



Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
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February 17, 2015

AGENDA

◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, March 4, 2015 at 9:00 am. The meeting will continue, if necessary, on Thursday, March 5, 2015 at 9:00 am or until the Board concludes its business at the following location:

Hyatt Place
1790 E Plumb Lane
Reno

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;

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

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

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

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

◆ CONSENT AGENDA ◆

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

1. Public Comments and Discussion of and Deliberation Upon Those Comments: 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)
2. Approval of January 21-22, 2015, Minutes for Possible Action
3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
 - A. Doctors Foster and Smith Pharmacy – Rhinelander, WI
 - B. Fidelis Specialty Pharmacy – Arcadia, CA
 - C. Kroger Columbus Central Fill – Columbus, OH
 - D. Marley Drug, Inc. – Winston-Salem, NC
 - E. Newport Lido Pharmacy – Newport Beach, CA
 - F. Quick Care Pharmacy, Inc. – Rancho Cucamonga, CA
 - G. Stoney Creek Pharmacy – Nellysford, VA
 - H. Trinity Medical Pharmacy – New Port Richey, FL

Applications for Out-of-State Compounding Pharmacy – Non Appearance for Possible Action:

- I. Alpha Pharmacy – Irving, TX
- J. America Meds Direct RX – Farmers Branch, TX
- K. Apogee Bio-Pharm LLC – Edison, NJ
- L. Ashland Health – La Grange, IL
- M. Greywell Pharmacy – North Hollywood, CA
- N. Hope Specialty Pharmacy – Los Angeles, CA
- O. Leiter's Pharmacy – San Jose, CA
- P. Liberty for All Pharmacy 2, Inc. – Greenacres, FL
- Q. Medical Center Pharmacy, Inc. – Jackson, MS
- R. Northside Pharmacy, LLC – Haleyville, AL
- S. Omni-One-Med Pharmacy – Sugar Land, TX
- T. Pagosa Specialty Pharmacy – Pagosa Springs, CO
- U. Pharma Select Texas – Houston, TX
- V. Pharmacy and Nutrition Shoppe – Tulsa, OK
- W. Physician Specialty Pharmacy – Pensacola, FL
- X. Republic Rx Specialty Pharmacy – San Antonio, TX
- Y. Rx Care Pharmacy – Auburndale, FL
- Z. Rx Pro Pennsylvania – Indiana, PA
- AA. Solutions Pharmacy – Sunny Isles, FL

BB. Topical Rx Pharmacy – Tallahassee, FL

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

CC. EKOS Corporation – Bothwell, WA
DD. EXP Pharmaceutical Services Corp. – Fremont, CA
EE. Fenwal, Inc. – Olive Branch, MS
FF. Fenwal, Inc. – Ontario, CA
GG. Genco I, Inc. – Colonial Heights, VA
HH. Genco I, Inc. – Pittsburgh, PA
II. H.D. Smith, LLC – Carson, CA
JJ. Owens and Minor Distributions Inc. – Flower Mound, TX
KK. Piramal Critical Care, Inc. – Bethlehem, PA
LL. Trigen Laboratories, LLC – Tampa, FL
MM. UPS Supply Change Solutions, Inc. – Logan Township, NJ
NN. Vapotherm Inc. – Exeter, NH

Applications for Out-of-State MDEG – Non Appearance for Possible Action:

OO. All American Medical Supplies, LLC – Lenexa, KS
PP. America's Best Care Plus, Inc. – Fort Payne, AL
QQ. Apria Healthcare LLC – Indianapolis, IN
RR. Arriva Medical, LLC – Hebron, KY
SS. Arrow International, Inc. – Olive Branch, MS
TT. Companion Health Services – Boston, MA
UU. Conceivex, Inc. – Saranac, MI
VV. Medtronic Logistics, LLC – Logan Township, NJ
WW. Murphy Homecare, Inc. – Oneonta, NY
XX. Rapid Relief Medical – Delnay Beach, FL
YY. Silvia R. Ventura – Mission, TX
ZZ. Universalmed Supply – Birmingham, AL
AAA. World Wide Medical Services, Inc. – Tampa, FL

Application for Nevada Pharmacy – Non Appearance for Possible Action:

BBB. Walgreens #12271 – Las Vegas

Application for Nevada Wholesaler – Non Appearance for Possible Action:

CCC. Pacific Pharmaceutical Services, LLC – Reno

◆ REGULAR AGENDA ◆

4. Application for Controlled Substance Registration – Appearance for Possible Action:

Richard A. Singer, MD

5. Discipline for Possible 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. | Gregory N. Satroplus, R.Ph | (14-003-RPH-A-N) |
| B. | Joseph G. Yost, R.Ph | (14-003-RPH-B-N) |
| C. | Thao K. Willick, R.Ph | (14-003-RPH-C-N) |
| D. | Rite Aid Pharmacy #6121 | (14-003-PH-N) |

