</u>
<u>RONALD EUGENE LONG</u>		<u>219 HAWKINS ROAD, WILLOCK WASHINGTON, 98596</u>	
Spouse			
<u>SUE LONG</u>	<u>UNKNOWN</u>	<u>219 HAWKINS ROAD WILLOCK WASHINGTON, 98596</u>	
<u>BROTHER</u>			<u>DECEASED</u>
<u>DONALD RAY LONG</u>			
Spouse			
<u>N/A</u>			

Spouse _____

Spouse _____

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	<u>MANASSA ELEMENTARY</u>	<u>MANASSA OK</u>	<u>1956 -</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	<u>MANASSA HIGH SCHOOL</u>	<u>MANASSA OK</u>	<u>1968</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	<u>PANORAMA STATE UNIVERSITY</u>	<u>GOODWILL OKLAHOMA</u>	<u>1968-70</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
University	<u>CENTRAL STATE UNIVERSITY</u>	<u>EDMOND OKLAHOMA</u>	<u>1970-71</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Type of degree obtained, if any NONECollege or university where obtained N/AApplicant's initial WHL

5 MILITARY INFORMATION:

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

Branch Oklahoma Army National Guard Date of entry-active service 1964

Date of separation 1975 Type of discharge General Under Honorable Conditions

Rating at separation E-3 Serial number I DON'T HAVE THAT #?
SS 441 54-5614

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 Greer State OK Date registered 1968

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	Disposition/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
------	--------------	--------	----------	------

Applicant's initial

MSR

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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.

4-1976	to Present		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
4-1976	BEB Medical Services INC. 2236 NW 10th Ave, Ocala, FL 32107		
Title	Description of Duties	Name of Supervisor	
President	manage company	SELF	
10-1969 to 4-1976	ANESTHESIA SERVICE INC, 1600 LINCOLN BLVD, Ocala, FL 32107	Pre-Cursor to BEB	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
10-1969 to 4-1976	ANESTHESIA SERVICE INC, 1600 LINCOLN BLVD, Ocala, FL 32107		
Title	Description of Duties	Name of Supervisor	
Medical Gas Professor	Fill & track medical gas cylinders	KING ANTONELLI	
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

WFL

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>GARY BASTIN</u>	Home <u>102 BASTIN BLVD, McLEOD</u>	<u>OK</u>				<u>30 Years</u>
Employer <u>SELF</u>	Business <u>BROKER, LOBBYIST</u>					
Name <u>CHARLES MIGHTON</u>	Home <u>2708 TUDOR RD, OKC, OK</u>	<u>73127</u>				<u>35 Years</u>
Employer <u>RETIRED</u>	Business <u>BUSINESS MAN</u>					
Name <u>RUSTY MULIRIX</u>	Home <u>905 29th AVE, NORMAN</u>	<u>OK 73061</u>				<u>6 Years</u>
Employer <u>MULIRIX/DECKER</u>	Business <u>ATTORNEY</u>	<u>OKC, OK</u>				
Name <u>LARRY GAGE</u>	Home <u>1213 HARRISON AVE NE, Redmont</u>	<u>OK</u>				<u>19 Years</u>
Employer <u>SCIENCE APPLICATIONS INTERNATIONAL CORP.</u>	Business <u>ELCRAFT SYSTEMS</u>	<u>73078</u>				
Name <u>LARRY GUNDLACH</u>	Home <u>9821 WEFUOR VILLAGE DR, OKC</u>	<u>73131</u>				
Employer <u>OKLAHOMA BUSINESS INSURERS</u>	Business <u>CIVIL CITY, OK</u>					<u>10 Years</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.

SEE ATTACHED Attachment E
We have a total of 11 branches with numerous licenses. I have attached a detailed list.

Applicant's Initial

EMR

STATE OF Oklahoma

SS.

COUNTY OF OklahomaWilliam Long

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.

William Long
Signature of Applicant

Subscribed and Sworn to before me this 8th day ofNovember 2010Debbie O. Hendrick
Notary Public

(seal)

Applicant's initial

WLHWLH

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

WITH



11-5-2010

Date of photograph

Applicant's initial

[Handwritten signature]

Blake

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: TROPICANA MEDICAL SUPPLY, INC

Physical Address: 5020 E. TROPICANA AVE B-5 LAS-VEGAS NV 89122
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5020 E. TROPICANA AVE B5

City: LAS-VEGAS State: NV Zip Code: 89122-6749

Telephone Number: (702) 547-6017 Fax Number: (702) 547-6019

E-mail: _____ Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9AM to 6PM Tue: 9AM to 6PM Wed: 9AM to 6PM Thu: 9AM to 6PM

Fri: 9AM to 6PM Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)

Name: MAYA, AZUCENA

**Please complete the attached form. Must be included with the application.

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 checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

Board Use Only
Received NOV 15 2010 Check Number 316 Amount 500-

55421
1194

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA
Parent Company if any: NONE
Corporation Name: TROPICANA MEDICAL SUPPLY, INC
Mailing Address: 5020 E. TROPICANA AVE B5
City, State and Zip: LAS-VEGAS NV 89122-6749
Telephone Number: (702) 547-6017 Fax Number: (702) 547-6019
License Contact Person: MERCY O. ALONGE
Professional Compliance Contact Person: AZUCENA MAYA

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>MERCY O. ALONGE</u>	<u>PRESIDENT / 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>MERCY O. ALONGE</u>	<u>11544 ARUBA BEACH AVE LAS-VEGAS</u>	<u>891</u>
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. 1,000.00
3) What was the price paid per share? 0.01
4) What date did the corporation actually receive the cash assets? July, 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.

TROPICANA MEDICAL SUPPLY, INC
MERCY O. ALONGE

List all Medicare and Medicaid provider numbers registered to the business or its owner:

MEDICARE # (PENDING) NPI # 1922108737
MEDICAID # 003302512

- 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) _____
Name Address

Business
b) _____
Name Address

Business
c) _____
Name Address

Business

3) Are any of the owners health professionals? If yes, please list name.

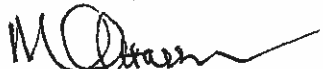
___ Practitioner	Name: _____
___ Advanced Practitioner of Nursing	Name: _____
___ Physician's Assistant	Name: _____
___ Physical Therapist	Name: _____
___ Occupational Therapist	Name: _____
___ Registered Nurse	Name: _____
___ Respiratory Therapist	Name: _____

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 ☐
*SEE ATTACHED LETTER OF STATEMENT
- 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

11/08/2010

Date

MERCY O. ALONGE PRESIDENT / CEO

Type name and title



TROPICANA MEDICAL SUPPLY

5020 E. Tropicana Ave., B-5
Las Vegas, NV 89122
(702) 547-6017 • Fax (702) 547-6019



11/08/2010

NEVADA STATE BOARD OF PHARMACY
431 W. PLUMP LANE
RENO, NEVADA 89509

Dear sir/ma'am

STATEMENT OF EXPLANATION TO QUESTION "5"

The Application for DMEG license was initially submitted late due to the fact that there was misleading information by the old owner stating that the NV Pharmacy license for DMEG is transferrable since the company is a corporation. The company later found out the Pharmacy License is needed first by Medicare 9 months after applying since July 2009.

On the 9th of September, 2010 the company was called to the hearing at Reno, Nevada. During the board meeting after some speculations and concerns, Mr. Keith Macdonald moved to approve the application for MDEG provider for Tropicana Medical Supply providing all of the Board's provisions are met. Mr. Kirk Wentworth Second the motion but the Motion Failed With Four Negative Votes. Finally the Board decided that the decision/motion should be moved to the next board meetings. The company should bring Ms Queen Anieze-Smith, to testify as the business consultant, an acknowledgement letter from the billing company, a change in the facility administrator and a site inspection by Mr. Ray Seidlinger.

The next Board Meeting was scheduled for October 13th, 2010 in Las Vegas Nevada. Ms Queen testify as the company's consultant, The company presented the Billing Company's Acknowledgment letter and Miss Maya represented as the facility Administrator.

The Application was finally denied due to the fact that the business was open during licensing processing. According to the board the facility was suppose to be closed from any service to the public. This was due to the report from Mr Ray Seidlinger's inspection that was initialized by the Board during the September board meeting at Reno, Nevada.

In conclusion, the board finally passed the motion that the company should closed its door, stop servicing the public and reapply for a new application because the whole process has been a total mess from the start.

The information and decision can be found on http://bop.nv.gov/board_meeting.htm fo r more details.

Thanks

Sincerely yours

Mercy O. Alonge
President / CEO
Tropicana Medical Supply, Inc

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 11/08/2010

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

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

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

Application for NEW NV MDEG LICENSE & ADMINISTRATOR

Nature of MDEG
TROPICANA MEDICAL SUPPLY, INC 5020 E. TROPICANA AVE BS
LAS VEGAS, NV 89122

Name and Address of Business for Which MDEG Administrator Is Requested

TROPICANA MEDICAL SUPPLY, INC
If applicable, Name Under Which It Is Now Operated

Am.

1. PERSONAL INFORMATION:

MAYA AZUCENA _____
Last Name First Name Middle Name

SUSY
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

4075 JUDSON AVE LAS-VEGAS NV 89115
Present Residence Address-Street or RFD City State/Zip

5020 E. TROPICANA AVE BS Dates LAS-VEGAS NV 89122
Present Business Address SEP 09, 2009 - Present City State/Zip

MANAGER OF OPERATIONS Dates MARCH 2010 - PRESENT
Present Position with the MDEG

Phone _____ Fax: _____

Email address: _____

QUERETARO, AMEALCO MEXICO
Place of Birth (City, County, State)

22 YRS Social Security Number FEMALE
Age Sex

BROWN BROWN 190 LBS 5'6
Color of Eyes Color of Hair Weight 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 _____ EXP 03/06/2016

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

dm.

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

MARCH 2010 to Present	TROPICANA MEDICAL SUPPLY, INC 5020 E. TROPICANA AVE BS. 89122	960 HOURS
--------------------------	--	-----------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Manager of Operations	Daily Activities of the Business Managerial Duties	N/A
Title	Description of Duties	Name of Supervisor

SEPTEMBER 2009 March 2010	TROPICANA MEDICAL SUPPLY, INC 5020 E. TROPICANA AVE BS 89122	1120 HOURS
------------------------------	---	------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

CSR/OFFICE ASST	SET-UP, FOLLOW-UPS, CUSTOMER SERVICE Patient Care, and Equipment Services	Thomas J
Title	Description of Duties	Name of Supervisor

JUNE 2007 Aug/SEP 2009	OPTIMUM MEDICAL SERVICES 4161 S. EASTERN AVE L.V. NV 89119	3200 HRS
---------------------------	---	----------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

CSR/OFFICE ASST	Customer service Duties	Phillip OJO
Title	Description of Duties	Name of Supervisor

JANUARY 2007 July 2007	PRESTIGE ASSISTANT LIVING 1050 E. LAKEVIEW PKWY, Henderson, NV	1120 HRS
---------------------------	---	----------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

PATIENT CARE SERVICES	PICKING UP PATIENTS TO DR'S OFFICES MOBILITY OF PATIENTS CARE SERVICES	LINDA G.
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

DM

I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

a) Board Administrative Action: State: _____
b) Date: _____

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4 . Will you be actively involved in and aware of the daily operation of the MDEG?

Yes ☒ No ☐

5 .Will you be employed fulltime with the MDEG?

Yes ☒ No ☐

6 .Will you be present at the site of the MDEG during its normal operating hours?

Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a written explanation and/or documents.



Date of photograph OCTOBER 31, 2010

[Handwritten signature]

I, AZUCENA MAYA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.


.....
Signature of Applicant

PERSONAL HISTORY RECORD

Date 11/08/2010

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 MDEG PROVIDER/BUSINESS LICENSE
Nature of License
TROPICANA MEDICAL SUPPLY INC 5020 E. TROPICANA AVE BS LV NV 8
Name and Address of Establishment for Which License Is Requested
TROPICANA MEDICAL SUPPLY, INC
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

ALONGE MERCY OLUWATOYIN
Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

11544 ARUBA BEACH AVE LAS-VEGAS NV 89138
Present Residence Address-Street or RFD City State/Zip

5020 E. TROPICANA AVE LAS-VEGAS NV 89122-6749
Present Business Address Dates City State/Zip

PRESIDENT/CEO (07/2009 - Present) (702) 547-6017
Occupation Dates Phone:

OSUN-STATE NIGERIA
Place of Birth (City, Country, State)

Residence
Business
Fax

29 YEARS OLD
Age

FEMALE
Sex

BROWN BLACK LIGHT BROWN 180LBS NO 5'11
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics NONE BUT WEAR
PRESCRIPTION GLASSES

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 MA

MARITAL INFORMATION-Continued

A. **Current Marriage** JANUARY 25TH, 2005 LAS-VEGAS, NV
Date City, County and State
 Spouse's full name (Maiden) ADEYINKA ADEOLA-HAZZAN N/A
S.S. No.
 Date of Birth _____ Place of Birth LAGOS, NIGERIA
 Resident address NO 41 ILUPEJU ADESHIYAN ST LAGOS-STATE NIGERIA
Street City State Zip
 Telephone: Residence (702) N/A Business () N/A
 Spouse's employer NIGERIA BREWERY Occupation COMPANY MARKETING MANAGER
 Address of employer 1100 IKEJA EXPRESS WAY #4,5 IKEJA LAGOS NIGERIA
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 MA

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

Name (Maiden)	Birth Date	Address	Occupation
Father IMMANUEL ALONGE		3636 W. Imperial Wy Inglewood CA 90303	Clergy man (Apostle)
Mother AGNES M JACOB		3636 W. Imperial Wy Inglewood CA 90303	Clergy man/ BUSINESS TYPER
Father-in-Law RASHEED (DECEASED) HAZZAN		8201 W. BELFORT RD HOUSTON, TX 77071	PUBLICIST/ MUSICIAN
Mother-in-Law IDAVAT CHRISTIANA ASAGBE		#53 ILUPEJU EXP WAY PALM GROVE, LAGOS NIGERIA	BUSINESS TYPCOON

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
RHONDA ALONGE		300 GEMSTONE TRAIL ARLINGTON, TX 76001	PHARMACY TECH
Spouse DANIEL		300 GEMSTONE TRAIL ARLINGTON, TX 76001	COMPUTER ENGINEER
FUNMILOLA ALONGE	2	NO 360 FED LOW COST HOUSE ESTATE ILORIN, KWARA ST, NIGERIA	COMMUNICAT SPEC
Spouse N/A			
ISACC ALONGE		360 FEDERAL LOW COST HOUSE ESTATE ILORIN KWARA ST, NIGERIA	PASTOR
Spouse FUNMILOLA AINA		360 FED LOW COST HOUSE ESTATE ILORIN KWARA STATE, NIGERIA	FULL-TIME HOUSEW
CLEMENT ALONGE		TOTT ALVERN UNIT A-311 LOS-ANGELES, CA 90045	NURSING STUDENT
Spouse N/A			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School CROCKETT JUNIOR HIGH SCHOOL	IRVING, TX	08/1995 - 05/1997	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School LEUZINGER HIGH SCHOOL	LANSDALE CALIFORNIA	08/1998 - 05/2000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College EL-CAMINO COMMUNITY COLLEGE	INGLEWOOD, CA	09/2001 - 11/2001	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other GEORGE WASHINGTON PRE-SCHOOL	LOS-ANGELES CALIFORNIA	08/97/05/98	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Type of degree obtained, if any..... CERTIFIED NURSING ASSISTANT LICENSE

College or university where obtained..... EL-CAMINO COLLEGE, INGLEWOOD CAMPUS

Applicant's initial..... N/A

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 MA

- 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
--	------------	-----------------------	------------------------	------------------

- 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
03/2010 - Present	11544 ARUBA BEACH AVE	LAS-VEGAS	NV (CLARK)
07/2009 - 03/2010	10044 BARENGO AVE	LAS-VEGAS	NV (CLARK)
07/2008 - 07/2009	10064 BARENGO AVE	LAS-VEGAS	NV (CLARK)
10/2006 - 07/2008	10017 BONTERRA AVE	LAS-VEGAS	NV (CLARK)
12/2005 - 10/2006	3700 E. BONANZA RD #1224	LAS-VEGAS	NV
12/2004 - 12/2005	3700 E. BONANZA RD #1123	LAS-VEGAS	NV
03/2001 - 12/2004	3924 W. 13 TH STREET APT #1	INGLEWOOD	CA (INGLEWOOD)
04/1999 - 03/2001	12931 KORNBLUM AVE #D	HANTHORNE	CA
06/1998 - 04/1999	1946 N. WESTERN AVE #4	LOS-ANGELES	CA
02/1995 - 06/1998	240 W. ROCHELLE PL #12466	IRVING	TX (METRO)

Applicant's initial MA

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
07/2009-Present	TROPICANA MEDICAL SUPPLY, INC 5020 E TROPICANA AVE BS LV NV 89122	
Title	Description of Duties	Name of Supervisor
CEO/PRESIDENT	OVERSEERS OF ALL BUSINESS ACTIVITIES	SELF
06/2009-Present	DESERT LANE LLC 640 DESERT LANE LV NV 89106	MATERNITY LEAVE / MEDICAL REASON
Title	Description of Duties	Name of Supervisor
NURSING ASST	PATIENT CARE SERVICES, RUNNING THE FLOOR	MARIE C
01/2008-	SILVER HILLS HEALTH CARE CTR 3450 N. BUFFALO DR LAS-VEGAS NV 89129	MOVED FAR AWAY FROM
Title	Description of Duties	Name of Supervisor
NURSING ASSISTANT	PATIENT CARE MANAGER / ASSISTING NURSES RUNNING THE FLOOR	LORETTA DARR
11/2006	MANOR HEALTH CARE CENTER 8501 DELWEBB L.V NV 89134	OFFERED A BETTER POSITION W/ PAY
Title	Description of Duties	Name of Supervisor
NURSING MGR	PATIENT CARE MANAGER / DUTIES	GAYLE GREEN
02/2005	THE HEIGHT AT SUMMERLIN 10550 PARK-RUN DRIVE L.V NV 89144	MATERNITY SITUATION / SW
Title	Description of Duties	Name of Supervisor
NURSING ASSISTANT	PATIENT CARE GIVER	CONNIE J
02/2004 - 11/2008	ASSOCIATE HEALTH PROFESSIONALS 2675 S. JONES BLVD #105 LV NV 89146	BUSINESS CLOSED
Title	Description of Duties	Name of Supervisor
NURSING ASST	PATIENT CARE GIVER / ASSISTIVE	KYLE JOHNSON
02/2004 - 02/2004	ASSOCIATE HEALTH PROFESSIONALS 361 HOSPITAL RD #522 NEWPORT BEACH, CA	TRANSFERRED TO NEVADA
Title	Description of Duties	Name of Supervisor
NURSING DIRECTOR	PATIENT / NURSES CARE MANAGER	KYLE JOHNSON
12/2002 - 02/2004	PACIFIC NURSES PROVIDER 3540 WILSHIRE BLVD #404 LA CA 90010	MOVED / CHANGE OF ENVIRONMENT
Title	Description of Duties	Name of Supervisor
NURSING ASSISTANT	PATIENT CARE SERVICES	IVONE NELSON

If additional space is needed, please provide an attachment.

Applicant's initial MA

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
OGONNA	6151 MTN VISTA	HENDERSON	NV	89052		14 Yrs
Name	INFGANYI	Home #1813				
Employer	SEVEN HILLS	3201 HORIZON RIDGE	HENDERSON NV	89052		
		Business				
Name	NGOZI	1267 HANTHORNE BLVD,	HANTHORNE, CA	90251		10 YRS
Employer	VOLT TECHNICAL SERVICE	4900 RIVERGRADE RD	IRVINDALE, CA	91106		
		Business				
Name	AYODESI	18208 COLDSMAN AVE,	CARSON CA	90745		18 YRS
Employer	BARNES HOME HEALTH SERVICES	909 E. 29TH STREET,	CARSON CALIFORNIA			
		Business				
Name	PASTOR HEZEKIAH	6531 MTN PALMER CT				7 YRS
Employer	U21m	Home LAS-VEGAS, NV	89156			
		Business				
Name	ESTHER GONZALES	3507 MOREJO CT	LAS-VEGAS NV	89129		6 YRS
Employer	ESTHER DAY-CARE SERVICES	3507 MOREJO CT	L.V NV	89129		
		Business				

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

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

Yes ☐ No ☒

If yes, state type, where and years held

11. Have you ever applied for a city, county 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 MA

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

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

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 11/09/2010

Applicant's initial MA

Page

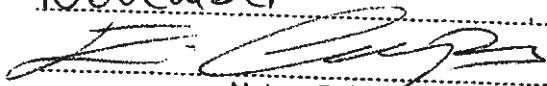
COUNTY OF ClarkI, MERCY D. ALONGE

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,

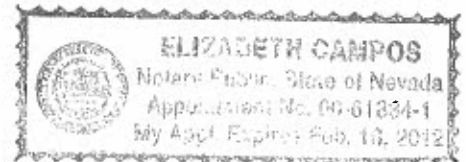
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors or shall or may have against the State of Nevada, the licensing agency and their 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 10th day ofNovember2010


Notary Public



(seal)

Applicant's initial

M.A.

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 ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: WBC Group, LLC
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: 330-963-8650 Fax Number: 330-405-7305
E-mail: mdclicensure@meyerdist.com Website: www.meydist.com; www.millikenmedical.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: 8:30AM-4:30PM to 8:30AM-4:30PM Sun: 8:30AM-4:30PM to 8:30AM-4:30PM Holidays: 8:30AM-4:30PM to 8:30AM-4:30PM

FACILITY ADMINISTRATOR INFORMATION

Name: Timothy Senn
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 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 NOV 09 2010 Check Number 277 Amount 500.00

55339
1180

OWNERSHIP IS A CORPORATION

State of Incorporation: Ohio
Parent Company if any: Boxout, LLC
Corporation Name: WBC Group, LLC
Mailing Address: 1810 Summit Commerce Park
City, State and Zip: Twinsburg, OH 44087
Telephone Number: 330-963-8650 Fax Number: 330-405-7305
License Contact Person: Stephen M. McLaughlin
Professional Compliance Contact Person: Stephen M. McLaughlin

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>See attached</u>	

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) See attached

<u>Name</u>	<u>Address</u>
<u>Business</u>	

b)

<u>Name</u>	<u>Address</u>
<u>Business</u>	

c)

<u>Name</u>	<u>Address</u>
<u>Business</u>	

d)

<u>Name</u>	<u>Address</u>
<u>Business</u>	

- 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.

See Attached

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. Not Applicable

<input type="checkbox"/> Practitioner	Name: _____
<input type="checkbox"/> Advanced Practitioner of Nursing	Name: _____
<input type="checkbox"/> Physician's Assistant	Name: _____
<input type="checkbox"/> Physical Therapist	Name: _____
<input type="checkbox"/> Occupational Therapist	Name: _____
<input type="checkbox"/> Registered Nurse	Name: _____
<input type="checkbox"/> Respiratory Therapist	Name: _____

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.

Stephen M. McLaughlin
Signature of corporation officer

10/13/10
Date

Stephen M. McLaughlin, President

Type name and title

WBC Group, LLC

ATTACHMENT FOR QUESTIONS #1 and #2, Page 2 and 3

Question #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?

WBC Group, LLC, 1810 Summit Commerce Park, Twinsburg, Ohio 44087
Nevada MDEG Certificate of Registration – MP00672

WBC Group, LLC, 8595 Milliken Avenue, Suite 101, Rancho Cucamonga,
California 91730
Nevada MDEG Certificate of Registration – MP00673

WBC Group, LLC, 8510 Westside Industrial Drive, Dinsmore, Florida 32219
Nevada MDEG Certificate of Registration – Pending

Question #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?

WBC Group, LLC, fka MDC Acquisition Co., LLC, fka MDC Acquisition Co. formerly shared a parent corporation with RGH Enterprises, Inc. which has the following facilities:

- RGH Enterprises, Inc., 1810 Summit Commerce Park, Twinsburg, Ohio
Nevada MDEG Certificate of Registration – MP00405
- RGH Enterprises, Inc., 620 Pierce Road, Clifton Park, New York 12065
Nevada MDEG Certificate of Registration – MP00669
- RGH Enterprises, Inc., 731 Eight Twenty Blvd. Suite 400, Ft. Worth, Texas 76106
Nevada MDEG Certificate of Registration – MP00667
- RGH Enterprises, Inc., 1360 Madeline Lane, Suite 500, Elgin, Illinois 60124
Nevada MDEG Certificate of Registration – MP00666
- RGH Enterprises, Inc., 8510 Westside Industrial Drive, Dinsmore, Florida 32219
Nevada MDEG Certificate of Registration – MP00665

Explanation Question #6

WBC Group, LLC has never been formally charged with a violation of a law of any state relating to drugs, liquor, poisonous substances or any felony offense. However, in the interests of full and honest disclosure, WBC Group, LLC has had the following contacts from licensing boards or agencies from other states regarding their licensure requirements:

1. Texas. On October 21, 2009, WBC Group, LLC received a communication from the Texas Department of State Health Services regarding \$300.00 in late fees in connection with the application for an out-of-state wholesale distributors of prescription drugs for the Applicant's California facility. The fees were paid in full.

2. Arkansas. On November 9, 2009, WBC Group, LLC received communications from the Arkansas State Board of Pharmacy regarding the shipment of prescription drugs into the State of Arkansas in response to the applications for wholesale distributor license permits for its Ohio and California facilities. WBC Group, LLC informally resolved this matter without an admission of guilt to the satisfaction of the Board by signing Consent Agreements and paying monetary penalties of \$1000.00 each for the Ohio and California facilities. There was no disciplinary action.

WBC Group, LLC is committed to complying with the laws of each state into which it ships products. In light of these past events and the increased focus on compliance in the durable medical equipment industry, WBC Group, LLC in conjunction with outside counsel, has undertaken a comprehensive survey of state licensure requirements for the activities of WBC Group, LLC. This licensure project is ongoing.

If you have any questions regarding this attachment, please call me at (330) 963-8650 Ext. 3879.



Stephen M. McLaughlin, President

10/13/10

Date

Sherry Clifton

From: Randig, Jody [Jody.Randig@dshs.state.tx.us]
Sent: Wednesday, October 21, 2009 3:10 PM
To: Sherry Clifton
Subject: RE: Licensing
Attachments: 2501-DrugOOS-RX-Initial.doc

Please forward the enclosed application & the fee of \$4010.00.

2009 to 2011 = \$1350.00
2007 to 2009 = \$1350.00 + \$100.00 (late fee)
2005 to 2007 = \$1030.00 + \$100.00 (late fee)
2004 to 2005 = \$ 500.00 + \$100.00 (late fee)

Total = \$4530.00
Amount Paid = \$ 520.00
Due = \$4010.00

Thanks!

Jody Randig, Program Specialist
Food & Drug Licensing Group
Regulatory Licensing Unit
Texas Department of State Health Services
Phone: 512-834-6727 #2489
Fax: 512-834-6741

<http://www.dshs.state.tx.us/fdlicense>
<http://www.dshs.state.tx.us/dmd>

From: Sherry Clifton [mailto:sherryc@rghent.com]
Sent: Wednesday, October 21, 2009 2:03 PM
To: Randig, Jody
Subject: RE: Licensing

Jody –
The sales level for MDC will be level 1.
Thanks-
Sherry

From: Randig, Jody [mailto:Jody.Randig@dshs.state.tx.us]
Sent: Wednesday, October 21, 2009 2:22 PM
To: Sherry Clifton
Subject: RE: Licensing

What sales level range will this location fall under? I can provide you with the back fee(s), so you can forward everything at once.

Jody Randig, Program Specialist

1/28/2010

Food & Drug Licensing Group
Regulatory Licensing Unit
Texas Department of State Health Services
Phone: 512-834-6727 #2489
Fax: 512-834-6741

<http://www.dshs.state.tx.us/fdlicense>
<http://www.dshs.state.tx.us/dmd>

From: Sherry Clifton [mailto:sherryc@rghent.com]
Sent: Thursday, October 15, 2009 3:46 PM
To: Randig, Jody
Cc: Jim Long
Subject: RE: Licensing

Good Afternoon Jody –

First, thank you very much for your email as listed below. Second, I wanted to get back with you regarding the application for MDC Acquisition Co. We will be completing an out-of-state wholesale distributor of prescription drugs application for MDC; hence, would you please apply the fees that were sent with MDC's multiple product application towards the wholesale prescription drug application. This application should be completed and in the mail to you by the end of next week.

If you have any questions, please let me know.

Thank you again –
Sherry Clifton
Compliance Project Manager
330-963-6998, Ext. 3940
sherryc@rghent.com

From: Randig, Jody [mailto:Jody.Randig@dshs.state.tx.us]
Sent: Tuesday, October 13, 2009 4:31 PM
To: Sherry Clifton
Subject: Licensing

The State of Texas does not require out of state firms license as food or device distributors. Thanks!

Jody Randig, Program Specialist
Food & Drug Licensing Group
Regulatory Licensing Unit
Texas Department of State Health Services
Phone: 512-834-6727 #2489
Fax: 512-834-6741

<http://www.dshs.state.tx.us/fdlicense>
<http://www.dshs.state.tx.us/dmd>

This message, including attachments, is sent by RGH Enterprises, Inc. and/or an affi

1/28/2010

ARKANSAS STATE BOARD OF PHARMACY

LENORA NEWSOME, P.D.

President, Smackover

BENJI POST, P.D.

Vice President, Mayflower

MARILYN SITZES, P.D.

Secretary, Hope

RONNIE NORRIS, P.D.

Member, McGehee



STEVE BRYANT, P.D.

Member, Batesville

JUSTIN BOYD, Pharm.D.

Member, Fort Smith

ROSS HOLIMAN, B.S., H.Ed.

Public Member, Little Rock

LARRY ROSS

Public Member, Sherwood

CHARLES S. CAMPBELL, Pharm.D.
EXECUTIVE DIRECTOR

November 9, 2009

MDC Acquisition Co.
1810 Summit Commerce Park
Twinsburg, Ohio 44087

Attn. Mr. James B. Long, Vice-President

TO WHOM IT MAY CONCERN:

It has come to our attention that you may be shipping or causing to be shipped prescription drugs into the State of Arkansas. This is in direct violation of the Laws and Regulations of the Arkansas State Board of Pharmacy.

Your firm is to cease this practice immediately, pending resolution of this matter and final approval of your application for licensure.

This letter will serve as official notification by the Arkansas State Board of Pharmacy to correct this situation immediately. We ask that you direct your attention to this matter and make sure you are complying with Arkansas State Board of Pharmacy Laws and Regulations.

Please let us know the status of shipping or causing shipments of these prescription drugs. Your response or any questions you may have should be directed to Charles Campbell, Pharm. D, Executive Director, at the address listed on this letterhead.

Sincerely,

Clyde C. Frazier, Jr., P.D.

Pharmacy Inspector

Arkansas State Board of Pharmacy



SUBPOENA DUCES TECUM

TO:

**MDC Acquisition Company
Attn.: Vice President, Mr. James B. Long
1810 Summit Commerce Park
Twinsburg, Ohio 44087**

By the authority of Ark. Code Ann. § 17-92-205(c), you are commanded to produce and permit inspection and copying of the following documents:

A printout and/or copy of all invoices and/or copy of any documents, drug orders or other records or physical objects created or maintained by or on behalf of MDC Acquisition Company in Twinsburg, Ohio for prescription (legend) drugs shipped or caused to be shipped by your firm since January 1, 2008. The printout shall include the name and address of the recipient, name, strength and quantity of the drug shipped, date of the shipment, pedigree information, if applicable, and any other pertinent information available.

You are instructed to produce the original or copies of the above records and deliver same to Charles Campbell, Executive Director, Arkansas State Board of Pharmacy, 101 East Capitol Ave., Ste. 218, Little Rock, Arkansas on or before 4:00 p.m. on Friday, December 11, 2009.

Witnessed my hand this 9th day of December, 2009.

ARKANSAS STATE BOARD
OF PHARMACY

A handwritten signature in cursive script that reads "Charles Campbell".

Charles Campbell, Pharm. D
Executive Director

ARKANSAS STATE BOARD OF PHARMACY

LENORA NEWSOME, P.D.

President, Smackover

BENJI POST, P.D.

Vice President, Mayflower

MARILYN SITZES, P.D.

Secretary, Hope

RONNIE NORRIS, P.D.

Member, McGehee



STEVE BRYANT, P.D.

Member, Batesville

JUSTIN BOYD, Pharm.D.

Member, Fort Smith

ROSS HOLIMAN, B.S., H.Ed.

Public Member, Little Rock

LARRY ROSS

Public Member, Sherwood

CHARLES S. CAMPBELL, Pharm.D.
EXECUTIVE DIRECTOR

November 9, 2009

MDC Acquisition Co.
8595 Milliken Avenue, Suite 101
Rancho Cucamonga, California 91730

Attn. Mr. James B. Long, Vice-President

TO WHOM IT MAY CONCERN:

It has come to our attention that you may be shipping or causing to be shipped prescription drugs into the State of Arkansas. This is in direct violation of the Laws and Regulations of the Arkansas State Board of Pharmacy.

Your firm is to cease this practice immediately, pending resolution of this matter and final approval of your application for licensure.

This letter will serve as official notification by the Arkansas State Board of Pharmacy to correct this situation immediately. We ask that you direct your attention to this matter and make sure you are complying with Arkansas State Board of Pharmacy Laws and Regulations.

Please let us know the status of shipping or causing shipments of these prescription drugs. Your response or any questions you may have should be directed to Charles Campbell, Pharm. D, Executive Director, at the address listed on this letterhead.

Sincerely,

A handwritten signature in black ink, appearing to read "C. C. Frazier, Jr.", written over a horizontal line.

Clyde C. Frazier, Jr., P.D.

Pharmacy Inspector

Arkansas State Board of Pharmacy



SUBPOENA DUCES TECUM

TO:

**MDC Acquisition Company
Attn.: Vice President, Mr. James B. Long
8595 Milliken Avenue, Suite 101
Rancho Cucamonga, California 91730**

By the authority of Ark. Code Ann. § 17-92-205(c), you are commanded to produce and permit inspection and copying of the following documents:

A printout and/or copy of all invoices and/or copy of any documents, drug orders or other records or physical objects created or maintained by or on behalf of MDC Acquisition Company in Rancho Cucamonga, California for prescription (legend) drugs shipped or caused to be shipped by your firm since January 1, 2008. The printout shall include the name and address of the recipient, name, strength and quantity of the drug shipped, date of the shipment, pedigree information if applicable, and any other pertinent information available.

You are instructed to produce the original or copies of the above records and deliver same to Charles Campbell, Executive Director, Arkansas State Board of Pharmacy, 101 East Capitol Ave., Ste. 218, Little Rock, Arkansas on or before 4:00 p.m. on Friday, December 11, 2009.

Witnessed my hand this 9th day of November, 2009.

ARKANSAS STATE BOARD
OF PHARMACY

A handwritten signature in cursive script that reads "Charles Campbell".

Charles Campbell, Pharm. D
Executive Director

**FRIDAY | ELDREDGE
& CLARK LLP**

Lynda M. Johnson | Attorney
Direct: (501) 370-1553
Fax: (501) 244-5321
E-mail: ljohnson@fridayfirm.com

400 West Capitol Avenue
Suite 2000
Little Rock, Arkansas 72201-3522
www.FridayFirm.com

December 11, 2009

VIA HAND DELIVERY

Mr. Charles Campbell, Pharm.D
Executive Director
Arkansas State Board of Pharmacy
101 E. Capitol, Suite 218
Little Rock, AR 72201

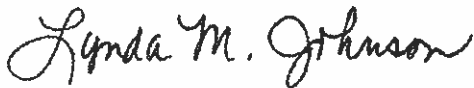
Re: MDC Acquisition Co.

Dear Mr. Campbell:

We represent MDC Acquisition Co. and in that capacity, I enclose documents numbered 1 through 11 in response to the subpoena duces tecum for the California location and documents numbered 1 through 40 in response to the subpoena duces tecum for the Ohio location.

Should you require further information, please do not hesitate to contact me.

Very truly yours,



Lynda M. Johnson

LMJ/kc

Enclosures

Cc: Mr. Cliff Mull (via email)
Mr. Jim Long (via email)

ARKANSAS STATE BOARD OF PHARMACY

LENORA NEWSOME, P.D.

President, Sinackover

BENJI POST, P.D.

Vice President, Mayflower

MARILYN SITZES, P.D.