6. Application for Nevada MDEG – Appearance for Possible Action:

Medical Supplies Las Vegas, Inc. – Las Vegas

7. Applications for Nevada Pharmacy – Appearance for Possible Action:

- A. Expedite Scripts Pharmacy – Las Vegas
- B. Haggen Pharmacy #2225 – Boulder City
- C. Haggen Pharmacy #2230 – Henderson
- D. Haggen Pharmacy #2231 – Henderson
- E. Haggen Pharmacy #2234 – Las Vegas
- F. Haggen Pharmacy #2232 – Las Vegas
- G. Haggen Pharmacy #2233 – Las Vegas
- H. Meds Direct Rx of NV – Las Vegas

8. Applications for Out-of-State Compounding Pharmacy – Appearance for Possible Action:

- A. Absolute Pharmacy, LLC – Lutz, FL
- B. Park Compounding – Irvine, CA
- C. Presckshot Professional Pharmacy – Peoria Heights, IL

9. Application for Pharmaceutical Technician License – Appearance for Possible Action:

Rachael A. Robins

10. Possible Election of Officers for Possible Action

11. General Counsel Report for Possible Action:

- A. Update on Maryanne Phillips Case
- B. Legislative Update

12. Executive Secretary Report for Possible Action:

- A. Financial Report
- B. Temporary Licenses

- C. Staff Activities
 - 1. Presentations:
 - a. Continuing Education:
 - A. Kiwanis's
 - B. APRN's
 - C. Dental Hygienist Association
 - D. DEA's Pharmacy Diversion Awareness Conference
 - 2. Veterinary Board Appearance
- D. Reports to Board
 - 1. Collaborative Efforts:
 - a. BOME; BON; BOVME
 - 2. National Governor's Association Meeting on Rx Drug Abuse-Update
 - 3. FDA Meeting on Compounding; FDA HQ
 - 4. Update: Mike's Pharmacy; Affiliated Monitors
- E. Board Related News
 - 1. NABP District Meeting Update
- F. Activities Report

13. Next Board Meeting:

April 15-16, 2015 – Las Vegas

14. Public Comments and Discussion of and Deliberation Upon Those Comments: 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)

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 Shirley Hunting at (775) 850-1440, as soon as possible.

Anyone desiring supporting materials or additional information regarding the meeting is invited to call Shirley Hunting at (775) 850-1440 or email at shunting@pharmacy.nv.gov.

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
Washoe County Courthouse – Reno

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



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MINUTES

January 21 – 22, 2015

BOARD MEETING

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

Board Members Present:

Kam Gandhi	Leo Basch	Cheryl Blomstrom	Jack Dalton
Kevin Desmond	Tallie Pederson	Kirk Wentworth	

Board Staff Present:

Larry Pinson	Dave Wuest	Paul Edwards	Shirley Hunting
Daniel Garcia	Ken Scheuber	Rose Marie Reynolds	

President Gandhi called the meeting to order at 9:00 a.m.

1. Public Comment

There was no public comment.

2. Approval of December 3, 2014, Minutes for Possible Action

Tallie Pederson and Kevin Desmond recused from participation in this matter as they were both absent from the December meeting.

The Minutes will be modified to reflect the following:

- Item 3 - Vons Applications for Nevada Pharmacy: President Gandhi disclosed that he is employed by Albertsons/Sav-On who recently merged with Vons. He will preside over this matter but will not cast a vote.

Board Action:

Motion: Cheryl Blomstrom moved to approve the Minutes with the correction as noted.

Second: Leo Basch

Action: Passed Unanimously

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

- A. Banner Family Pharmacy – Chandler – Chandler, AZ
- B. Canyon Care Rx – Tempe, AZ
- C. Exact Care Pharmacy LLC – Valley View, OH
- D. Hemophiliac Support Systems – Cypress, CA
- E. Innovativerx Gulf Coast Pharmacy – Naples, FL
- F. MedImpact Direct, LLC – Tempe, AZ
- G. MedVantx Specialty Pharmacy – Louisville, KY
- H. Safeway Pharmacy – Bullhead City, AZ
- I. Script Specialists – Madisonville, LA

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

- J. Accu-Care Pharmacy – Sugar Land, TX
- K. Alero Health – Cranbury, NJ
- L. Choice Compounding Pharmacy – Torrance, CA
- M. Custom Care Pharmacy – Oak Park, IL
- N. Heartland Pharmacy – Ammon, ID
- O. Rx Unlimited Pharmacy – North Hills, CA

Applications for Out-of-State Wholesaler – Non Appearance

- P. Arthrocare Corporation – Austin, TX
- Q. Arthrocare Corporation – Austin, TX
- R. Arthrocare Corporation – Irvine, CA
- S. Cetylite Industries, Inc. – Pennsauken, NJ
- T. Ceva Animal Health, LLC – Kansas City, MO
- U. Covidien Sales LLC – Plainfield, IN
- V. DPT Lakewood, LLC – Lakewood, NJ
- W. Genco – Milwaukee, WI
- X. Gen-Source Rx – Carlstadt, NJ
- Y. Haemonetics Corporation – Mount Juliet, TN
- Z. Kuehne + Nagel Inc. – Plainfield, IN
- AA. Kuehne + Nagel Inc. – Redlands, CA
- BB. Medico-Mart, Inc. – Waukesha, WI
- CC. Midwest Medical Supply Co., LLC – Phoenix, AZ
- DD. Owens & Minor Distribution, Inc. – Carol Stream, IL
- EE. RGH Enterprises, Inc. – Hazelwood, MO
- FF. Sanofi-Aventis U.S. LLC – Taylor, PA
- GG. SCA Pharmaceuticals, LLC – Little Rock, AR
- HH. Young Dental Manufacturing 1, LLC – Earth City, MO
- II. Walgreen Co. – Mount Vernon, IL

Applications for Out-of-State MDEG – Non Appearance

- JJ. Altius Healthcare – Prescott, AZ
- KK. Countrywide Medical – Houston, TX
- LL. Gingi-Pak, A Division of the Belport Co., Inc. – Camarillo, CA
- MM. Handi Medical Supply, Inc. – St. Paul, MN
- NN. HemaSource Inc. – West Jordan, UT
- OO. Inspire Medical Equipment & Services, Inc. – Warwick, RI
- PP. N2Sleep Homecare – Pleasanton, CA
- QQ. Ocean Home Health Supply LLC – Lakewood, NJ
- RR. Regenes Health Services, Inc. – Jacksonville, FL
- SS. RGH Enterprises, Inc. – Hazelwood, MO
- TT. Smiths Medical ASD, Inc. – Southington, CT

Applications for Nevada Pharmacy – Non Appearance

- UU. Ear, Nose And Throat Surgery Center LLC – Las Vegas
- VV. Smith's Pharmacy #301 – North Las Vegas
- WW. Smith's Pharmacy #304 – Las Vegas
- XX. Smith's Pharmacy #305 – Las Vegas
- YY. Smith's Pharmacy #306 – North Las Vegas
- ZZ. Smith's Pharmacy #318 – Las Vegas

President Gandhi referenced Item 3.H. Safeway Pharmacy, Bullhead City, AZ, and disclosed that he is employed by Albertsons/Sav-On who recently merged with Safeway. He will preside over this matter but will not cast a vote.

Board Staff addressed the following applications:

- 3.B. Canyon Care Rx: The application will be corrected to reflect the correct toll-free telephone number (1-855-307-6880). The application indicated services provided as "specialty pharmacy." Board Staff clarified that Canyon Care Rx specializes in biologics.
- 3.JJ. Altius Healthcare: Board Staff will follow-up to confirm and document the hours of operation on the application.
- 3.QQ. Ocean Home Health: Board Staff will follow-up and confirm that this out-of-state MDEG contracts with a local (Nevada) company to service life-sustaining equipment.
- 3.F. MedImpact Direct, Tempe, AZ: MedImpact is a pharmacy benefits management company providing cognitive services only.
- 3.G. MedWantx Specialty Pharmacy: The application will be corrected to reflect "retail pharmacy."

Tallie Pederson recused from participation in Item 3.II. Walgreen Co., Mount Vernon, IL due to her employment with Walgreens.

Board Action:

Motion: Leo Basch moved to approve the Consent Agenda applications with the exception of 3.II. Walgreen Co., Mount Vernon, IL.

Second: Jack Dalton

Action: Passed Unanimously

Board Action:

Motion: Leo Basch moved to approve the application for 3.II. Walgreen Co., Mount Vernon, IL.