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Member, Batesville

JUSTIN BOYD, Pharm.D.

Member, Fort Smith

ROSS HOLIMAN, B.S., H.Ed.

Public Member, Little Rock

LARRY ROSS

Public Member, Sherwood

March 30, 2010

MDC Acquisition Company-Ohio
c/o Ms. Lynda M. Johnson
400 West Capitol Avenue, Suite 2000
Little Rock, Arkansas 72201

VIA CERTIFIED MAIL

Dear Ms. Johnson:

Find enclosed for your records and your client's, a copy of the Consent Agreement for MDC Acquisition Company of Twinsburg, Ohio. The Agreement was accepted by the Arkansas State Board of Pharmacy on March 10, 2010.

As per the stipulations of the agreement, MDC Acquisition Company has paid a monetary penalty of \$1,000.00. The application for MDC Acquisition Company's license as a Wholesale Distributor of Prescription (Legend) Drugs will be processed and a license will be issued.

Should you have any questions, please contact the Board office at 501-682-0190.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Frazier, Jr.", is written over the word "Sincerely,".

Clyde C. Frazier, Jr., P.D.
Pharmacist-Inspector
Arkansas State Board of Pharmacy

Enclosure

COPY

101 E. Capitol, Suite 218 ♦ Little Rock, AR 72201 ♦ Phone (501) 682-0190 ♦ Fax: (501) 682-0195

RECEIVED APR 05 2010

BEFORE THE ARKANSAS STATE BOARD OF PHARMACY

IN THE MATTER OF
MDC ACQUISITION COMPANY
TWINSBURG, OHIO
UNLICENSED APPLICANT

2009-050

CONSENT AGREEMENT

WHEREAS, Respondent MDC Acquisition Company, located at 1810 Summit Commerce Park, Twinsburg, Ohio 44087 does not currently hold an Arkansas Wholesale Distributor of Prescription (Legend) Drugs license;

WHEREAS, Sales history reports reflect that Respondent shipped prescription drugs from September 17, 2008 through November 11, 2009 to licensed podiatrists located in Arkansas in violation of Ark. Code Ann. § 20-64-506 and Board Regulation 08-00-0002;

WHEREAS, Respondent MDC Acquisition Company's application may be denied pursuant to Ark. Code Ann. § 20-64-508;

WHEREAS, Respondent makes no admission of guilt but wishes to resolve these charges informally, Respondent and the Board therefore agree that this Agreement shall not constitute disciplinary action but rather an informal resolution of these charges. Respondent expressly waives its right to an administrative hearing and consents to the terms incorporated in this Agreement. Respondent further consents to the *ex parte* presentation of this Agreement to the Board and agree that, if the Agreement is not accepted by the Board, the presentation and consideration of this Consent Agreement by the Board shall not constitute a basis for disqualification of the Board or any of its members from further participation in this matter, including a formal hearing; and

WHEREAS, Respondent acknowledges that this Consent Agreement is not effective until its acceptance by the Board, that Respondent has had the opportunity to consult with legal counsel of its own choosing concerning the advisability, meaning and effect of this Consent Agreement, that the Board shall retain jurisdiction to enforce the provisions of this Consent Agreement and that failure to comply with the terms and conditions of this agreement shall be grounds for further disciplinary action in the form of a civil penalty and/or suspension or revocation of Respondent's license, registration or permit.

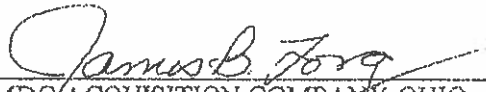
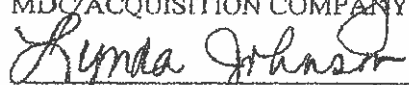
THEREFORE, Respondent consents to the following terms in full resolution of this complaint:

1. Respondent MDC Acquisition Company, Twinsburg, Ohio, willingly agrees and stipulates that it shall pay a monetary penalty of one thousand dollars (\$1,000.00) to the Board on or before March 10, 2010; and


COPY

2. After this Consent Agreement has been accepted by the Board, Respondent MDC Acquisition Company's license as a Wholesale Distributor of Prescription (Legend) Drugs will be issued

EXECUTED this 6 day of JANUARY, ²⁰¹⁰~~2009~~


MDC ACQUISITION COMPANY-OHIO

Attorney for Respondent

And


Charles Campbell, Pharm. D
Executive Director
Arkansas State Board of Pharmacy

COPY

ARKANSAS STATE BOARD OF PHARMACY

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Public Member, Sherwood

CHARLES S. CAMPBELL, Pharm.D.
EXECUTIVE DIRECTOR

March 30, 2010

MDC Acquisition Company-California
c/o Ms. Lynda M. Johnson
400 West Capitol Avenue, Suite 2000
Little Rock, Arkansas 72201

VIA CERTIFIED MAIL

Dear Ms. Johnson:

Find enclosed for your records and your client's, a copy of the Consent Agreement for MDC Acquisition Company of Rancho Cucamonga, California. The Agreement was accepted by the Arkansas State Board of Pharmacy on March 10, 2010.

As per the stipulations of the agreement, MDC Acquisition Company has paid a monetary penalty of \$1,000.00. The application for MDC Acquisition Company's license as a Wholesale Distributor of Prescription (Legend) Drugs will be processed and a license will be issued.

Should you have any questions, please contact the Board office at 501-682-0190.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Frazier, Jr.", is written over a horizontal line.

Clyde C. Frazier, Jr., P.D.

Pharmacist-Inspector

Arkansas State Board of Pharmacy

Enclosure

COPY

101 E. Capitol, Suite 218 • Little Rock, AR 72201 • Phone (501) 682-0190 • Fax: (501) 682-0195

RECEIVED APR 05 2010

BEFORE THE ARKANSAS STATE BOARD OF PHARMACY

IN THE MATTER OF
MDC ACQUISITION COMPANY
RANCHO CUCAMONGA, CALIFORNIA
UNLICENSED APPLICANT

2009-049

CONSENT AGREEMENT

WHEREAS, Respondent MDC Acquisition Company, located at 8595 Milliken Avenue, Suite 101, Rancho Cucamonga, California 91730 does not currently hold an Arkansas Wholesale Distributor of Prescription (Legend) Drugs license;

WHEREAS, Sales history reports reflect that Respondent shipped prescription drugs from October 27, 2008 through May 29, 2009 to licensed podiatrists located in Arkansas in violation of Ark. Code Ann. § 20-64-506 and Board Regulation 08-00-0002;

WHEREAS, Respondent MDC Acquisition Company's application may be denied pursuant to Ark. Code Ann. § 20-64-508;

WHEREAS, Respondent makes no admission of guilt but wishes to resolve these charges informally, Respondent and the Board therefore agree that this Agreement shall not constitute disciplinary action but rather an informal resolution of these charges. Respondent expressly waives its right to an administrative hearing and consents to the terms incorporated in this Agreement. Respondent further consents to the *ex parte* presentation of this Agreement to the Board and agree that, if the Agreement is not accepted by the Board, the presentation and consideration of this Consent Agreement by the Board shall not constitute a basis for disqualification of the Board or any of its members from further participation in this matter, including a formal hearing; and

WHEREAS, Respondent acknowledges that this Consent Agreement is not effective until its acceptance by the Board, that Respondent has had the opportunity to consult with legal counsel of its own choosing concerning the advisability, meaning and effect of this Consent Agreement, that the Board shall retain jurisdiction to enforce the provisions of this Consent Agreement and that failure to comply with the terms and conditions of this agreement shall be grounds for further disciplinary action in the form of a civil penalty and/or suspension or revocation of Respondent's license, registration or permit.

THEREFORE, Respondent consents to the following terms in full resolution of this complaint:

1. Respondent MDC Acquisition Company, Rancho Cucamonga, California, willingly agrees and stipulates that it shall pay a monetary penalty of one thousand dollars (\$1,000.00) to the Board on or before March 10, 2010; and

COPY

2. After this Consent Agreement has been accepted by the Board, Respondent MDC Acquisition Company's license as a Wholesale Distributor of Prescription (Legend) Drugs will be issued

EXECUTED this 6 day of JANUARY, ²⁰¹⁰2009

James B. Forgy
MDC ACQUISITION COMPANY, CALIFORNIA

Lynda Johnson
Attorney for Respondent

And

Charles Campbell
Charles Campbell, Pharm. D.
Executive Director
Arkansas State Board of Pharmacy

COPY

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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: Andrea Middle: Kristin Last: Boucher
Home Address: 347 Occidental Drive Apt #: NA
City: Dayton State: NV Zip Code: 89403
Telephone: _____ Social Security Number: _____
Date of Birth: _____ Place of Birth: Las Vegas, NV Sex: M or ☒ F
E-mail Address: _____

I am requesting registration at the following pharmacy or approved training program:

Pharmacy: Walmart Pharmacy Store #: 11648
Address: 3770 S. Highway 395 / E. Las Vegas Blvd
City: Carson City State: NV Zip Code: 89701
Signature of Managing Pharmacist: [Signature] Lic #: 13981 Date: 9/23/10

(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: _____ 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 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.

Andrea Boucher
Signature

09/23/2010
Date

Board Use Only
Received: _____

OCT 06 2010

Check Number: MO

Amount: 40.00

55171
14151

STATEMENT OF INTENT REGARDING NAC 639.753

The Nevada State Board of Pharmacy makes the following statement of intent regarding NAC 639.753. NAC 639.753 was created in 2006 as the culmination of several years of thoughtful and careful deliberation by the Board. Many citizens and advocacy groups came forward multiple times with testimony and written comments to help the Board craft the regulation as it stands today.

Questions have arisen about the Board's intent when it created NAC 639.753 in the wake of footnote 3 in Sanchez v. Wal-Mart, 125 Nev. Adv. Op. 60, 221 P. 3d 1276 (Nev. 2009), which provides:

3. We note that, at the time that the underlying accident occurred, the pharmacies had no obligation to do anything after receiving the Task Force letter and only limited authority to refuse to fill any prescriptions. In 2006, however, the Board of Pharmacy amended its regulations, which may have created a special relationship that could justify imposing a duty in favor of third parties. NAC 639.753 provides that if a pharmacist declines to fill a prescription, because in his professional judgment the prescription is (1) fraudulent, (2) potentially harmful to the customer's health, (3) not for a legitimate medical purpose, or (4) filling the prescription would be unlawful, the pharmacist must in a timely manner contact the prescribing physician to resolve the pharmacist's concerns. The amendment further provides that after speaking with the physician, the pharmacist may fill the prescription if "the pharmacist reasonably believes, in his professional judgment, that the prescription is" not fraudulent or harmful to the patient's health or is lawful or for a legitimate medical purpose. NAC 639.753(3)(a)-(d). If one of these conditions is not met, after discussing the prescription with the physician, the pharmacist is mandated not to fill the prescription and must retain the prescription. NAC 639.753(4). We make no determination as to whether this regulation imposes a duty on pharmacies or creates a special relationship with their customers.

Though the Nevada Supreme Court ultimately determined in favor of the pharmacies in the case, the Retail Association of Nevada (RAN), a trade organization whose members include many of Nevada's retail pharmacies, has expressed concerns with how footnote 3 might be interpreted and applied in future litigation. RAN has asked the Board to amend NAC 639.753. We decline to amend NAC 639.753 because to do so would reopen regulations that were carefully crafted to balance all of the interests expressed in the public hearings regarding the regulation and because we believe that amending the regulation would not address the concerns raised by RAN.

It is hereby stated to be the intent of the Board that when it created NAC 639.753, it intended to create a regulation that would define when a pharmacist could and could not opt to fill a prescription presented to him or her. It was not the intent of the Board when it created NAC 639.753 to create tort liability upon a pharmacy or pharmacist to third-parties who may have been harmed by the act of a patient who received a prescription from a pharmacy or pharmacist after the pharmacy or pharmacist chose to fill a particular prescription in compliance with NAC 639.753.

This statement was endorsed by a unanimous vote of the Board at its regular meeting on December 1 and 2, 2010.

Signed this ____ day of December, 2010.

BETH FOSTER, R.Ph., President
Nevada State Board of Pharmacy

DISCUSSION AND DETERMINATION

SYNTHETIC CANNABINOIDS

Staff has provided additional articles of interest as well as public comment received regarding the scheduling of synthetic cannabinoids (Spice) for your review and discussion.

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Home / News / Local

The allure of 'spice' Officials claim herb mix is a dangerous drug

- Story
- Discussion

The allure of 'spice' Officials claim herb mix is a dangerous drug

JARED DuBACH Free Press Staff Writer elkodaily.com | Posted: Monday, October 4, 2010 7:56 am | (11) Comments


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• Recommend 21 people recommend this.

 Ross Andreson/Elko Daily Free Press A buyer checks out the pineapple scent of "Trainwreck" Hayze purchased at 5J Music. The store sells a variety of "scents" of the Hayze line of products made by the Hayze Spice Co. The clerk said "Trainwreck" is the most popular scent. It sells for \$25 for the amount shown in the photo.

ELKO Teens and young adults are finding a new way to get high and its popularity is growing by leaps and bounds.

JWH-018, or synthetic cannabis, has been cited in numerous calls for emergency medical care and at least one death in other states.

The effects of the substance are so concerning that the West Wendover City Council Sept. 21 approved a measure to draft an ordinance to ban the possession, consumption or sale of the substance within the city's limits.

A number of teens in West Wendover have tested positive for the drug in specialized drug testing that until

recently was unavailable.

The Elko City Council is expected to hear a presentation on the drug and its effects on the county's youth at an upcoming council meeting.

JWH-018 is found in some brands of herbal smoke or preparations of exotic herbs often not regulated by federal entities. Some simply refer to it as "spice" or "fake weed."

According to Mason Simons, family and juvenile court master for the 4th Judicial District, popular brands among youth are K2 and Spice.

They are found in gas stations, convenience stores and music shops, and are not regulated by the federal government because the packaging says "incense" or "not for human consumption."

Despite these labels, Simons said teens and young adults know its intended purpose — smoking it for a euphoric high.

Marketing it for human consumption or having advertising that eludes to usage would place it under strict government guidelines.

Some of the packages have labels that say "20x" or "100x." Simons said these are indicators of comparable strength to marijuana used by the manufacturers. But referring to it as "fake weed" may be an understatement. In many cases, strengths can range from 4-100 times that of good quality marijuana.

It does not show up in typical drug screenings because the chemical structure is far enough removed from original THC that it doesn't register in that test. It is also different enough from THC that it can't be applied under that federal schedule as a controlled substance.

The Drug

Dr. John W. Huffman, a Clemson University professor, synthesized JWH-018 and a number of other chemicals as part of research for the National Institute for Drug Abuse to test responses by THC receptors in the brain. THC is the active drug in cannabis or marijuana.

But it was never fully tested and was not approved by the U.S. Food and Drug Administration.

In an interview with WebMD, Huffman said, "It is like Russian roulette to use these drugs. We don't know a darn thing about them for real. It shouldn't be out there."

The drug itself is sprayed onto an herbal mix, which can include herbs or dried plants such as mullein, marshmallow leaf or damiana leaf.

Some synthetic cannabis smoking blends are fairly moist to the touch and come in foil packaging or translucent silver baggies. Some come in the same type of baggies or small jars, but are relatively dry. Because none of the "spice" blends indicate they're sprayed with JWH-018, it's unclear to anyone but the manufacturer what's in it or which brands of herb blends have been sprayed with it.

Herbs already labeled as "legal highs" by other companies have lent themselves to the spraying process because they already contain natural chemicals that have baseline effects ranging from a mild sedative all the

way up to hallucinations.

Short of a lab test, it can be hard to tell if a substance contains the drug or not.

One of the problems legislators face when discriminating against synthetic cannabis is that none of the brands advertise that it contains the drug.

Many legal-high companies have capitalized on the surge in synthetic cannabis use by changing their marketing schemes and also adopting the words "incense" and "not for human consumption" on their packaging.

Simons said he had a parent tell him they had gone into the Sinclair gas station at Fifth Street and Spruce Road to buy "spice." The clerk said they didn't carry it. However, when the parent sent their child in a while later to ask for it, the clerk readily sold it.

The Free Press recently went around to some local businesses to try and buy "spice." Although no products labeled K2 or Spice were found, what was able to be purchased fell in line with the growing trend of unregulated herbs.

A brand of dried legal herbs marketed under the brand name Mr. Sticky was purchased for \$20 cash at the Fifth Street Sinclair station. No receipt was given for the purchase.

When asked if the store carried "spice," the clerk confirmed it did. The clerk then reached behind a metal barrier along the front of a shelf located behind the counter.

The small 1.5- ounce capacity jar was easily concealed from plain view at the counter. Pineapple-scented Mr. Sticky contains damiana leaf and "fruit extracts," according to the label.

The container did not come sealed, and despite the claim there was pineapple "scent," the product smelled the same as damiana leaf does by itself. The jar claims it is not for human consumption.

Several videos posted on YouTube feature young adults smoking the Mr. Sticky brand and claiming sometimes it's as good as marijuana, and other times it's not as good. It is good to smoke "if you're on probation," one online poster stated. Another poster showed his pyramid of Mr. Sticky jars in various "scents."

According to Drugs

.com, damiana has been used by other cultures, particularly Central American cultures, to treat bed-wetting, headaches and as an aphrodisiac.

On the drug information site Erowid.org, users have posted their experiences with damiana, ranging from mild sedation to seizures, blackouts and even being unconscious and pale to the point where paramedics were called because a loved one thought they were dying.

A trip to Atwal Summit Sinclair did not result in a buy, but information was given as to where it could be bought. The clerk said the store did not carry it, and simply said, "5J has it."

So, on to 5J Music.

The store had a glass counter dedicated entirely to Hayze Spice Co. products, including small plastic containers with the herbal mixture as well as Hayzeshish a solid half-inch by half-inch chunk of concentrated resins. Some of the small jars sold for \$20 while others sold for \$25. The resin also sold for \$25.

A jar of "Trainwreck" and the resin sold for \$53.43 after tax. A receipt was given listing the names of the products bought.

This material had a pineapple scent to it and a picture of a pineapple on the lid. The other names were indicative of the scent, such as strawberry or blueberry. The clerk stated Trainwreck was their most popular scent.

Trainwreck is also the name of a strain of marijuana.

The resin came in a silver-tinted, sealed baggie. The label for the resin stipulated it was for use as an incense only and it was not for human consumption.