Second: Jack Dalton

Action: Passed Unanimously

4. Appearance Request

Opioid Rescue Therapy: Judge Dorothy Nash-Holmes and Dr. Karla Wagner

The Honorable Dorothy Nash Holmes, Reno Municipal Court Judge, and Dr. Karla Wagner, Assistant Professor, School of Community Health Services, University of Nevada, Reno, presented proposed legislation to reduce opioid overdose deaths in Nevada. The focus is to:

- create policy favoring emergency aid for opiate overdose by increasing access to naloxone for at-risk individuals.
- develop training programs to prevent, recognize and respond to overdose using naloxone.
- amend the Good Samaritan Law to provide immunity for reporting drug overdose or delivering the person to an emergency room, and immunity to the person who overdosed.
- propose legislation to minimize risk to medical providers and non-medical individuals involved in naloxone distribution and administration.

A coalition has been formed to develop the language. Judge Holmes indicated that the coalition would like to have the Board of Pharmacy's input on this issue, and invited Board Staff to participate on the coalition.

Mr. Pinson stated that he and Mr. Wuest have a meeting scheduled with Assemblyman Sprinkle on January 30th to discuss possible similar concepts and PMP strengthening ideas.

Board Action:

Motion: Cheryl Blomstrom moved to direct Board Staff to work with the coalition in the development of proposed legislation.

Second: Kevin Desmond

Action: Passed Unanimously

5. Discipline Cases

- | | | |
|----|-----------------------|----------------|
| A. | Daniel Asarch, R.Ph | (13-076-RPH-S) |
| B. | Partell Pharmacy West | (13-076-PH-S) |

President Gandhi recused from participation in this matter due to his personal and former working relationship with the Respondents. Leo Basch presided over this matter as acting president.

Daniel Asarch, pharmacist; Scot Silber, director of operations; Stuart Koszer, pharmacy manager; and Marrin Abellon, pharmaceutical technician, appeared and were sworn by Acting President Basch prior to answering questions or offering testimony.

Kimberly Stein was present as counsel representing Mr. Asarch and Partell Pharmacy West.

Mr. Edwards presented a Stipulation and Order regarding Mr. Asarch and Partell Pharmacy West for the Board's consideration. The Respondents admit that evidence exists to establish a factual basis for the violations alleged in the Accusation that while employed by Partell Pharmacy West, Mr. Asarch filled and dispensed a patient's prescription with Prempro 0.625-5 mg. tablets, rather than Prempro 0.625-2.5 mg. tablets as prescribed.

Mr. Asarch shall pay a fine of \$1,000.00, and complete a one hour CE on the topic of error prevention. Partell Pharmacy will pay an administrative fee of \$495.00, and provide Board Staff, within 30 days, a copy of its revised policies and procedures demonstrating the changes it has made to its filling procedures to prevent the error at issue.

Ms. Stein informed the Board that since the time of the error, revised policies and procedures were implemented and are currently in place.

Board Action:

Motion: Jack Dalton moved to accept the Stipulation and Order as presented.

Second: Tallie Pederson

Action: Passed Unanimously

- C. Joseph Edwards, R.Ph
- D. Ridley's Clinic Pharmacy

(14-033-RPH-N)
(14-033-PH-N)

Paul Edwards moved to bifurcate this case as each respondent stipulated to separate agreements. Ridley's Clinic Pharmacy (Ridley's) has agreed to a written stipulation, and Mr. Joseph Edwards verbally agreed to stipulate to the facts in this case. Paul Edwards requested to present Ridley's Clinic Pharmacy Stipulation and Order first.

President Gandhi accepted Paul Edwards' request.

Mr. Pinson noted that the pharmaceutical technicians involved in this case were subpoenaed to appear. Ridley's Clinic Pharmacy is located in a remote area, and Ridley's requested that the technicians be excused. President Gandhi approved the request.

Due to the technicians' involvement in this case, Ms. Blomstrom directed Board Staff to provide a transcription of this case to the technicians.

Cathi Ketterling, district manager, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mike Dyer was present as counsel representing Ridley's.

Mr. Basch disclosed that he and Ms. Ketterling were acquainted in college, but have not known each other since that time. Mr. Dyer did not object to Mr. Basch's participation in this matter.

Ridley's Case No. 14-003-PH-N

Paul Edwards presented a Stipulation and Order regarding Ridley's for the Board's consideration. Ridley's admits the violations asserted in the Accusation constitute grounds for discipline whereby Ridley's is statutorily responsible for the acts of its employee Joseph Edwards (Case No. 14-033-RPH-N), and its other pharmacy employees, as alleged in the Accusation.

Ridley's shall pay an administrative fee of \$250.00; provide to Board Staff written policies and procedures which address: entering/confirming the medication including the NDC number; correction of any prescription error without editing the original prescription; counseling. Ridley's shall self-report to the Board Office any prescription errors which occur for a period of one year. Ridley's is to report the error within three days that Ridley's has been made aware of the error.

Mr. Dyer indicated that Ms. Ketterling is working with pharmacy staff to ensure they understand the policies and procedures. Mr. Dyer stated that he is in agreement with the Stipulation and Order.

Board Action:

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

Second: Cheryl Blomstrom

Action: Passed Unanimously

Joseph Edwards Case No. 14-033-RPH-N

Joseph Edwards (Mr. Joseph), pharmacist, appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Paul Edwards (Mr. Paul) was present as counsel representing the Board.

Mr. Paul stated that the facts in the matter of Mr. Joseph are the same as the facts in the Ridley's case. Mr. Paul explained that Mr. Joseph had been out of pharmacy practice since 2008, working a short period at other pharmacies, and six months at Ridley's. Based on the investigation, Board Staff felt that there is a need to establish if Mr. Joseph has retained the qualifications to be a pharmacist.

Mr. Paul called Mr. Joseph as a witness.

Mr. Joseph stated that he is in agreement with the stipulation of facts with the exception of allegation XXVIII. Mr. Joseph explained that he was "frazzled" when he learned of the dispensing error. He placed the erred medication bottle, a written report of the incident, and the original hard-copy prescription on a shelf separate from the pharmacy stock shelves. Mr. Joseph does not know how the original hard-copy prescription was lost or destroyed, and he emphasized that it was accidental and not intentional. Mr. Joseph indicated that he is contesting allegation XXVIII because it was not his idea to replace the original hard-copy prescription; he was instructed to do so.

Mr. Paul moved to dismiss allegation XXVIII and the Sixth Cause of Action. Mr. Paul said that Board Staff's recommendations will address that issue in another manner. President Gandhi accepted Mr. Paul's move to dismiss.

Mr. Joseph confirmed that he is in agreement with the removal of allegation XXVIII, dismissing the Sixth Cause of Action, and that he is guilty in the First, Second, Fourth and Fifth Causes of Action.

Board Action:

Motion: Kirk Wentworth moved that the finding of facts and guilt have been proven with the exception of allegation XXVIII. The Sixth Cause of Action is dismissed.

Second: Tallie Pederson

Ayes: Wentworth, Pederson, Blomstrom, Desmond
Nays: Basch, Dalton

Action: Motion Carried

Mr. Joseph addressed questions from the Board and Mr. Paul regarding his employment history and the status of his present skills as a pharmacist. Mr. Joseph explained that he has been a retail pharmacist since 1988 and has worked at various retail pharmacies. Prior to Ridley's, he was employed by an independent pharmacy which closed in 2008. He was unable to find employment again as a pharmacist until 2013. During his period of unemployment, Mr. Joseph completed the continuing education units required to maintain his Nevada and Utah pharmacist licenses. Mr. Joseph said that when he returned to work, he realized that some of his pharmacy knowledge "disappeared", which caused him trepidation. Mr. Joseph received training on the pharmacy computer system and policies and procedures by Ms. Ketterling and the pharmaceutical technicians when he was hired by Ridley's. He indicated that he mainly performed the final verification on prescriptions therefore relied on the technicians to know the pharmacy computer system and prescription filling process more than himself. In terms of his current skills, he feels that he may need time to familiarize himself with new drugs. Mr. Joseph is no longer employed by Ridley's and does not wish to seek employment until he is able to inform potential employers of the outcome of this case.

Mr. Paul commented that Mr. Joseph's testimony demonstrates serious concerns regarding his skills as a pharmacist. Mr. Paul offered penalty recommendations for the Board's consideration.

Board Action:

Motion: Cheryl Blomstrom moved to accept Board Staff's recommendation to suspend Mr. Joseph's Nevada pharmacist license for an indefinite period pending the successful passing of the PARE test.

Upon the reinstatement of Mr. Joseph's pharmacist license, he will be required to meet the following conditions to practice in a Nevada-licensed pharmacy:

- Successfully pass the written Nevada law examination.
- Complete a minimum of four weeks of on-the-job training under the direct supervision of another licensed pharmacist before he will be allowed to work independently.
- He will not be permitted to work as a pharmacist-in-charge for an additional six months.
- Pay an administrative fee of \$250.00.

Second: Kevin Desmond

Blomstrom offered a friendly amendment that Mr. Joseph be required to successfully pass both the PARE test and the Nevada Law examination before lifting the suspension of his license.

Desmond accepted the friendly amendment.

Action: Passed Unanimously

E. Scott M. Harrington, R.Ph
F. Smith's Pharmacy #394

(14-064-RPH-S)
(14-064-PH-S)

Scott Harrington, pharmacy manager; Tammy Myxter, Smith's pharmacy coordinator; and Valerie Jensen, pharmaceutical technician, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Edwards presented a Stipulation and Order regarding Mr. Harrington and Smith's Pharmacy #394 for the Board's consideration. The Respondents admit that evidence exists to establish a factual basis for the violations alleged in the Accusation. The Respondents admit that a technician-in-training (non-party Valerie Jensen) worked for 150 days without a current pharmaceutical technician-in-training registration.