It stated it was "acetone free," referring to a product commonly used in the making of synthetic cannabis-laced herbal smokes.

Its name Hayzeshish gives reference to its similar appearance to actual cannabis hashish. But without any more descriptive ingredient lists, it's unknown whether an herbal smoke is simply the dried herbs or if it has been sprayed with synthetic cannabis.

The Hayze website states the following materials are used in making its herbal smoke: Tropical plant material (rare tropical plant), aromatic fruit blends and a "proprietary blend of ingredients that have been tested under (Drug Enforcement Agency) guidelines."

However, a check of the Department of Justice website for the DEA notes none of its affiliated forensics laboratories have conclusive reports on JWH-018, and indicated individual states had done their own research into the drug. Information on the number of users in the United States is not known either because no drug survey has been conducted. Still, the DEA has listed it as a drug of concern.

Harmful Side Effects

Reports can be found all over the Internet of teens in the United States and Europe experiencing various symptoms after smoking synthetic cannabis, particularly the K2 or Spice brands.

Some of these symptoms include hallucinations, seizures and tremors, coma, vomiting, numbness, increased breathing, elevated blood pressure and heart rate and increased anxiety.

In one case, an 18-year-old Iowa man who had just graduated from high school reportedly committed suicide not long after smoking K2. Witnesses said he claimed he was "going to Hell." Other deaths have been reported in Europe.

Earlier this year, a mother of two in Indianapolis is believed by authorities to have died as a result of smoking "spice," and a coroner is examining the death of an Indianapolis man to determine if "spice" could have caused his death.

Authorities in Marion County, Ind., are looking into banning the drug there.

Hayze Spice Co. claims their products are -acetone free," prompting one to wonder why anyone would use acetone on something that is labeled as incense. Acetone is a solvent commonly used in nail polish remover and paint thinner.

According to information posted online under the name Xander Bergeron, which may be an alias, acetone is used to dissolve powdered JWH-018. Bergeron also tells curious individuals how to buy the powdered JWH-018 online, saying it is sold in grams through places that indicate it is fertilizer. Bergeron said JWH-018 is used as a fertilizer on Bonsai trees.

A quarter-gram of the drug sold as fertilizer is \$25. Prepared synthetic cannabis smokes can sell for upward of \$60 for 3 grams.

Hayze Spice Co. claims on its website that one of the signs acetone is used is a sore throat, although other symptoms can include dizziness and nausea.

German researchers believe synthetic marijuana can be addictive in that addicts can experience withdrawal symptoms after going long periods of time without taking the drug.

According to WebMD, a 20-year-old man in 2009 was using 3 grams of Spice Gold every day for eight months, and felt the continuous need to use it. He experienced unrest that led to nightmares, sweating, nausea, tremors, high blood pressure and racing heartbeat. These went away when he started using the product again.

When he was convinced to go to a hospital for drug abuse treatment, he experienced all the symptoms again as he came off of the drug.

Simons said what is of considerable concern for the juvenile court is the unknown effect this drug's use could have on a still developing brain.

"It's being pushed toward younger folks," Simons said. "The fact that anyone is buying this and so little is understood ... The fact that this stuff is being legally sold without thought for anything is very frightening."

See Tuesday's edition of the Free Press for a story on area officials' take on the -spice" craze and the possibility of new laws.

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Posted in Local on *Monday, October 4, 2010 7:56 am* | Tags:

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Other Stories

- Driver distracted by fly, crashes

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Las Vegas Sun

Shuttered Las Vegas 'bong bar' to get hearing

City shuts down Weedz Alternatives after reports some customers hospitalized

By [Dave Toplikar \(contact\)](#)

Published Friday, Nov. 5, 2010 | 11:36 a.m.

Updated Friday, Nov. 5, 2010 | 3 p.m.

Should Weedz Alternatives, a so-called "bong bar" on Las Vegas Boulevard that was shut down this week for health reasons, be allowed to re-open?

That's what the Las Vegas City Council will decide later this month.

The city council will hold a disciplinary hearing Nov. 17 concerning the downtown smoke shop, located at 628 S. Las Vegas Blvd., which allegedly was letting customers smoke an untested type of marijuana-like herb on the premises that led some to be hospitalized.

The council had placed the matter on its agenda earlier this week. But the smoke shop owner, Steven Vogt, was not available to attend because he was in the Clark County Detention Center on an auto burglary charge.

The council, instead, heard from Dr. Lawrence Sands, chief health officer of the Southern Nevada Health District, who said "he thought that there was an immediate danger to the community," according to Mayor Oscar Goodman.

"At least five people, all who bought this incense and smoked it, had to be transported to the hospital," Goodman said.

According to a nuisance violation report from Metro Police, detailing some events at the store in July and August, "Officers were dispatched to the corner of Las Vegas and Garces reference to male subjects who appeared injured lying down on the sidewalk. The two individuals identified themselves as Matthew Carr and Christopher Donoughe. Donoughe vomited in front of officers, could not remember his Social Security number and misspelled his name when asked for it. Carr stated that they had purchased a substance at a nearby smoke shop and smoked it there on the premises. Officers went to Weedz Alternatives less than a block away and spoke to the owner Steven Vogt. Vogt stated that Carr and Donoughe had purchased 'King Krypto' from his store for \$20. Both Carr and Donoughe were transported to Valley Hospital by LVFD Rescue 4."

The report also said, "On 8/12/10 customer 'Brian' lost consciousness inside the business after consuming/smoking 'King Krypto,' a synthetic cannabinoid incense, and was transported to Valley Hospital by AMR. Witnesses state that Brian was provided with the King Krypto at Weedz Alternatives as a sample by Vogt from a smoking bong he had."

The nuisance report also said that on Aug. 12, Business License Officer Latania Webb attempted to conduct an inspection of the business along with two other officers:

"During said inspection, Vogt's inventory had expanded to include tobacco, gifts and novelties which well exceeds the scope that his current license permits (i.e., Smoke Shop). During the inspection, Vogt's behavior was extremely erratic and at times would mutter to himself inferring Vogt was under the influence of some substance. When asked how long Vogt's behavior was this way, employee Dewey Belvin stated that Vogt has been in this condition for '2-3 weeks. He mixed some of the herbs together and has been this way ever since.' When Latania attempted to inventory the rear of the business, Vogt became very irate and pushed Latania away blocking the entryway. Vogt screamed that she didn't have a right to inspect that area. Latania, fearful enough not to provoke him in that state, concluded the inspection."

Later that day, city staff went out to the business to temporarily take away Weedz' business license and made sure the building was shut down.

Vogt will be able to appeal having his business license removed at the Nov. 17 hearing.

"In the meantime, they can't do business and we'll decide what the future of it is going to be," Goodman said.

The mayor said he was unfamiliar with the marijuana-like substance, but said he had heard it was called "kryptonite, or something like that."

"There are 13 states, apparently, that have made that particular substance illegal," Goodman said.

"Here in Nevada, they have not addressed that. So there was an issue as to whether or not he was doing something different than other people."

Goodman said he couldn't believe that people would actually smoke a substance intended to be incense.

"If it's a dangerous substance, I just can't believe a human being would do that," Goodman said. "To me, they would have to be an idiot, whoever is going to be smoking incense. There's enough pot around here that they could buy."

He said he had never heard of the substance before the issue came before the council.

In [a Sun interview last April](#), Vogt discussed selling several mind-altering substances — King Krypto, Spice, Puff, Tribal Warrior, Sleep Walker, Black Mamba and numerous other brands — that are legal. None of the colorful packages under the glass counter at Weedz contains THC, the active ingredient in marijuana.

Instead, the dried herbs have been treated with chemicals with names like JWH-073 and JWH-018 that when smoked provide a high that the academics who invented it say is more potent than marijuana.

During the Sun interview, Vogt talked about King Krypto, which was labeled as an "herbal incense" and "not for human consumption."

Vogt had said he told people not to smoke it, "but people will smoke whatever they want."

CORRECTION: This story has been corrected. An earlier version said the city council unanimously voted to remove the business license. The city staff removed the business license. | (November 5,

[<< Back](#)



I-Team: New Drug Becomes Popular Despite Major Health Risks

POSTED: NOV 05, 2010 11:51 AM PDT
UPDATED: NOV 06, 2010 8:17 PM PDT

LAS VEGAS -- A downtown smoke shop is still closed after the City of Las Vegas labeled it a nuisance. Weedz Alternatives had multiple run-ins with Las Vegas police in recent months, with fights, people passing out and major medical problems thanks to a new drug that is becoming more popular called Spice.

It's synthetic marijuana sold as potpourri, though it is far from incense. Smoking it can give you a high or lead to a psychotic episode. But one person claims under the right circumstances, it could fight breast cancer.

The chemicals pumped into herbal leaves are meant for research and the potential destruction of cancers. Smoked and used just like marijuana, it's cheap and totally legal. Doctors call it dangerous. Users call it the strongest high you've ever had.

Before it was closed, Weedz Alternatives had a steady stream of customers, mostly coming in for Spice. But beyond the catchy labels and the warnings not to consume, what's tucked inside the pouches -- the high, they say -- is one of a kind.

"It's extremely more potent, and if you're not careful -- you must be careful when you smoke this," said Spice user Marlene Barajas.

It doesn't show up in most drug tests. There aren't laws against it. And the price is cheaper than street drugs.

David Marlon runs the Solutions Foundation, a local drug clinic. He has seen a rise in Spice use lately. He says people on probation know they won't get caught, saying it slips by a standard five panel urine test.

He's livid that marketing has trumped safety.

"This says gateway drug all over it," he said. "It's sold in Las Vegas today as potpourri -- not for human consumption. That is an absolute farce."

But could the high be hiding something that's actually helpful?

The tests going on in UNLV professor Bryan Spangelo's lab are on the cutting edge of organic chemistry. His research is part of a growing field that has shown in theory, these same chemicals could actually beat back breast cancer.

"This is an experimental research drug," he said. "In the last 10 to 20 years, this has really taken off because the need for it is there."

Spangelo says THC, the powerful part of marijuana, has essentially been recreated in the lab. Called JWH, it is used to study the pain relieving power of marijuana-like chemicals. Spangelo wants to take the best medical parts of marijuana without the side effects. That way, it can be an alternative to chemotherapy one day.

"We want to keep the pain management, but we want to get rid of the psychotropic actions," he said.

But instead, JWH compounds 018 and 133 are available in commercial labs for sale. Cannabis and similar chemicals can help with pain, but Spangelo says it is just a horrible idea to use new, experimental, untested chemicals bought at unregulated stores. The long-term effects are unknown, but the high is stronger.

"Even more so than cannabis itself. Even more than marijuana. So JWH-133 is not to be toyed with," he said.

Right now the sale and use of Spice is unregulated. Judge Andrew Puccinelli in Elko is pushing for a ban.

"I think it's going to have to be done on the state level -- state-side level. We're going to have to get it scheduled," he said.

Back at Weedz, despite the closure, the Spice must flow.

"They want the same effects. They still want to be legal," said Eddie Colon.

As the research continues, the laws will change but the demand likely won't stop. Judge Puccinelli has already gone to a number of northern Nevada city councils to try to get local bans going. He has also planned to work with state lawmakers to get a bill draft request working for the upcoming legislature along with the pharmacy board.

It's likely the sale and use of Spice will be illegal in Nevada in a matter of months. It already is in a dozen states.

The cancer research into those chemicals, however, will continue.

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Carolyn J. Cramer

From: Pharmacy Board
Sent: Monday, November 08, 2010 9:10 AM
To: Carolyn J. Cramer
Subject: FW: Spice Laws in Nevada

From: Shelley Faust [faustshelley@yahoo.com]
Sent: Thursday, November 04, 2010 6:57 PM
To: Pharmacy Board
Subject: Fw: Spice Laws in Nevada

----- Forwarded Message -----

From: Shelley Faust <faustshelley@yahoo.com>
To: sferrazzaj@reno.gov
Sent: Thu, November 4, 2010 6:25:24 PM
Subject: Spice Laws in Nevada

I understand the governments' idea of their need to protect our children! Outlawing "Spice" does not protect our children, parents and great parenting protects our children! Do you protect me or my GRANDCHILDREN from drunk driver's!? NO YOU OBVIOUSLY CAN'T! It's proven that people die and are killed, every day, by alcohol and related accidents, are you going call for a emergency ban on Alcohol to protect my GRANDCHILDREN and I from...PLEASE I wish you could! NO, but you are going to call for a ban against "Spice" which has given me the enjoyment and freedom (A law abiding citizen of Reno since 1976) to relax after a long hard shift at work, as I am sure that is why so many adults currently purchase it legally and pay a tax, which by the way I have to unhealthily deal with second hand smoke that makes me literally ill sometimes but I have to do it to make enough money to survive and you don't protect me from that. Now you want to ban the one thing I enjoy...Now you want to just make the criminal element of drugs bigger. No one under 18 gets ID'd to buy drugs! They have to have ID to make an adult choice to buy Spice, WHY ARE YOU TAKING MY CHOICE'S AWAY AND TRYING TO RAISE EVERYONE'S CHILDREN!!! Come on now, see the reality that you will make the drug/criminal world larger! I cant believe how many people you are going to cause to go back to a drug dealer to buy cannabinoids, and I cant believe that all of you still think cannabinoids are more harmful than alcohol! How many people die in this country from alcohol every year?! And how many confirmed cannabinoid deaths?!

Every day I see so many homeless people in this community, everywhere! HOW ABOUT SPENDING TIME AND MONEY TO REALLY HELP THOSE FREEZING HUNGRY FOLK!!! And quit making choices for the rest of the hard working adults in this community. I have tried both, alcohol and spice. Have you? I don't drink alcohol because It is impairing to the point of blackout... I burn spice and I am happy. I was beat up by an alcoholic when he came home drunk, I called 911 on three occasions to save me from being beat to death by my drunken spouse. The dangers of alcohol are death, but our children can get that easier

than spice, again you are seriously making the criminal life bigger and stronger with a ban on spice. You can not protect anyone's curious disgruntled youth, but you will endanger more hard working adults seeking a cannabis high that he will have to find from the street's, and he will find it, why not let it be and collect taxes. Heck even regulate it like alcohol and tobacco to make sure only adults can purchase it. Why can't you do that? Please understand alcohol is so much more dangerous than spice! Alcohol and tobacco have caused me much bad misery in my life...domestic violence victim...death of loved one's...and sickness from second hand smoke...NO ONE HAS EVER KEPT ME SAFE FROM THAT and now you want to take away my one vice!

Please reconsider, the repercussions are going to be worse than the goodness you are trying to achieve! The economic boost could be great for tax income and tourism (Do you think the free alcohol in casino's is a great tourism draw, this remaining legal is along those lines for the "Adult Moralities" people visit RENO for).

PLEASE AGAIN YOU ARE SENDING OUR CHILDREN MORE OUT INTO THE CRIMINAL STREET ELEMENT BY BANNING SPICE, I PROMISE YOU, YOU WILL NOT BE DOING PARENT'S ANY GOOD! Maybe all the kid's will start doing Salvia or sniff some glue, OR EVEN WORSE THEY MIGHT HOOK UP WITH A REAL STREET CRIMINAL TO BUY SOME SPICE! Because you know I am sure any meth cook would be able to cook up some JWH (Spice) real easy to sell for a good price on the streets. YEA that sounds like a fun and safe plan for this community!!!...NOT!!!

Signed,

BUMMED BY THE MAN AND HIS BIG NOSE IN MY BUSINESS!!!

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Smoke Shop Closed After Health Nuisance

POSTED: NOV 04, 2010 3:21 PM PDT

UPDATED: NOV 04, 2010 3:21 PM PDT

LAS VEGAS -- A public health hazard prompted the City of Las Vegas to force a smoke shop to shut down after up to six people were sent to the hospital.

The City Attorney's Office says the Weedz Alternatives store was encouraging customers to smoke incense to get a bigger high than marijuana. They're called names like King Krpyto and Spice and aren't meant for human consumption.

Since Wednesday, signs have been posted outside the business alerting customers of its temporary closure. But it's not because Weedz Alternatives carried the incense on their shelves, it's how the owner was selling it.

"What's been happening is he's offering a water pipe to anybody that wants to come in -- patrons, customers, folks off the street -- saying, 'Hey, come and try this, it's legal, it's way better than marijuana or cannabis,'" said deputy city attorney Dan Still.

The city found out after numerous public nuisance charges were filed against the store. When Las Vegas police and the city investigated, they gave the owners 10 days to stop, but he didn't.

The city says it's likely they did not stop because the incense amounts to about 80 to 85 percent of the store's sales. Four to six customers that inhaled the product were sent to the hospital with symptoms ranging from hallucinations and paranoia to vomiting.

"The effects are so extreme that it presented a serious danger to human health and individuals health as well as ultimately becoming a human health problem," said Dr. Larry Sands with the Southern Nevada Health District.

Hearing the smoke shop hadn't complied, the SNHD enforced an emergency closure of Weedz Alternatives. A special hearing on the matter is set for Tuesday. The city says so far, the store's legal council has been cooperative. But for now, Weedz Alternative will remain closed.

There are other smoke shops in Las Vegas that sell the product, but the city says so far they have only had problems with this store.

The incense is illegal in 13 states and Nevada could be next. A bill that would ban it is ready to be introduced in January's legislative session.

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EXECUTIVE SECRETARY REPORT – OCTOBER 2010

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- i. CE
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E) BOARD RELATED NEWS

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TEMPORARY LICENSES
(Issued since last board meeting)

Walgreens

Willie Bawarski
Joseph Henderson

Renown

Ronald Speizer

Blank

U.S. Department of Health & Human Services Office of Inspector General



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Search Results

Total Records: 1

Results are sorted by last name ONLY - click First Name to sort first names.

<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Business Name</u>	<u>General</u>	<u>Specialty</u>	<u>Exclusion</u>	<u>State</u>	<u>SSN/EIN</u>
AKPAN	ELIJAH	WILLIE		DME COMPANY	OWNER/OPERATOR	1128(a)(1)	NV	Verify

Search conducted 10/19/2010 7:05:40 PM EST on OIG LEIE Exclusions database.

Source data updated on 10/15/2010 10:27:03 AM EST

on the list as of 9-23-10

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Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

OCTOBER 8 & 9, 2010 BOARD MEETING HELD IN LAS VEGAS, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the October 2010 Board meeting.