Smith's Pharmacy #394 shall pay a fine of \$3,000.00, an administrative fee of \$500.00, and report to the Board the cause of the violation and the actions taken to prevent future similar reoccurrences. Mr. Harrington shall receive a public letter of reprimand from the Board Executive Secretary, complete a one hour continuing education (CE) course on the topic of managing pharmacist responsibilities, or if such a course is not available, on ethics, in addition to the CE credits he must ordinarily complete to maintain his license with the Board, and pay a fine of \$250.00.

Mr. Harrington and Ms. Myxter were both in agreement with the Stipulation and Order. Ms. Myxter indicated that Smith's has modified their policy in an effort to prevent this from occurring in the future. New hires are now required to be approved by the district office.

Board Action:

Motion: Leo Basch moved to accept the Stipulation and Order as presented.

Second: Jack Dalton

Action: Passed Unanimously

G. Sherrilyn DeFreece, PT

(14-084-PT-S)

Mr. Edwards advised the Board that Ms. DeFreece was not present.

Mr. Edwards moved to have exhibits 1 through 7 admitted. President Gandhi accepted the Exhibits into the record.

On August 2, 2013, the Board entered a Findings of Fact, Conclusion of Law and Order in the case of Sherrilyn Defreece (Case No. 13-025-PT-S) for violations related to working without a valid registration. In its Order, the Board fined Ms. Defreece \$750.00 and ordered her to complete one hour of continuing education (CE) related to the topic of ethics, in addition to the regularly required CE courses she is obligated to complete.

On January 16, 2014, Ms. Defreece contacted Board Staff requesting a payment plan to pay the fine. Board Staff approved her request to monthly installments of \$100.00. Ms. Defreece mailed the first payment of \$100.00 on January 17, 2014. Ms. Defreece did not make any further monthly payments following the January 2014 payment. In July 2014, Board Staff contacted Ms. Defreece and reminded her that the fine and CE unit were past due. Mr. Edwards informed Ms. Defreece that she had thirty days to comply with the Board Order. Mr. Edwards agreed to adjust the monthly payments to \$75.00 with the next payment due no later than August 18, 2014. Ms. Defreece failed to submit any further monthly payments to the Board Office nor did she provide documentation that she completed the Board ordered CE.

On October 29, 2014, Ms. Defreece renewed her pharmaceutical technician registration for the biennial period ending October 31, 2016. Ms. Defreece renewed her registration utilizing the Board's online feature. Ms. Defreece did not disclose on the online renewal application that she had been the subject of a disciplinary action.

Mr. Edwards stated that Board Staff served the Accusation to Ms. Defreece by certified mail on December 18, 2014, at the address she had on record with the Board Office. He presented a copy of the postal service Domestic Return Receipt (Exhibit 1) which was signed with Ms. Defreece's signature on December 20, 2014, indicating delivery and receipt by Ms. Defreece. Mr. Edwards also provided a copy of the letter sent regular mail to Ms. Defreece advising her of the Hearing (Exhibit 2).

Board Action:

Motion: Cheryl Blomstrom moved to find that based on the evidence presented, Board Staff properly attempted service by mailing the Notice of Intended Action and Accusation to Ms. Defreece.

Second: Leo Basch

Action: Passed Unanimously

Mr. Edwards stated that the evidence provided supports a finding of guilt.

Board Action:

Motion: Cheryl Blomstrom moved to find that the allegations in the Notice of Intended Action have been proven and to find Sherrilyn Defreece guilty in the First and Second Causes of Action.

Second: Leo Basch

Action: Passed Unanimously

By failing to fully comply with the terms and conditions of the Board Order in Case No. 13-025-PT-S, and falsely answering questions 2 and 3 on her online renewal, Mr. Edwards recommended the revocation of Ms. Defreece's registration.

Board Action:

Motion: Cheryl Blomstrom moved to revoke Sherrilyn Defreece's pharmaceutical technician registration.

Second: Tallie Pederson

Action: Passed Unanimously

H. Breanna C. Macias, PT

(14-085-PT-S)

Breanna Macias, pharmaceutical technician, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Basch disclosed that he and Ms. Macias worked together several years ago.

President Gandhi disclosed that his wife had worked with Ms. Macias in the past.