Licensing Activity:

- 8 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 10 licenses were granted for Out-of-State pharmacies.
- 12 licenses were granted for Out-of-State wholesalers.
- 3 licenses were granted for a Nevada pharmacy (pending inspection).
- 2 licenses were granted for a Nevada MDEG company and 2 tabled pending further information.
- 1 license for an MDEG company was denied for lack of experienced personnel and inaccurate responses on their application.

Disciplinary Action:

- Pharmacist PC was suspended and ordered into PRN-PRN for practicing under the influence of alcohol.
- Pharmaceutical technicians CM and PT were revoked for stealing cash and narcotics respectively from their employing pharmacies.
- Several pharmaceutical technician's in training were granted registration after satisfactorily answering questions regarding past criminal activity.
- Pharmacist TL was put on probation for 1 year with no opportunity to act as a managing pharmacist and ordered to sell his pharmacy for illegally wholesaling drugs.
- Pharmaceutical technician LH was revoked for working unregistered for 205 days.
- Pharmaceutical technician VC was revoked for shredding over 400 prescriptions in an attempt to get her managing pharmacist in trouble with the Board.
- Pharmacist JH was disciplined for two prescription errors.
- Pharmacists HM, MB and SS were both granted amended orders for successful probation activities.

- Pharmacist EA was denied a request to amend his order for revocation secondary to a conviction for Medicaid and Medicare fraud.

Other Activity:

- A presentation was made by Liz MacMenamin and Mark Amodei from the Retail Association of Nevada regarding the Supreme Court's decision on the Sanchez v. Wal Mart case.
- Continuing education compliance was discussed with a directive to Board staff to strengthen discipline for non-compliance.
- The usual Board business reports were given.

Workshop:

- **Amendment of Nevada Administrative Code 639.510 Schedule 1**
Because of noted abuse of un-regulated synthetic cannabinoids resulting in dire circumstances and requests from legislators and the Douglas County District Attorney's Office it is in the public's best interest to schedule as a CI.

Public Hearing:

- **Amendment of Nevada Administrative Code 639.NEW, 639.469, 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.
- **Amendment of Nevada Administrative Code 639.NEW Telepharmacy** This language sets the parameters for a pharmacist or dispensing practitioner to practice from a remote site in rural areas to facilitate the needs of patients in remote areas of Nevada.

NAC 639.7105 Electronic transmission of controlled substance prescription. ([NRS 639.070](#), [639.0745](#)) Except as otherwise provided in [NAC 639.711](#):

1. A prescription for:
 - (a) A controlled substance listed in schedule II must not be transmitted electronically.
 - (b) A dangerous drug or a controlled substance listed in schedule III, IV or V may be transmitted electronically by a practitioner to a pharmacy.
2. A practitioner shall not transmit a prescription electronically to a pharmacy unless:
 - (a) He is the only person who will have access to the prescription until it is received by the pharmacy; **and**
 - (b) The patient:
 - (1) Consents to the transmission of the prescription electronically; and
 - (2) Approves the pharmacy where the prescription will be transmitted; **and**
 - (c) All provisions of 21 CFR 1311, Requirements For Electronic Orders and Prescriptions are complied with.
3. In addition to the requirements set forth in [NRS 639.2353](#) and [639.2589](#), a prescription that is transmitted electronically to a pharmacy must include:
 - (a) The registration number from the Drug Enforcement Administration of the prescribing practitioner if the prescription is for a controlled substance;
 - (b) The telephone number of the practitioner;
 - (c) The time and date of the transmission; and
 - (d) The name of the pharmacy to which the prescription is sent.
4. A pharmacist who receives a prescription that is transmitted electronically shall:
 - (a) Print a copy of the prescription on paper that is of sufficient quality to last for at least 2 years; and
 - (b) Keep a copy of the prescription for at least 2 years after he receives the prescription.
5. A pharmacist shall not dispense a prescription that is transmitted electronically until he determines that the prescription complies with the requirements of state and federal law.
6. A prescription that is transmitted electronically and complies with the provisions of this section shall be deemed an original prescription.

(Added to NAC by Bd. of Pharmacy, eff. 11-14-97; A by R164-01, 12-17-2001)

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**ADDITION OF JWH-018, JWH-073 TO SCHEDULE I
AND SPELLING CORRECTION TO BUTYROLACTONE AND
GAMMA BUTYL LACTONE
(ver. 11/17/2010)**

NAC 453.510 Schedule I. ([NRS 453.146](#), [639.070](#))

1. Schedule I consists of the drugs and other substances listed in this section by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including, without limitation, their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidinyl]-N-phenylacetamide);
Acetylmethadol;
Allylprodine;
Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alpha-acetylmethadol, levomethadyl acetate or "LAAM");
Alphameprodine;
Alphamethadol;
Alphamethylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl] propionanilide;
1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);
Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide);
Benzethidine;
Betacetylmethadol;
Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidinyl]-N-phenylpropanamide);
Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-piperidinyl]-N-phenylpropanamide);
Betameprodine;
Betamethadol;
Betaprodine;
Clonitazene;
Dextromoramide;
Diampromide;
Diethylthiambutene;
Difenoxin;
Dimenoxadol;
Dimepheptanol;
Dimethylthiambutene;
Dioxaphetyl butyrate;
Dipipanone;

Ethylmethylthiambutene;
Etonitazene;
Etoxeridine;
Furethidine;
Hydroxypethidine;
Ketobemidone;
Levomoramide;
Levophenacymorphan;
3-Methylfentanyl (N-[3-methyl-1-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide);
3-Methylthiofentanyl (N-[(3-methyl-1-(2-thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide);
Morpheridine;
MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);
Noracymethadol;
Norlevorphanol;
Normethadone;
Norpipanone;
Para-fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]propanamide);
PEPAP (1-(2-phenethyl)-4-phenyl-4-acetoxypiperidine);
Phenadoxone;
Phenampromide;
Phenomorphane;
Phenoperidine;
Piritramide;
Proheptazine;
Properidine;
Propiram;
Racemoramide;
Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide);
Tilidine; or
Trimeperidine.

3. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Acetorphine;
Acetyldihydrocodeine;
Benzylmorphine;
Codeine methylbromide;
Codeine-N-Oxide;
Cyprenorphine;
Desomorphine;
Dihydromorphine;
Drotebanol;

Etorphine (except hydrochloride salt);
Heroin;
Hydromorphenol;
Methyldesorphine;
Methyldihydromorphine;
Morphine methylbromide;
Morphine methylsulfonate;
Morphine-N-Oxide;
Myrophine;
Nicocodeine;
Nicomorphine;
Normorphine;
Pholcodine; or
Thebacon.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following hallucinogenic substances, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Alpha-ethyltryptamine (some trade or other names: ET, Trip);

Alpha-methyltryptamine (some trade or other names: AMT);

1,4-Butanediol (some trade or other names: 1,4-butyleneglycol, dihydroxybutane, tetramethylene glycol, butane 1,4-diol, SomatoPro, Soma Solutions, Zen);

4-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA);

4-bromo-2,5-dimethoxyphenethylamine (some trade or other names: Nexus, 2C-B);

2,5-dimethoxyamphetamine (some trade or other names: 2,5-dimethoxy-alpha-methylphenethylamine; 2,5-DMA);

2,5-dimethoxy-4-ethylamphet-amine (some trade or other names: DOET);

2,5-dimethoxy-4-(n)-propylthiophenethylamine (some trade or other names: 2C-T-7);

JWH-018: 1-pentyl-3-(1-naphthoyl)indole, also known as Naphthalen-1-yl-(1-pentylindol-3-yl)methanone;

JWH-073: 1-butyl-3-(1-naphthoyl)indole, also known as Naphthalen-1-yl-(1-butylindol-3-yl)methanone;

4-methoxyamphetamine (some trade or other names: 4-methoxy-alpha-methylphenethylamine; para-methoxyamphetamine; PMA);

5-methoxy-3,4-methylenedioxyamphetamine;

5-methoxy-N, N-diisopropyltryptamine (some trade or other names: 5-meO-DIPT);

4-methyl-2,5-dimethoxyamphetamine (some trade or other names: 4-methyl-2,5-dimethoxy-alpha-methylphenethylamine; "DOM"; "STP");

3,4-methylenedioxyamphetamine;

3,4-methylenedioxymethamphetamine (MDMA);

3,4-methylenedioxy-N-ethylamphetamine (commonly referred to as N-ethyl-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-ethyl MDA, MDE, MDEA);

N-hydroxy-3,4-methylenedioxyamphetamine (commonly referred to as N-hydroxy-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-hydroxy MDA);

3,4,5-trimethoxyamphetamine;

Bufotenine (some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethyl-aminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-dimethyltryptamine; mappine);

Diethyltryptamine (some trade or other names: DET; N,N-Diethyltryptamine);

Dimethyltryptamine (some trade or other names: DMT);

Gamma [~~butyrolactone~~] ***butyrolactone*** (some trade or other names: GBL, Gamma Butyrolactone, 4-butyrolactone, dihydro-2(3H)-furanone, tetrahydro-2-furanone, Gamma G, GH Gold);

Gamma hydroxybutyrate (some trade or other names: GHB);

Ibogaine (some trade or other names: 7-ethyl-6, 6 beta, 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; *Tabernanthe iboga*);

Lysergic acid diethylamide;

Marijuana;

Mescaline;

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; Synhexyl);

Peyote (meaning all parts of the plant presently classified botanically as *Lophophora williamsii* Lemaire, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts);

N-benzylpiperazine (some trade or other names: BZP, 1-benzylpiperazine);

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

Psilocyn;

Tetrahydrocannabinols (synthetic equivalents of the substances contained in the plant, or in the resinous extractives of *Cannabis*, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:

Delta 1 cis or trans tetrahydrocannabinol, and their optical isomers,

Delta 6 cis or trans tetrahydrocannabinol, and their optical isomers,

Delta 3, 4 cis or trans tetrahydrocannabinol, and its optical isomers;

since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl) ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine; PCPy; PHP);

1-(1-(2-thienyl)-cyclohexyl)-pyrrolidine (some trade or other names: TCPy); or

Thiophene analog of phencyclidine (some trade or other names: 1-(1-(2-thienyl)-cyclohexyl)-piperidine; 2-thienyl analog of phencyclidine; TPCP; TCP).

For the purposes of this subsection, "isomer" includes, without limitation, the optical, position or geometric isomer.

5. All parts of the plant presently classified botanically as *Datura*, whether growing or not, the seeds thereof, any extract from any part of such plant or plants, and every compound, manufacture, salt derivative, mixture or preparation of such plant or plants, its seeds or extracts,

unless substances consistent with those found in such plants are present in formulations that the Food and Drug Administration of the United States Department of Health and Human Services has approved for distribution.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of phencyclidine, mecloqualone or methaqualone having a depressant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.

7. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers:

Aminorex;

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; alpha-aminopropiophenone; 2-aminopropiophenone; norephedrone);

Fenethylamine;

Methamphetamine;

Methcathinone (some trade or other names: N-Methylcathinone, cat);

(±)cis-4-methylaminorex ((+)cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazoline);

N,N-dimethylamphetamine (commonly referred to as N,N-alpha-trimethylbenzeneethanamine; N,N-alpha-trimethylphenethylamine); or

N-ethylamphetamine.

8. Unless specifically listed in another schedule, coca leaves, cocaine base or free base, or a salt, compound, derivative, isomer or preparation thereof which is chemically equivalent or identical to such substances, and any quantity of material, compound, mixture or preparation which contains coca leaves, cocaine base or cocaine free base or its isomers or any of the salts of cocaine, except decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

(Added to NAC by Bd. of Pharmacy, eff. 6-25-82; A 10-26-83; 9-29-87; 8-10-89; 9-11-91; 7-1-92; 1-10-94; R024-98, 4-17-98; R110-00, 10-25-2000; R001-01, 11-1-2001; R121-04, 8-25-2004; R181-07, 4-17-2008)

ADDITION OF LISDEXAMFETAMINE AND TAPENTADOL TO SCHEDULE II (ver. 11/17/2010)

NAC 453.520 Schedule II. ([NRS 453.146](#), [639.070](#))

1. Schedule II consists of the drugs listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following substances, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by combination of extraction and chemical synthesis, is hereby enumerated in schedule II:

(a) Opium and opiate, and any salt, compound, derivative or preparation of opium or opiate, excluding apomorphine, thebaine-derived butorphanol, dextrophan, nalbuphine, nalmefene, naloxone and naltrexone, and their respective salts, but including:

- Codeine;
- Diprenorphine;
- Ethylmorphine;
- Etorphine hydrochloride;
- Granulated opium;
- Hydrocodone;
- Hydromorphone;
- Metopon;
- Morphine;
- Opium extracts;
- Opium fluid;
- Powdered opium;
- Raw opium;
- Oxycodone;
- Oxymorphone;
- Thebaine; and
- Tincture of opium.

(b) Any salt, compound, isomer, derivative or preparation thereof which is chemically equivalent or identical with any of the substances referred to in paragraph (a) if they do not include the isoquinoline alkaloids of opium.

(c) Opium poppy and poppy straw.

(d) Cocaine hydrochloride salt prepared by a registered chemical or pharmaceutical manufacturer of the Drug Enforcement Administration of the Department of Justice which is properly labeled, including lot numbers, and is available for medicinal purposes through a distribution system approved by the Drug Enforcement Administration.

(e) Benzoylcegonine or ecgonine.

(f) Concentrate of poppy straw (meaning the crude extract of poppy straw in either liquid, solid or powder form and containing the phenanthrene alkaloids of the opium poppy).

3. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation (dextrophan and levopropoxyphene excepted), are hereby enumerated on schedule II:

Alfentanil;
Alphaprodine;
Anileridine;
Bezitramide;
Bulk dextropropoxyphene (in nondosage forms);
Carfentanil;
Dihydrocodeine;
Diphenoxylate;
Fentanyl;
Isomethadone;
Levo-alpha-acetylmethadol (some trade or other names: levo-alpha-acetylmethadol;
levomethadyl acetate; LAAM);
Levomethorphan;
Levorphanol;
Metazocine;
Methadone;
Methadone-Intermediate, 4-cyano-2-dimethylamino-4, 4-diphenylbutane;
Moramide-Intermediate, 2-methyl-3-morpholino-1, 1-diphenylpropane-carboxylic acid;
Pethidine (meperidine);
Pethidine-Intermediate-A, 4-cyano-1-methyl-4-phenylpiperidine;
Pethidine-Intermediate-B, ethyl-4-phenylpiperidine-4-carboxylate;
Pethidine-Intermediate-C, 1-methyl-4-phenylpiperidine-4-carboxylic acid;
Phenazocine;
Piminodine;
Racemethorphan;
Racemorphan;
Ramifentanil; or
Sufentanil ~~f/2~~;
Tapentadol.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system is hereby enumerated on schedule II:

(a) Amphetamine, its salts, optical isomers and salts of optical isomers;

(b) Phenmetrazine and its salts;

(c) Unless specifically excepted, any preparation which contains any quantity of methamphetamine, including its salts, isomers and salts of isomers, prepared by a registered chemical or pharmaceutical manufacturer of the Drug Enforcement Administration of the Department of Justice, which is properly labeled, including lot numbers, and is available for

medicinal purposes through a distribution system approved by the Drug Enforcement Administration; ~~or~~

(d) Methylphenidate ~~or~~

(e) Lisdexamfetamine.

5. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation, is hereby enumerated on schedule II:

Amobarbital;
Glutethimide;
Pentobarbital; or
Secobarbital.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances is hereby enumerated on schedule II:

(a) Immediate precursors to phencyclidine (PCP):

1-Phenylcyclohexylamine; or
1-piperidinocyclohexanecarbonitrile (PCC).

(b) Immediate precursors to amphetamine and methamphetamine:

Phenylacetone (some trade or other names: phenyl-2-propanone; P2P; benzyl methyl ketone; methyl benzyl ketone).

7. Any material, compound, mixture or preparation which contains any quantity of Nabilone (commonly referred to as: (+)-trans-3-(1,1-dimethylheptyl)-6, 6a, 7,8,10,10a-hexahydro-1-hydroxy-6,6-dimethyl-9H- dibenzol[b,d]pyran-9-one) is hereby enumerated on schedule II.

(Added to NAC by Bd. of Pharmacy, eff. 6-25-83; A 10-26-83; 1-15-87; 9-29-87; 8-10-89; 9-11-91; 7-1-92; 1-10-94; R153-99, 3-1-2000; R002-01, 11-1-2001)

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SCHEDULE IV CORRECT SPELLING OF SIBUTRAMINE
(VER. 11/17/2010)

NAC 453.540 Schedule IV. ([NRS 453.146](#), [639.070](#))

1. Schedule IV consists of the drugs and other substances listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation containing any of the following narcotic drugs, including, without limitation, their salts, calculated as the free anhydrous base of alkaloid, is hereby enumerated on schedule IV, in quantities:

(a) Not more than 1 milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit; or

(b) Dextropropoxyphene (alpha-(+)-4-dimethylamino-1,2-diphenyl-3-methyl-2-propionoxybutane).

3. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances, including, without limitation, their salts, isomers and salts of isomers, is hereby enumerated on schedule IV, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Alprazolam;
Barbital;
Bromazepam;
Butorphanol;
Camazepam;
Carisoprodol;
Chloral betaine;
Chloral hydrate;
Chlordiazepoxide;
Clobazam;
Clonazepam;
Clorazepate;
Clotiazepam;
Cloxazolam;
Delorazepam;
Diazepam;
Dichloralphenazone;
Estazolam;
Ethchlorvynol;
Ethinamate;
Ethyl loflazepate;
Fludiazepam;
Flunitrazepam;
Flurazepam;
Halazepam;
Haloxazolam;

Ketazolam;
Loprazolam;
Lorazepam;
Lormetazepam;
Mebutamate;
Medazepam;
Meprobamate;
Methohexital;
Methylphenobarbital (mephobarbital);
Midazolam;
Nimetazepam;
Nitrazepam;
Nordiazepam;
Oxazepam;
Oxazolam;
Paraldehyde;
Petrichloral;
Phenobarbital;
Pinazepam;
Prazepam;
Quazepam;
Temazepam;
Tetrazepam;
Triazolam;
Zaleplon;
Zolpidem; or
Zopiclone.

4. Any material, compound, mixture or preparation which contains any quantity of fenfluramine, including, without limitation, its salts, isomers and salts of such isomers, whenever the existence of such salts, isomers and salts of isomers is possible, is hereby enumerated on schedule IV. For the purposes of this subsection, "isomer" includes, without limitation, the optical, position or geometric isomer.

5. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, is hereby enumerated on schedule IV:

Cathine ((+)-norpseudoephedrine);
Diethylpropion;
Fencamfamin;
Fenproporex;
Mazindol;
Mefenorex;
Modafinil;
Pemoline (including organometallic complexes and chelates thereof);

Phentermine;
Pipradrol;
~~{Siputramine}~~ Sibutramine; or
SPA ((-)-dimethylamino-1,2-diphenylethane).

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of pentazocine, including, without limitation, its salts, is hereby enumerated on schedule IV.

(Added to NAC by Bd. of Pharmacy, eff. 6-25-82; A 10-26-83; 9-11-91; 1-10-94; R025-98, 4-17-9

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**ADDITION OF LACOSAMIDE
TO SCHEDULE V
(ver. 11/17/2010)**

Sec. 2. NAC 453.550 is hereby amended to read as follows:

453.550 1. Schedule V consists of the drugs and other substances listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. ~~[Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation containing buprenorphine, including its salts.~~

3.] Any compound, mixture or preparation containing any of the following narcotic drugs or their salts calculated as the free anhydrous base alkaloid, containing one or more nonnarcotic active medicinal ingredients in sufficient proportion to confer upon the compound, mixture or preparation valuable medicinal qualities other than those possessed by the narcotic drug alone, in quantities:

- (a) Not more than 200 milligrams of codeine per 100 milliliters or per 100 grams;
- (b) Not more than 100 milligrams of dihydrocodeine per 100 milliliters or per 100 grams;
- (c) Not more than 100 milligrams of ethylmorphine per 100 milliliters or per 100 grams;
- (d) Not more than 2.5 milligrams of diphenoxylate and not less than 25 micrograms of atropine sulfate per dosage unit;
- (e) Not more than 100 milligrams of opium per 100 milliliters or per 100 grams; or
- (f) Not more than 0.5 milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit.

[4.] 3. Unless specifically excepted or excluded or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of pyrovalerone having a stimulant effect on the central nervous system, including their salts, isomers and salts of isomers.

[5.] 4. Unless specifically excepted or excluded or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of pregabalin having a depressant effect on the central nervous system, including their salts, isomers and salts of isomers.

5. Lacosamide.

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**PROPOSED REGULATION OF
THE STATE BOARD OF PHARMACY
LCB File No. R128-10**

December 2, 2010

EXPLANATION – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.
Matter in *underlined italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted..

AUTHORITY: §§1, 3 and 4, NRS 639.070; §2, NRS 639.070, 639.071 and 639.072.

A REGULATION relating to pharmacy; authorizing the prescription department of a pharmacy
To have a freezer that is used to store medicine; establishing procedures concerning
refrigerators and freezers used in pharmacies to store medicine; prohibiting the storage of
any food or beverage in certain freezers used to store medicine in the prescription
department of a pharmacy; and providing other matters properly relating thereto.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto a new section to read
as follows:

1. The managing pharmacist of a pharmacy shall ensure that ~~fa record is made which documents, at least twice daily, the temperature in~~ there is a programmable temperature monitor with an alarm to store or display an alert when the temperature rises or falls outside the acceptable temperature range for:

(a) A refrigerator that is used to store medicine in the prescription department of a pharmacy;

(b) The freezer section of such a refrigerator if the freezer section is used to store medicine; and

(c) A freezer that is used to store medicine in the prescription department of a pharmacy.

2. The temperature in a refrigerator described in subsection 1 must be maintained between 36 degrees Fahrenheit and 46 degrees Fahrenheit.

3. The temperature in:

(a) A freezer section described in subsection 1 must be maintained below 32 degrees Fahrenheit; and

(b) A freezer described in subsection 1 must be maintained below 32 degrees Fahrenheit.

4. If the temperature in a refrigerator, freezer section of a refrigerator, or freezer is outside of the range required by subsection 2 or 3, respectively:

(a) The person who ~~[documented]~~ discovers the reading which is outside the range required by subsection 2 or 3 shall ~~[initial the]~~ create a record ~~[made pursuant to subsection 1]~~ documenting the alarm and inform the managing pharmacist of the temperature in the refrigerator, freezer section of the refrigerator, or freezer;

(b) The managing pharmacist shall ensure that action is taken to correct the temperature in the refrigerator, freezer section of the refrigerator, or freezer and, after verifying that such corrective action has been taken, shall initial the record made pursuant to subsection 1; and

(c) A pharmacist shall inspect the contents of the refrigerator, freezer section of the refrigerator, or freezer, as applicable, to determine whether the contents of the refrigerator, freezer section of the refrigerator, or freezer are safe to keep or should be discarded. If the pharmacist determines that those contents must be discarded, the pharmacist shall ensure that the contents are discarded.

5. The refrigerator or freezer must have a programmable temperature monitor with alarm to store an alert when the temperature rises or falls outside the acceptable temperature range for the refrigerator or freezer.

Sec. 2. NAC 639.469 is hereby amended to read as follows:

639.469 1. A pharmacy shall have adequate space necessary for the storage, compounding, labeling, dispensing, distribution and sterile preparation of drugs prepared in the pharmacy.

2. The pharmacy must be kept clean and arranged in an orderly manner. All required equipment must be clean and in good operating condition.

3. A sink with hot and cold running water must be available to all personnel of the pharmacy and must be maintained in a sanitary condition at all times.

4. The pharmacy must be well lighted and ventilated.

5. The temperature of the pharmacy must be maintained within a range compatible with the proper storage of drugs. The temperature of the refrigerator must be maintained within **[a range compatible with the proper storage of drugs requiring refrigeration.]** *the range set forth in subsection 2 of section 1 of this regulation.*

6. The pharmacy must have a locked storage area for controlled substances listed in schedule II and other controlled substances requiring additional security.

7. Flammable materials must be stored in a designated area. The area must meet the requirements of local and state fire laws.

Sec. 3. NAC 639.525 is hereby amended to read as follows:

639.525 **1.** The prescription department in each licensed pharmacy must contain the following minimum work area and equipment for the compounding and dispensing of drugs:

[1.] (a) A prescription counter on which to work, with a free working surface of not less than 3 feet in width and 2 feet in depth for each person who is compounding or dispensing drugs within the prescription department, including, without limitation, each registered pharmacist and pharmaceutical technician who is compounding or dispensing drugs within the prescription

department. This working surface must be reserved for and restricted solely to the compounding and dispensing of drugs.

[2.] (b) A free floor space behind the prescription counter that is not less than 8 feet in length and 4 feet in width.

[3.] (c) A refrigerator that is equipped with a thermometer to ensure proper control of temperature, a sink that is suitable for cleaning the required pharmaceutical equipment and is supplied with hot and cold running water, soap and detergent, and a clean and sanitary disposal container for wastes.

[4.] (d) If the pharmacy compounds prescriptions that require the measurement of weight, scales and balances for medium and light weighing, at least one of which must be sensitive to 1/2 grain, with weights, including, without limitation, apothecary and avoirdupois, from 1/2 grain to 4 ounces and from 0.02 gm to 100 gm.

~~[5.] (e) If the pharmacy prepares sterile products, a laminar airflow hood that is certified at least annually.]~~

[6.] ~~(f)~~(e) Capsule and tablet counters and other devices and equipment necessary to compound and dispense drugs.

[7.] ~~(g)~~(f) A facsimile machine that:

[(a)] (1) Uses paper of such quality; and

[(b)] (2) Prints in such a manner,

that documents printed by the machine are usable and readable for at least 2 years. As used in this [subsection,] paragraph, “facsimile machine” includes, without limitation, a computer that has a facsimile modem through which documents can be sent and received.

2. In addition to the requirements of subsection 1, the prescription department in a

licensed pharmacy may contain a freezer that is used to store medicine.

Sec. 4. NAC 639.528 is hereby amended to read as follows:

639.528 1. Food for consumption by the public must not be prepared in the prescription department of a pharmacy.

2. A pharmacist or a member of the staff of a pharmacy may prepare food in the prescription department of the pharmacy if the food is for his or her own personal consumption.

3. No food or beverage may be stored in **[a]** :

(a) A refrigerator that is used to store medicine in the prescription department of a pharmacy **[.]** ;

(b) The freezer section of such a refrigerator if the freezer section is used to store medicine; or

(c) A freezer that is used to store medicine in the prescription department of a pharmacy.

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Las Vegas Sun

Senators question drug safety after proposed regulation withdrawn

By **Cy Ryan (contact)**

Monday, Oct. 18, 2010 | 11:03 a.m.

CARSON CITY Two Nevada state senators from Clark County aren't happy that the state Board of Pharmacy has scuttled a proposed regulation to tighten the storage of prescription drugs.

Sen. Maggie Carlton, D-Las Vegas, has expressed concern about the safety of the flu vaccine being shipped into the Las Vegas area. Senate Majority Leader Steven Horsford, D-Las Vegas, is wondering why the pharmacy board backedpeddled on the proposed regulation.

They expressed their concerns Friday at a meeting of the Legislative Committee on Regulations.

The regulation, adopted by the pharmacy board, required that a refrigerator must be kept at a temperature of 36-46 degrees when storing drugs. And a freezer where drugs are stored must be maintained at below 32 degrees.

If the temperature rises above those levels, the pharmacist must determine if these prescription drugs should be discarded. But the pharmacy board withdrew the regulation before it could be considered and approved by the legislative committee.

Larry Pinson, executive director of the pharmacy board, told the legislative committee that current regulations are adequate and the industry opposed the regulation. He said his inspectors are checking for the safe handling of prescription drugs.

"I think the public is being fully protected," Pinson said.

Horsford said there are no specifics in the current regulations as to what the storage temperature should be. The regulation now says the temperature of the refrigerator must be maintained within a range compatible with the proper storage of drugs requiring refrigeration.

Horsford told Pinson if there is no clear guideline, the public's health is at risk.

Horsford questioned Pinson on why the pharmacy board had initially approved the regulation and then withdrew it. Pinson said because of concern by the industry.

A bill is expected to be introduced in the 2011 Legislature to clearly set temperature limits. Pinson said he will take the concerns of the lawmakers back to the board and the issue will be discussed at its next meeting.

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Temperature Monitor with Alarm

Model #12213

Item #A58G0113

Operating and Safety Instructions



- READ ALL INSTRUCTIONS BEFORE USE -


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IMPORTANT SAFEGUARDS

Definitions

Whenever used, the following terms identify safety and property damage messages and designate a level of hazard seriousness.

 - This is the safety alert symbol. It alerts you to potential personal injury hazards. Obey all safety messages that follow this symbol to avoid possible injury or death.

WARNING - Indicates a potentially hazardous situation, which, if not avoided, could result in death or serious injury.

CAUTION - Indicates a potentially hazardous situation, which, if not avoided, may result in minor/moderate injury.

NOTICE - Addresses practices not related to personal injury, such as product and/or property damage.



READ ALL INSTRUCTIONS BEFORE USE.



CAUTION-- To reduce the risk of personal injury or product/property damage:

- This device is intended solely for use in measuring temperatures of refrigerated spaces. Do not use the product for any other purpose.
- Keep the Receiver out of the reach of children and pets. This product is not intended for operation by children.
- Do not use attachments not designed specifically for this unit.

Battery Handling and Usage:



WARNING-- To reduce the risk of serious personal injury:

- Keep batteries away from children. Only adults should handle batteries.
- Follow the battery manufacturer's safety and usage instructions.
- Never throw batteries into a fire. Dispose or recycle spent/discharged batteries in compliance with all applicable laws.



CAUTION-- To reduce the risk of personal injury:

- Always use the size and type of battery indicated.
- Do not mix a used battery with a new battery, or mix alkaline, standard (carbon-zinc), or rechargeable (nickel-cadmium) batteries.
- Insert the battery observing the proper polarity (+/-) as indicated.

NOTICE-- To reduce the risk of product and/or property damage:

- Clean the battery contacts and those of the device prior to installation.
- Remove spent or discharged batteries from the product.

- Remove the battery when not using the product for an extended period.

IMPORTANT INFORMATION REQUIRED BY THE FCC

This device complies with Part 15 of the FCC Rules. Operation is subject to the following two conditions: (1) this device may not cause harmful interference; and (2) this device must accept any interference received, including interference that may cause undesirable operation.

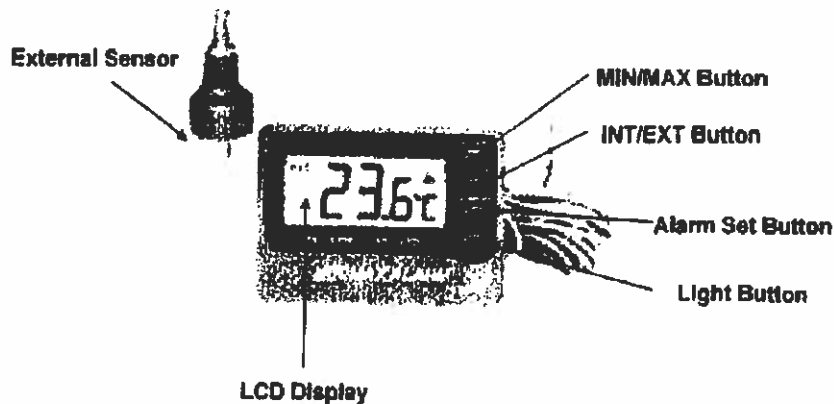
NOTE: This equipment has been tested and found to comply with the limits for a Class B digital device, pursuant to Part 15 of the FCC Rules. These limits are designed to provide reasonable protection against harmful interference in a residential installation. This equipment generates, uses, and can radiate radio frequency energy, and if not installed and used in accordance with the instructions, may cause harmful interference to radio communications. However, there is no guarantee that interference will not occur in a particular installation. If this equipment does cause harmful interference to radio or television reception, which can be determined by turning the equipment off and on, the user is encouraged to try to correct the interference by one or more of the following measures:

- Reorient or relocate the receiving antenna.
- Increase the separation between the equipment and receiver.
- Connect the equipment into an outlet on a circuit different from that to which the receiver is connected.
- Consult the dealer or an experienced radio/TV technician for help.

NOTICE: Changes or modifications not expressly approved by the party responsible for compliance could void the user's authority to operate the equipment.

SAVE THESE INSTRUCTIONS FOR FUTURE REFERENCE

Parts and Controls



Features

- Fast response stainless steel thermistor sensor on a 10-ft (3m) cord and sealed in a propylene glycol cylinder
- Internal sensor for monitoring air temperature
- Min/Max memory for storing the lowest/highest temperature reading for the internal or the external sensor
- Audible alarm for out-of-range temperatures measured by the external sensor
- Selectable temperature scale ($^{\circ}\text{C}/^{\circ}\text{F}$)

To Use

NOTE: Before use, remove and discard the clear plastic protective sheet from the LCD Display.

This thermometer features an enclosed temperature-buffered sensor to ensure that measurements are not affected by rapid temperature fluctuations, such as those caused by refrigerator/freezer door opening. It also mimics temperature readings in a medium similar to common fluids stored in laboratory refrigerators and freezers.

Switching between Fahrenheit and Celsius:

To change the temperature display scale from Fahrenheit ($^{\circ}\text{F}$) to Celsius ($^{\circ}\text{C}$) and back, press the $^{\circ}\text{C}/^{\circ}\text{F}$ Button.

Setting the Temperature Alarms:

Before use, you will need to set the high and low alarm temperatures for which you would like the monitor to alarm. When the temperature rises or falls out of the set range, the Monitor will sound an alarm, alerting you to take appropriate action.

1. Press and hold the ALARM SET button; the HIGH/OUT display will flash.
2. Press the °C/°F Button to set the desired high alarm limit. Press and hold the °C/°F Button to advance the value rapidly. Values will increase by 1.8°F (or 1°C) at a time.
3. Press the ALARM SET Button again; the LOW/OUT display will flash.
4. Press the °C/°F Button to set the desired low alarm limit. Press and hold the °C/°F Button to advance the value rapidly.
5. Press the ALARM SET Button to confirm and exit.

If the temperature measurement rises above or falls below the set temperature range, the Alarm will sound five sets of four beeps. To silence the alarm, press any Button.

NOTES:

- The temperature alarm adjustment range is -58° – 158°F (-50° – 70°C).
- Alarm temperatures will need to be reprogrammed the after replacing the battery.

Care and Maintenance

- Do not disassemble the product, as product damage may result.
- Store the product where it will not be exposed to direct sunlight, dust, or high humidity.
- Do not wash or expose the product to water or other liquids.
- Clean the product by wiping with a soft, dry cloth.
- Never use volatile or abrasive liquids or cleaners to clean the product.
- Do not drop the product or subject it to sudden shock or impact.

Specifications

Power Supply	One AAA battery (1.5V)
Weight	
Temperature Operating Range	Internal Sensor: 14°F – 122°F (-10°C – 50°C) External Probe: -13°F – 104°F (-25°C – 40°C)
Data Transmission Rate	Every 10 seconds
Alarm Ranges	-58° – 158°F (-50° – 70°C)
Temperature Resolution	0.1°F/0.1°C
Temperature Increments	Internal Sensor: ±1.8F (1°C) External Sensor: ±1°F (0.5°C) from -13°F to 104°F (-25°C – 40°C), otherwise 1.8°F (1°C)

LIMITED WARRANTY

This item is warranted to be free from defects in materials or workmanship for a period of one year from the original date of purchase under normal conditions of intended use. Within the warranty period, we will repair/replace the product or refund your money, at our option, upon presentation of sales receipt or other proof of purchase. This warranty extends only to the original purchaser, and excludes any damage to the product resulting from accident or misuse.

The above warranty is complete and exclusive. The warrantor expressly disclaims liability for any special, incidental, indirect, or consequential damages in connection with the purchase or use of this product or costs over the original purchase price.

Any implied warranties arising by operation of law shall be limited in duration to the term of this warranty.

This warranty gives you specific legal rights and you may have other rights, which vary by jurisdiction. This warranty is valid only within the United States of America (USA).

Item #A58G0113
Model #12213


Version: 0609

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For product information, questions, or customer service, send an e-mail to info@product-info.us or call toll free 1-800-645-3867.

ThermoWorks, Inc.