Mr. Edwards advised the Board that Ms. Macias did not submit a written answer to the Accusation. He provided Ms. Macias an opportunity to review the Exhibits prior to his motion to admit them. Ms. Macias contested Exhibit 4 (Mountain View Hospital Corrective Counseling Record) stating that the signature on the form is not hers. She had no objection to the other Exhibits.

Mr. Edwards moved to have Exhibits 1 through 5 admitted advising that Exhibit 4 is relevant to the case. President Gandhi reviewed the Exhibits and admitted them into the record including Exhibit 4.

Board Staff received notification from Roger Winslow, the director of pharmacy at Mountain View Hospital (Mountain View), indicating that Mountain View terminated Ms. Macias' employment as a pharmaceutical technician. Ms. Macias reported to work on October 22, 2014, and appeared to be under the influence of alcohol or controlled substances. She submitted to a voluntary drug and alcohol test the same day. The laboratory test results were positive for alcohol. Ms. Macias' blood alcohol level was 0.232.

Ms. Macias testified that when she reported to work that day, her supervisor pulled her from her duties after six hours into her shift. She voluntarily submitted to a blood test. Ms. Macias explained that the previous night she had a few cocktails followed by seven hours of

sleep. She did not feel under the influence when she reported to work the following day. Ms. Macias alleged that the paperwork in her termination packet indicated that her blood alcohol level was 0.015. She did not provide documentation to substantiate that allegation. Ms. Macias stated that she cannot dispute the laboratory test results (Exhibit 5) that Mr. Winslow provided to Board Staff.

Mr. Edwards stated that the testimony and evidence provided supports a finding of guilt.

Board Action:

Motion: Kirk Wentworth moved to find that the allegations in the Notice of Intended Action have been proven.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Board Action:

Motion: Kirk Wentworth moved to find Breanna Macias guilty in the First Cause of Action.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Mr. Edwards offered penalty recommendations for the Board's consideration.

Board Action:

Motion: Cheryl Blomstrom moved to suspend Breanna Macias' Pharmaceutical Technician Registration pending an evaluation by PRN-PRN. Ms. Macias will be required to reappear with the results of the evaluation for consideration of reinstatement of her registration.

Second: Tallie Pederson

Action: Passed Unanimously

I. Jaime Cordoba-Hernandez, R.Ph (14-086-RPH-S)

Jaime Cordoba-Hernandez, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Edwards moved to have Exhibits 1 through 8 admitted. President Gandhi admitted the Exhibits into the record. Mr. Edwards provided Mr. Cordoba-Hernandez an opportunity to

review the Exhibits prior to the motion to admit them. Mr. Cordoba-Hernandez had no objection to the Exhibits.

On February 1, 2013, the Board entered a Findings of Fact, Conclusion of Law and Order in the case of Mr. Cordoba-Hernandez (Case No. 12-056-RPH-S). The Board revoked Mr. Cordoba-Hernandez's pharmacist license for violations related to creating and filling fraudulent prescriptions for Procrit for a cyclist friend.

At the March 5, 2014 Board meeting, the Board reinstated Mr. Cordoba-Hernandez's license subject to a two year probation with the requirement that Mr. Cordoba-Hernandez attend the Board's meetings in Las Vegas for one year.

In July 2014, Mr. Cordoba-Hernandez informed Board Staff that he had moved to New York. Board Staff agreed to allow Mr. Cordoba-Hernandez to attend the New York Board of Pharmacy meetings in order to comply with the Board Order. Board Staff made arrangements with the New York Board to monitor Mr. Cordoba-Hernandez's attendance.

On November 19, 2014, the New York Board informed Board Staff that Mr. Cordoba-Hernandez had not attended the New York Board meetings as ordered.

Mr. Cordoba-Hernandez testified that he was aware of the arrangements made for him to attend the New York Board meetings. He indicated that he called numerous times to the New York Board Office, but they were not able to provide him with the dates of the meetings. Mr. Cordoba-Hernandez said that he was not able to find the dates on the New York Board website. He realized that he was viewing the wrong website and missed three meetings as a result. Mr. Cordoba-Hernandez acknowledged that he should have been more proactive, and he also should have informed Mr. Pinson regarding the situation.

Mr. Edwards commented that he was able to access New York's board meeting dates and agendas online. He also contacted the New York Board Office and was able to obtain Board meeting information. Mr. Edwards stated that the testimony and evidence provided supports a finding of guilt.

Board Action:

Motion: Cheryl Blomstrom moved to find that the allegations in the Notice of Intended Action have been proven.

Second: Jack Dalton

Action: Passed Unanimously

Board Action:

Motion: Cheryl Blomstrom moved to find Jaime Cordoba-Hernandez guilty in the First Cause of Action.