Ph: 801 756-7705 Fax: 801 756-8948
165 North 1330 West #A1
Orem, UT 84057

REPORT OF CALIBRATION

Model Name: Digital Fridge/Freezer Thermometer (RT8100)
Range: -40° to 158°F (-40° to 70°C)

Submitted by:
Smiths Food & Drug
Salt Lake City, UT, U.S.A.

The Digital Indicator listed above was calibrated by comparison to the laboratory reference standards listed below. The UUT was found to be in tolerance. The pertinent data is shown in the table below. This calibration is traceable to NIST or natural physical constants and is in compliance with ANSI/NCSL Z540-1.

Sensor 1 (T1*)

ACTUAL VALUE	UUT VALUE	UUT ERROR	UUT SPECIFICATION
38.0 °F	37.9 °F	-0.1 °F	±1.8 °F (± 1.0 °C)

Sensor 2 (T2***)

ACTUAL VALUE	UUT VALUE	UUT ERROR	UUT SPECIFICATION
-15.0 °F	-15.5 °F	0.5 °F	±1.0 °C (± 1.8 °F)

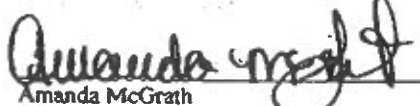
STANDARDS USED

ID Number	Manufacturer	Model Number	Description	Due Date
69091 / 62016 566458 570014	Hart Scientific Hart Scientific Hart Scientific	1560 / 2560 5612-B 5614	Precision Digital Readout Precision RTD Probe Precision RTD Probe	05/15/2010 12/01/2009 12/01/2009

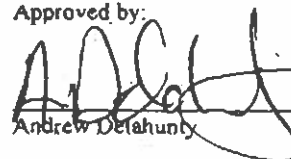
Laboratory Environment

Temperature: 77.13
Humidity: 18.4 %
Procedure Number: L001
Calibration Date: 10/29/2009
Calibration Due: 10/29/2010
PO Number: NA

Calibration Performed by:


Amanda McGrath

Approved by:


Andrew Delahunty

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Instrument Operation

The left display (indicated by the T1 and °) shows the current temperature of the refrigerator. The right display (indicated by the T2 and °) shows the current temperature of the freezer.

The RT8100 includes a duration counter that records the length of time that one or both of the temperature inputs has been in an alarm condition. After 30 minutes in an alarm condition, the duration of alarm counter can be displayed by selecting MIN/MAX. The total time since the beginning of the alarm condition will be shown. When viewing the duration counter the Max reading and counter are displayed for each temperature sensor.

If the temperature exceeds the alarm limits for less than 30 minutes and returns to normal, the duration counter is not enabled, however, max and min are recorded. A minimum of 30 minutes is required before the duration counter is enabled and viewable. After 30 minutes in alarm condition, the duration counter continues to record the duration time regardless of whether the alarm condition continues.

Setup and Installation

1. Open the battery cover and install the batteries observing the correct polarity. Replace the battery cover.
2. Select the desired temperature unit (°F or °C) using the slide switch on the back.
3. Fully extend the probe wires.
4. Attach the thermometer to a suitable place outside the fridge/freezer using the magnets on the back or the flip out hook stand.
5. Clean the surfaces inside the fridge/freezer where the probes will be attached.
6. Press the suction cup with the probe marked "T1" firmly against the cleaned position inside the refrigerator.
7. Press the suction cup with the probe marked "T2" firmly against the cleaned position inside the freezer.
8. Peel the clear protective sheet from the display.

Maximum/Minimum

1. Press MAX/MIN once to display the minimum and maximum readings of the refrigerator (indicated by T1 and °).
2. Press MAX/MIN again to display the minimum and maximum readings of the freezer (indicated by T2 and °).
3. The display will return to normal if MAX/MIN is pressed again or if no buttons are pressed for at least five seconds.

To Reset the Maximum/Minimum

1. While displaying a maximum/minimum reading, press RESET to reset the memory to the current reading.
2. Reset the memories before taking new maximum and minimum readings.

To Program the Alarm Limits

1. Press and hold SET for about three seconds to enter the alarm limit setting mode. The high HI limit value for the fridge will begin flashing.
2. Press \uparrow to set the desired value.
3. Press SET to confirm the input value. The LO limit value of the fridge will begin flashing.
4. Press \uparrow to set the desired value.
5. Press SET to confirm the input value. The HI limit value of the freezer will begin flashing.
6. Press \uparrow to set the desired value.
7. Press SET to confirm the input value. The LO limit value of the freezer will begin flashing.
8. Press \uparrow to set the desired value.
9. Press SET to confirm the input value and return to normal display.

Holding down \uparrow will increase and recycle the value automatically.

To Set Alarm/Duration Counter


1. Press Δ/∇ to select either the light alarm or both the light and buzzer alarm indicators. The visual LED alarm is switched off by selecting OFF.

2. If the reading is outside the alarm limit, then the temperature display, the Δ symbol, and the red light will all flash. The buzzer will also sound if it has been selected.
3. Pressing any button will stop the buzzer sounding. However, the temperature display, the Δ symbol, and the red light will continue to flash until the temperature is brought to within the alarm limit.
4. If the alarm period extends beyond 30 minutes, the thermometer will begin to count the alarm time including those 30 minutes. The temperature display, the Δ symbol, and the red light will stop flashing even if the reading is out of the alarm limit.
5. To view the alarm duration time after the first 30 minutes, press the Δ button. The left display will show the maximum measured value and the right display will show the alarm duration time from the beginning of the alarm condition.

To Clear Alarm Duration Indication

1. Press OFF to disable the alarm function.
2. Press the Δ button to view the maximum temperature and duration time if recorded.
3. Press RESET to clear the alarm time.
4. Repeat for freezer (T2 and °).

Batteries

If the low battery symbol  appears, replace with new batteries. If the thermometer will not be used for a long period of time, remove the batteries to avoid battery leakage. If either of the probes is not in use, ignore the related display reading.

Specifications

Measuring Range	-40 to 158°F / -40 to 70°C
Display Accuracy	$\pm 1.8^\circ\text{F} / 1^\circ\text{C}$
Display Resolution	0.1°
Default Alarm Limits	Fridge alarm on if reading is outside the range of 32 to 46.4°F / 0 to 8°C Freezer alarm on if reading is higher than -0.4°F / -18°C
Display Reading Update	10 seconds
Program Alarm Resolution	0.1°
Alarm Duration Counter	99 hours and 59 minutes (start to after 30 minutes)
Battery	1.5 volt type AAA or equivalent x 2 pieces (included)
Probe Cord Length	39.4 inches / 1,000 mm
Display Size	3.5 (W) x 0.63 (H) inches 90 (W) x 16 (H) mm
Product Size	5.3 (W) x 1.77 (H) x 0.9 (D) inches 135 (W) x 45 (H) x 23 (D) mm
Included Accessories	1) 1.5 volt, type AAA battery x 2 pieces 2) Suction cups x 2 pieces



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BOARD MEETING

at the

Airport Plaza Hotel
1981 Terminal Way
Reno, Nevada

December 1st and 2nd, 2010

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

Board Members Present:

Keith Macdonald
Russell Smith

Beth Foster
Jody Lewis

Kirk Wentworth
Cheryl Blomstrom

Board Members Absent:

Kam Gandhi

Board Staff Present:

Larry Pinson

Jeri Walter

Carolyn Cramer

Keith Marcher

CONSENT AGENDA

1. Approval of October 13-14, 2010, Minutes
2. Applications for Out-of-State MDEG – Non Appearance:
 - A. Air-Way Medical Inc. – Bishop, CA
 - B. A Natural Image, LLC – Manchester, CT
 - C. Cascade Prosthetics and Orthotics, Inc. – Ferndale, WA
 - D. Classic Sleepcare, LLC – Agoura Hills, CA
 - E. Foundation Care LLC – Earth City, MO
 - F. Lincare Inc. – Clearwater, FL
 - G. Medtronic USA, Inc. – Jacksonville, FL
 - H. Medtronic USA, Inc. – Mystic, CT
 - I. Physio-Control, Inc. – Redmond, WA
 - J. R&J Medical Sales, Inc. – Syosset, NY

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

- K. Baxter Healthcare Corporation – Baxter, CA
- L. Baxter Healthcare Corporation – Ontario, CA
- M. Baxter Healthcare Corporation – Wilsonville, OR
- N. Braun Pharmacy – Chicago, IL
- O. California Pet Pharmacy – Hayward, CA
- P. Capital Rx, Inc. – Sacramento, CA
- Q. CHS Pharmacy – Vancouver, WA
- R. Global Medical Direct – Lenexa, KS
- S. Specialty Veterinary Pharmacy – Houston, TX

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

- T. Baxter Healthcare Corporation – Buffalo Grove, IL
- U. Camber Pharmaceuticals Inc. – Piscataway, NJ
- V. Centurion Medical Products Corporation – Kennesaw, GA
- W. Genzyme Corporation – Cambridge, MA
- X. Clean Harbors of Aragonite, LLC – Aragonite, UT
- Y. Darby Dental Supply, LLC – Guilderland Center, NY
- Z. Pernix Therapeutics, LLC – Magnolia, TX
- AA. Stericycle – Norcross, GA
- BB. Tri-anim Health Services Inc. – Denver, CO
- CC. Vidacare Corporation – Shavano Park, TX
- DD. Wockhardt USA LLC – Parsippany, NJ

Applications for Nevada Pharmacy – Non Appearance:

- EE. Advanced Care Rx Pharmacy 2 – Las Vegas
- FF. Assist Care Pharmacy Inc. – Las Vegas
- GG. Catalyst Mail – Las Vegas
- HH. MLK Pharmacy – Las Vegas
- II. Spectrum Pharmacy Services LLC – Las Vegas
- JJ. Spectrum Pharmacy Services LLC – Reno

Discussion:

The consent agenda applications and supporting documents were reviewed. Carolyn Cramer brought several issues to the Board's attention regarding Items B, E, F, U and EE.

Board Action:

Motion: Keith Macdonald found the consent agenda application information to be accurate and complete and moved for approval with the exception of Items B, E, F, U and EE which are to be tabled until further information is received or applications have been corrected.

Second: Cheryl Blomstrom

Action: Passed Unanimously.

Motion: Keith Macdonald found the minutes accurate and complete and moved for approval.

Second: Kirk Wentworth

Action: Passed Unanimously.

REGULAR AGENDA

3. Disciplinary Actions:

A. William J. Mumbert, R.Ph (10-079-RPH-N)

William Mumbert and Larry Espadero appeared and were sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer advised the Board that she, Mr. Mumbert and Mr. Espadero had spoken prior to this matter being called. She indicated that Mr. Mumbert is not contesting the allegations in the Accusation. Ms. Cramer recommended revocation of Mr. Mumbert's pharmacist license.

Mr. Espadero testified that after Mr. Mumbert was terminated from employment he re-joined the PRN-PRN program. He also indicated that he did not feel Mr. Mumbert should practice pharmacy at this point.

Board Action:

Motion: Keith Macdonald moved to accept the agreement as pled.

Second: Russ Smith

Action: Passed Unanimously

Motion: Kirk Wentworth moved to revoke Mr. Mumbert's pharmacist license.

Second: Keith Macdonald

Action: Passed Unanimously

B. Enrique A. Romero, R.Ph (10-050A-RPH-N)
C. Edwin Gonyou, R.Ph (10-050B-RPH-N)
D. Farideh Forouziannia, R.Ph (10-050C-RPH-N)

Enrique Romero, Edwin Gonyou and Farideh Forouziannia appeared and were sworn by President Foster prior to answering questions or offering testimony.

NOTE: Russ Smith recused from participation as he is an employee of Walgreens as are Mr. Romero, Mr. Gonyou and Ms. Forouziannia.

Rob Graham was present to represent the Respondents.

Carolyn Cramer gave opening statements and gave an overview of this case.

Mr. Graham contested the counseling issue in this matter regarding Ms. Forouziannia and asked that the Third Cause of Action be dismissed.

Kathy Grenert appeared and was sworn by President Foster prior to answering questions or offering testimony.

Sixteen Exhibits were presented by Carolyn Cramer and accepted into the record.

Ms. Grenert testified that she was prescribed estradiol for hormone replacement therapy. Her physician gave her a 30 day sample supply before he gave her a prescription to see if they would work to control her symptoms. Ms. Grenert took the supply of estradiol she was given for 30 days and contacted her physician and advised that the estradiol had worked well for her. Ms. Grenert was then given a prescription for estradiol and she took it to Walgreens #2662 to be filled. Ms. Grenert testified that when she brought the medication she was given at Walgreens #2662 home, she noticed that the estradiol looked different than what she had received from her physician. Ms. Grenert described the tablets she received from Walgreens #2662 as being larger and a different color blue than what she received from her physician. Ms. Grenert attributed the difference in appearance to a different manufacturer and began taking the larger tablets as directed. Soon after she began taking the medication she received from Walgreens #2662 she began to experience frequent hot flashes. Thinking that she may have received something other than estradiol she called Walgreens #2662 and spoke with Mr. Romero. When she questioned the difference in the appearance between the estradiol she was given by her physician and what she received from Walgreens #2662 she was assured by Mr. Romero that she had the correct medication and that the manufacturer was the same. Mr. Romero suggested that perhaps the size difference was with the formulation of the product. Ms. Grenert continued to take the medication until the severity of the hot flashes became increasingly worse. Ms. Grenert called Walgreens #2662 because she was concerned that she might be taking the wrong medication because the estradiol that her physician gave her worked well and this was not working at all. Again, Ms. Grenert spoke with Mr. Romero and she testified that she felt he was talking down to her and that she did not know what she was talking about. He reiterated that Walgreens #2662 had dispensed the correct medication to her. Mr. Romero advised her to see her physician. Ms. Grenert telephoned her physician's office and spoke with medical assistant Kelly Gregory and explained her concerns regarding the medication that she was taking. Ms.

Gregory then called the pharmacy and spoke with Mr. Romero. Again Mr. Romero was questioned regarding Ms. Grenert's prescription for estradiol. Mr. Romero, again, attested to Ms. Gregory that Ms. Grenert was given the correct medication. Ultimately, Mr. Romero told Ms. Gregory to have Ms. Grenert come to the pharmacy with the medication she was dispensed from Walgreens #2662 and they would identify it. Ms. Grenert testified that when she went to Walgreens #2662, Mr. Romero had already left for the day and she spoke with William Ruebusch, who confirmed that Ms. Grenert had been given the wrong medication. Ms. Grenert had been taking blood pressure medication, enalapril, for almost a month which is why her hormone replacement therapy was not being treated.

Mr. Graham cross examined Ms. Grenert and asked her to identify the pictures of estradiol and enalapril on one of the Exhibits. Mr. Graham questioned Ms. Grenert regarding the phone calls she had made when she spoke with Mr. Romero and what her recollection was regarding those conversations.

The Board questioned Ms. Grenert.

Kelly Gregory appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Gregory testified that she is a medical assistant in Ms. Grenert's physician's office, Dr. Shumacher. Ms. Gregory stated that Ms. Grenert telephoned their office and indicated that she was experiencing adverse side effects from the medication that she was taking. Ms. Grenert also stated that she was concerned that the medication did not appear to be the same as she was given by her physician. Ms. Gregory telephoned Walgreens #2662 and spoke with Mr. Romero. Ms. Gregory testified that Mr. Romero was adamant that Kathy Grenert and Ms. Gregory were both wrong and Kathy Grenert had received the correct medication. Ms. Gregory advised that Mr. Romero told her to have Ms. Grenert bring the medication into the pharmacy and they would identify it. Ms. Gregory then advised Ms. Grenert to take the medication to the pharmacy for identification.

Mr. Graham asked Ms. Gregory about the timeframe between calling the pharmacy and speaking with Mr. Romero and when he called her back. Ms. Gregory testified that she received a call from another pharmacist regarding the error the same day and a call from Mr. Romero the following day, with an apology.

The Board questioned Ms. Gregory.

Joe Depczynski appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Depczynski described his service with the Board and described the steps he takes when he conducts an investigation. Carolyn Cramer asked Mr. Depczynski to describe each of the 16 Exhibits for the Board. Mr. Depczynski described the Walgreens procedures and found they were in order and this matter appeared to be a staff issue.

Rob Graham cross examined Mr. Depczynski and asked him to look at Exhibit 13 and stated that he felt that the look alike bottles of medication was frightening and could see how errors occur. The bottle of enalapril and the bottle of estradiol were identical except for the name of the product. Mr. Graham asked Mr. Depczynski if Ms. Grenert and Ms. Gregory had embellished their testimony compared to his interviews with them. Mr. Depczynski indicated that their testimony was consistent with their interviews.

Keith Macdonald indicated how difficult it was to remember what happened in any given prescription fill transaction since they do so many. He also indicated how dependant they are on the medication barcode and the inability to scan more than one bottle for a single prescription was a handicap. If a second scan could have been made, this error would not have happened because the barcodes would not match.

Carolyn Cramer asked the Board to dismiss the Third Cause of Action regarding counseling against Ms. Forouziannia. Ms. Cramer also gave a statement regarding the affect this error had upon Ms. Grenert.

Mr. Graham advised the Board that Mr. Romero and Mr. Gonyou were long practicing pharmacists.

Mr. Graham asked Mr. Gonyou what he has done to ensure accuracy in his pharmacy practice since this incident. Mr. Gonyou indicated that he has slowed his process down to ensure he is more aware of each step he is taking rather than just filling from habit. Mr. Gonyou advised the Board that he has been practicing pharmacy since he had to use a typewriter for labels. He indicated that now the pharmacy staff is completely dependent on the computer.

Mr. Graham asked Mr. Romero to describe his communication practices. Mr. Romero indicated that he is not really rude, but perhaps he is perceived to be rude because of his Filippino culture. He indicated that he is very serious about his profession but he did not mean to demean either Ms. Grenert or Ms. Gregory. He was going completely from what he saw in the computer, however looking at the circumstances now, he can see how he should have handled this situation. He was given several opportunities to have Ms. Grenert bring the medication in for identification to be sure that a mistake had not been made and he did not take any of those opportunities. Mr. Romero indicated that he is looking into taking a communication course to improve his communication skills.

Carolyn Cramer gave closing statements and recommendations. Her recommendation for Mr. Gonyou was to work with Katie Johnson and the Your Success Rx program to help develop policies and procedures in conjunction with Walgreens with regard to filling a prescription from more than one stock bottle. For Mr. Romero, she suggested a choice of a \$5,000.00 fine plus fees and costs or a 30 day suspension, given the fact that Mr. Romero had so many opportunities to address Ms. Grenert's concerns about her prescription, and failed to do so.

Rob Graham gave closing statements and noted that Mr. Gonyou is fine with working with Ms. Johnson and the Your Success Rx program to implement policies and procedure for Walgreens to help improve pharmacy practices. Since Mr. Romero did not make the mistake, Mr. Gonyou did, Mr. Graham feels that a \$5,000.00 fine or a 30 day suspension is too severe since he did not make the mistake and thinks that training for Mr. Romero would be a more appropriate action. Mr. Graham advised the Board that Mr. Romero had not had an error in 16 years of practice and suggested that Your Success Rx or Interpersonal Communications which relates directly to listening to the patient would be a more appropriate discipline for Mr. Romero.

Board Action:

Motion: Kirk Wentworth moved to find Mr. Romero guilty of the First Cause of Action.

Second: Keith Macdonald

Action: Passed Unanimously

After several tries at a penalty motion, the following was ordered:

Motion: Jody Lewis moved to fine Mr. Romero \$1,000.00 plus fees and costs and enroll in the Your Success Rx program. After that program is completed, have Katie Johnson report back to Board staff if an interpersonal communication program is needed.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Motion: Keith Macdonald moved to find Mr. Gonyou guilty of the Second Cause of Action.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Motion: Keith Macdonald moved to fine Mr. Gonyou \$500.00 and work with Your Success Rx to ensure policies and procedures are put in place in his pharmacy with regard to filling a prescription from more than one stock bottle.

Second: Cheryl Blomstrom

Action: Passed Unanimously

4. Request to Amend Order – Appearance:

Jiansheng “Jason” Li

NOTE: Jody Lewis recused from participation as she is employed by CVS – the pharmacy chain that employed Mr. Li prior to his dismissal.

Jason Li appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Li appeared with his legal counsel, Hal Taylor.

Carolyn Cramer described the circumstances of this case for the new Board members and advised that Mr. Li is requesting an amendment to his Order to allow him to attend Board meetings in Texas rather than Nevada since he is now living there. Ms. Cramer also noted that Mr. Li was going to meet with Katie Johnson the next day to discuss the requirement of participating in the Your Success Rx program.

Mr. Li testified that he met with Katie Johnson the end of October and began the Your Success Rx program, even though he did not have a job in which she could observe his work habits. Mr. Li acknowledged that he was meeting with her again the following day. Mr. Li indicated that Ms. Johnson had given him a two week homework assignment to track his pharmacy practice in his current Texas pharmacy. He indicated that the final evaluation will be done with Ms. Johnson and Larry Pinson by conference call.

There was discussion about Texas Board meetings and whether they did their disciplinary matters in open or closed session. The consensus appeared to be that they did not do their discipline in open session and Mr. Li would not benefit from attending the Texas Board meetings.

Mr. Taylor apologized to the Board for not having checked with Texas prior to this appearance. He indicated that he would check with them about their practice of hearing disciplinary issues. Board staff also indicated that they would check with the Texas Board of Pharmacy.

President Foster indicated that she was not comfortable making a decision since she had no input from Katie Johnson regarding Mr. Li’s participation in the Your Success Rx program and not knowing how the Texas Board handles their disciplinary matters. President Foster noted that the purpose of Mr. Li attending Board meetings on the day discipline was heard was so he could learn from the experience.

Board Action:

Motion: Keith Macdonald moved to allow Board staff to determine if the goal of the Board’s Order could be met in Texas.

Second: Cheryl Blomstrom

Action: Passed Unanimously

5. Applications for Nevada Pharmacy – Appearance:

A. Live Better Rx – Las Vegas

Patrick Osan appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Osan testified that he is purchasing Remedy Rx, owned by Tim Lopez. He stated that he is purchasing the assets. Mr. Osan made it clear that he did not intend to follow Mr. Lopez's business model. The business is currently located in a medical office. He plans to prepare medications that are only patient specific. Mr. Osan was advised that Mr. Lopez was selling quantities of product that was not patient specific into states where he was not licensed to do so. Mr. Osan indicated that he is planning to license in all of the states he intends to ship to. Discussion incurred again advising that if he plans to sell in bulk to any doctor or facility he would need to be licensed as a manufacturer. Mr. Osan indicated that he understood and would not be selling in bulk.

Board Action:

Motion: Keith Macdonald moved to approve the application for Live Better Rx pharmacy.

Second: Kirk Wentworth

Action: Passed Unanimously

B. Partell Specialty Pharmacy – Las Vegas

Nicholas Gandio appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Gandio testified that this is going to be a compounding pharmacy, mostly for hormone replacement and erectile dysfunction products. Mr. Gandio gave an overview of his pharmacy practice and that he will be running this Partell Specialty Pharmacy as he does his other pharmacy. Mr. Gandio understands that his compounded products need to be patient specific.

Board Action:

Motion: Russ Smith moved to approve the application for Partell Specialty Pharmacy.

Second: Jody Lewis

Action: Passed Unanimously

6. Applications for Nevada Wholesaler – Appearance

A. 21st Century Environmental Management of Nevada, LLC – Fernley

Christine Raber appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Raber testified that they are a reverse distributor, a facility that destroys drugs. Larry Pinson explained that the Board does not have a license type “reverse distributor” which is why Ms. Raber is applying as a wholesaler. Ms. Raber described their facility and how the operation works, including security methods. The Board questioned Ms. Raber and indicated that there is a need for such a facility in Nevada.

Board Action:

Motion: Kirk Wentworth moved to approve the application for 21st Century Environmental Management of Nevada.

Second: Cheryl Blomstrom

Action: Passed Unanimously

B. PCCA – Henderson

Fabian Zaccardo appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Zaccardo testified that they have been licensed in Nevada as a Texas out of state wholesaler for a long time. He explained that they want to base their western distribution out of Henderson, Nevada. Mr. Zaccardo gave an overview of their distribution processes and their shipping methods.

Board Action:

Motion: Kirk Wentworth moved to approve the application for PCCA as a Nevada wholesaler.

Second: Keith Macdonald

Action: Passed Unanimously

7. Applications for Nevada MDEG – Appearance:

A. Access Orthopedic, LLC – Las Vegas

Access Orthopedic will appear before the Board at it's January meeting.

B. B & B Medical Services, Inc. – Reno

William Long, Ardith Peper and William Espy appeared and were sworn by President Foster prior to answering questions or offering testimony.

Mr. Long advised the Board that they had a contract with the VA to provide home oxygen services to veterans. Mr. Espy indicated that they were a long-time provider and have eleven facilities throughout the United States. Their contract with Nevada had been held up for sometime and has ultimately been approved and he noted that they were anxious to get this facility approved so they can provide their services to Nevada's veterans.

Board Action:

Motion: Cheryl Blomstrom moved for approval of the application for B & B Medical Services.

Second: Kirk Wentworth

Action: Passed Unanimously

C. Tropicana Medical Supply, Inc. – Las Vegas

Queen Azeze, Marcie Alonge, Maya Azucina and Jimmy Thomas appeared and were sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer asked them to describe what they had done since they previously appeared to be prepared to open a MDEG facility. Since they had checked all of the types of products that will be sold at Tropicana Medical Supply, Ms. Cramer asked specific questions regarding each product and wanted to know who was responsible and what kind of training that person had in that specific product.

Each contributed to the discussion and it was determined that they had a respiratory therapist ready to work for them to handle the medical gases and respiratory equipment. It was determined that they have a billing company on the payroll and will use them for all of their billing needs. Jimmy Thomas, who worked for the previous owner Elijah Akpan, is the technician and the delivery person. Mr. Thomas is the person that will fix equipment if it's broken or needs to be attended to. Mr. Thomas attested to Ms. Azucina's qualifications and noted that she was very nervous before the Board.

Board Action:

Motion: Keith Macdonald moved to approve the application for Tropicana Medical Supply.

Second: Russ Smith

Discussion:

Cheryl Blomstrom indicated that she was not comfortable with the qualifications of the owner or her staff to be able to ensure public safety.

Ray Seidlinger, Board inspector, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Seidlinger testified that he had made many trips to Tropicana Medical Supply and they have addressed all of the previous issues. Mr. Seidlinger indicated that he had concerns about the lack of experience of the facility administrator.

Ms. Azeze testified that she had trained Ms. Azucina personally and that Tropicana Medical Supply had been accredited by the Compliance Team. It was determined that the Compliance Team is one of only a few accreditation agencies.

Mr. Seidlinger stated that he is only comfortable with her abilities to help patients with assistive equipment.

Amendment:

Keith Macdonald moved to amend his original motion to include a probationary period of six months with monthly inspections by Mr. Seidlinger and written documentation of the facility administrator capabilities to ensure Tropicana Medical Supply is compliant with Nevada's requirements.

The amendment was accepted by the Second.

Action: Passed Unanimously

D. WBC Group, LLC – Dinsmore, FL

WBC Group, LLC will appear before the Board at it's January meeting.

8. Request for Pharmaceutical Technician in Training License – Appearance:

Andrea K. Boucher

Carolyn Cramer advised the Board that Board staff had been notified that Wal-Mart had recinded its offer to employ Ms. Boucher as a pharmaceutical technician in training, however they failed to notify Ms. Boucher of that fact.

Board Action:

Motion: Russ Smith moved to table this application to the next Reno Board meeting to allow Ms. Boucher the opportunity to speak with Wal-Mart.

Second: Kirk Wentworth

Action: Passed Unanimously

9. Report on Annual Audit – Appearance:

Beth Kohn-Cole, CPA – Kohn Coloday, LLP

Beth Kohn-Cole presented the Board's annual audit and indicated that it was a clean audit. Ms. Kohn-Cole reviewed the highlights of the report to the Board's satisfaction.

Board Action:

Motion: Russ Smith moved to accept the Audit as presented.

Second: Cheryl Blomstrom

Action: Passed Unanimously

10. General Counsel Report:

Recent Regulatory Activities and Litigation

Ms. Cramer indicated that she had no report for this meeting.

11. Board Statement:

Sanchez v. Wal-Mart

Carolyn Cramer presented a Statement of Intent on the Sanchez v. Wal-Mart matter for the Board's determination. Ms. Cramer advised the Board that it would not be advisable to re-open this issues as it was diligently examined in 2006 and careful thought and deliberation created the language as it stands today.

Liz Macmenamin, director of government affairs for the Retail Association of Nevada (RAN) and Mark Amodei, legal counsel to RAN, appeared. Mr. Amodei asked that the Board take action to amend NAC 639.753 because he fears that as this regulation is written it would leave the pharmacies in Nevada open to law suits. In his opinion, even though the Supreme Court ruled in the pharmacy's favor in the Sanchez v. Wal-Mart matter, footnote 3 of the decision leaves the door open for a different ruling in future cases. Mr. Amodei advised the Board that a pro-active stance now would be advisable to ensure the Board held the reins in this issue rather than have it become a legislative mandate. Most states now have required PMP reporting and Mr. Amodei advised that because of potential third party liability it would be in the Board's best interest to be

clear in NAC 639.753 that third parties are exempted from prosecution in such cases. Mr. Amodei suggested, at the least, Board staff go to the Legislative Counsel Bureau and discuss this issue.

After lengthy discussion, Keith Macdonald directed Board staff to work with interested parties by forming a committee and to meet with Brenda Erdos at the Legislative Counsel Bureau. Larry Pinson formed a committee of Liz Macmenamin, Mark Amodei, Cheryl Blomstrom, Fred Hillerby and Beth Foster. First and foremost, Carolyn Cramer and Mark Amodei will meet with Brenda Erdos and after that meeting a committee meeting will be called to discuss the findings.

12. Discussion and Determination:

Synthetic Cannabinoids

See Workshop Item 15 (2).

13. Committee Appointments:

A. CE Committee

Beth Foster accepted the appointment to the CE Committee.

B. PT Advisory Committee

Russ Smith accepted the appointment to the PT Committee.

C. MDEG Committee

Jody Lewis and Kirk Wentworth accepted appointments to the MDEG Committee.

14. Executive Secretary Report:

A. Financial Report

Larry Pinson gave the financial report to the Board's satisfaction.

B. Temporary Licenses

There were three temporary licenses granted since the last Board meeting.

C. Staff Activities

1. CE

Continuing education programs were conducted by staff throughout the state prior to the renewal deadline. President Foster thanked the staff for their unselfish availability for so many programs.

2. PT Advisory Board (12/7)

Mr. Pinson advised the Board that the PT Advisory Committee was meeting on December 7, 2010.

D. Reports to Board

1. MDEG Administrator Regulation

The MDEG administrator regulation that was rejected by the Legislative Commission on regulations was reconsidered by that body at the request of Board staff and passed.

2. Akpan

At the October Board meeting Mr. Akpan advised the Board that he was not on the OIG list prohibiting him from working for any business that billed Medicare and/or Medicaid. Apparently Mr. Akpan misunderstood the letter he received. Mr. Pinson produced evidence of Mr. Akpan's name being on that list as of September 23rd, 2010.

E. Board Related News

Mr. Pinson reported on the ASPL meeting held in November where Nevada's "Inspecting for Safety" program was highlighted in one of the presentations, bringing once again national attention to our efforts to better patient's safety.

F. Activities Report

WORKSHOP

***15. Proposed Regulation Amendment Workshop**

1. Amendment of Nevada Administrative Code NAC 639.7105 This language ensures compatibility with federal regulations regarding e-prescribing.

This language was written to parallel the CFR regarding e-prescribing controlled substance prescriptions. Larry Pinson indicated that the federal regulations will require e-prescribing software to become DEA certified prior to use. At this time, that process is not in place, however it is coming soon. Both Sure Scripts and Dr First look to be almost ready to certify for the DEA. When the certification process is finally in place, the pharmacy will simply need to obtain a copy of the software's certification to accept e-prescriptions transmitted on that system. The validity of the prescription is guaranteed and therefore will not be a burden on the pharmacist. Mr. Pinson urged the Board to pass this regulation to ensure that Nevada is ready when the time comes. E-prescriptions of controlled substances will be allowed in Nevada for CIII through CV prescriptions and not CII prescriptions at this time.

Dan Luce, representing Walgreens, advised that it will probably be mid-year 2011 before companies will be certified by the DEA.

There was discussion regarding faxing those electronic prescriptions. If these prescriptions are faxed, the physician still must physically sign the prescription. An electronic signature is only good if e-prescribed. Board staff indicated they would educate physicians, APN's and PA's by working with the Medical Board, the Nursing Board and the Medical Association to put information regarding these requirements in their newsletters.

Board Action:

Motion: Keith Macdonald moved to bring this regulation to Public Hearing.

Second: Russ Smith

Action: Passed Unanimously

2. Amendment of Nevada Administrative Code NAC 453.510 Schedule I

Added JWH-018 and JWH-073 to Schedule I and miscellaneous spelling corrections per the request of the Las Vegas Metropolitan Police Department.

Diane Machen, from the Reno crime lab appeared and brought a number of popular products sold in head shops that she purchased as over the counter. She has been testing the products that she purchased and is in the process of developing the ability to identify the contents. Besides the addition of JWH-018 and JWH-073, she asked that we also schedule JWH-200, CP-47,497 5 and cannabicyclohexanol 5.

Board Action:

Motion: Cheryl Blomstrom moved to bring this regulation to Public Hearing with the suggested changes.

Second: Kirk Wentworth

Action: Passed Unanimously

3. Amendment of Nevada Administrative Code NAC 453.520 Schedule II

Added Lisdexamfetamine and Tapentadol to Schedule II per the request of the Las Vegas Metropolitan Police Department.

This language will add the referenced drugs to Schedule II.

Board Action:

Motion: Russ Smith moved to bring this regulation to Public Hearing.

Second: Cheryl Blomstrom

Action: Passed Unanimously

4. Amendment of Nevada Administrative Code NAC 453.540 Schedule IV

Corrected the spelling of Sibutramine per the request of the Las Vegas Metropolitan Police Department.

This is a spelling correction.

Board Action:

Motion: Keith Macdonald moved to bring this regulation to Public Hearing.

Second: Cheryl Blomstrom

Action: Passed Unanimously

- 5. Amendment of Nevada Administrative Code NAC 453.550 Schedule V**
Added Lacosamide to Schedule V and removed language in Subsection 2 per the request of the Las Vegas Metropolitan Police Department.

This language parallels the federal regulations.

Board Action:

Motion: Cheryl Blomstrom moved to bring this regulation to Public Hearing.

Second: Russ Smith

Action: Passed Unanimously

PUBLIC HEARING

***16. Notice of Intent to Act Upon a Regulation:**

Amendment of Nevada Administrative Code 639.NEW, 639.469, 639.525 and 639.528 – Refrigerator and freezer temperature monitoring. This language will ensure that the temperature is stable for drugs that are stored in the refrigerator or freezer of a pharmacy by requiring the temperature to be monitored. If the temperature is found to be out of range, a pharmacist will document that event, take corrective action, and document that action. Further, the pharmacist will determine the damage to the contents of the refrigerator or freezer.

Larry Pinson advised the Board that this was before them again because when he went to the Legislative Committee after the October Board meeting to be present for the Telepharmacy regulations, some of the legislator's wanted to know why he had pulled this regulation. Mr. Pinson advised that the industry was not supporting the regulation and the Board moved not to go forward with it. They advised Mr. Pinson that they felt it was a good regulation to ensure that medications were safe for the public. He promised to take the regulation before the Board again for reconsideration.

President Foster opened the Public Hearing.

Ray Seidlinger, Board inspector, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Seidlinger testified on behalf of passing these regulations. He indicated that during an inspection he had seen an injectable product that is extremely temperature sensitive and needed to be stored in a freezer at 5 degrees or lower, however when he was inspecting the temperature was 18 degrees. Mr. Seidlinger stated that there are

inexpensive thermometers on the market that are programmable temperature monitors with alarms that alert the pharmacy if the temperature rises or falls outside the acceptable temperature range.

Rich Polombo appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Polombo asked if the findings could be stored electronically rather than a paper/pencil log and he was advised that the information could be stored electronically.

President Foster closed the Public Hearing.

Board Action:

Motion: Keith Macdonald moved to adopt the regulations as presented.

Second: Russ Smith

Action: Passed Unanimously

17. Next Board Meeting:

January 11-12, 2011 – Las Vegas, Nevada

18. Public Comments and Discussion of and Deliberation Upon Those Comments
There was no public comment.