Second: Jack Dalton

Action: Passed Unanimously

Mr. Edwards offered penalty recommendations for the Board's consideration.

Board Action:

Motion: Cheryl Blomstrom moved to revoke Jaime Cordoba-Hernandez's pharmacist registration.

Second: Jack Dalton

Board discussion ensued.

Ms. Blomstrom withdrew the Motion. Mr. Dalton withdrew the Second.

Board Action:

Motion: Cheryl Blomstrom moved to revoke Jaime Cordoba-Hernandez's pharmacist registration. The revocation is stayed, and the current probationary status of Mr. Cordoba-Hernandez's pharmacist registration will be extended for one additional year. The probation will be lifted upon compliance with the following terms and conditions:

- Mr. Cordoba-Hernandez will be required to attend six New York State Board of Pharmacy meetings within the two year probationary period.
- At each of the six meetings that Mr. Cordoba-Hernandez attends, he will sign-in and present himself to the Executive Secretary of the New York Board or a representative in charge of the meeting.

Second: Leo Basch

Action: Passed Unanimously

6. Application for Nevada Pharmacy

American Specialty Pharmacy – Las Vegas

Syed Saeed, chief operations officer, appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Mr. Saeed did not have a letter from the owner authorizing him to speak on behalf of the company. The Board agreed to review the application.

Mr. Saeed explained that American Specialty Pharmacy is a closed-door mail order pharmacy licensed in all fifty states specializing primarily in rheumatology, oncology and

HIV/Aids medications. The pharmacy does not compound. Products are patient-specific and shipped directly to the patient's home.

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

Board Action:

Motion: Kirk Wentworth moved to approve American Specialty Pharmacy's Application for Nevada Pharmacy License pending a satisfactory inspection and receipt of a letter from the owner that Mr. Saeed is authorized to speak on behalf of the company.

Second: Cheryl Blomstrom

Action: Passed Unanimously

7. Out-of-State Pharmacy Applications

A. California Pharmacy & Compounding Center – Newport Beach, CA

Glen Olsheim, chief operating officer, and Abe Shapiro, pharmacist-in-charge, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Wilshire addressed questions regarding the Accusation filed by the California Board of Pharmacy (California Board) on March 27, 2014. The Accusation alleges that from 2009 through 2011, the California Pharmacy & Compounding Center (CPCC) was involved in the illegal practice of compounding and selling of a product sold under the trade name of Releana®. Releana® is a patented weight loss program which relies on the administration of human chorionic gonadotropin (HCG). The Accusation also claims CPCC did not ensure the security, integrity and/or authority of a prescription faxed to CPCC for a compounded suppository by verifying the prescription with the prescriber. Mr. Wilshire contends that CPCC did not engage in illegal behavior. The CA Board inspected CPCC multiple times during 2009 through 2011, and these allegations were not noted during the inspections. CPCC has not been issued any type of citation before or since that time. CPCC ceased the compounding of Releana® in 2011. This case is scheduled for a hearing by the California Board in September 2015.

Mr. Wilshire explained that CPCC is currently registered with the FDA as an outsourcing facility. CPCC specializes primarily in ophthalmic products. CPCC was inspected in August 2014 and October 2014. Mr. Wilshire stated that CPCC has been registered in Nevada for ten years.

Mr. Wilshire and Mr. Shapiro answered questions to the Board's satisfaction.

Board Action:

Motion: Leo Basch moved to approve California Pharmacy & Compounding Center's pharmacy renewal application.

Second: Kirk Wentworth

Action: Passed Unanimously

B. Diamondback Drugs – Scottsdale, AZ

Michael Blair, chief executive officer, and David Perkins, pharmacist-in-charge, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Susan Truillo appeared as counsel representing Diamondback Drugs.

Jack Dalton disclosed that he and Mr. Perkins were employed at the same company several years ago. He and Mr. Perkins have not been acquainted for the past seven years.

Mr. Blair addressed questions concerning Question 2 on the renewal application regarding a board citation or administrative action which was answered "Yes".

Mr. Blair explained that in 2012, Diamondback Drugs was cited by the California Board for wholesaling without a permit. As the pharmacist-in-charge, his pharmacist license was also cited. He was informed that the citation was not considered discipline so he did not disclose the citation on his application to reciprocate to North Carolina in 2014. Mr. Blair also did not disclose on the North Carolina application a citation that was issued to him in 2006 that was dismissed by the California Board. The North Carolina Board alleged that Mr. Blair withheld information and denied his application for reciprocity. Mr. Blair said that all matters in California have been resolved.

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

Board Action:

Motion: Kirk Wentworth moved to approve Diamondback Pharmacy's renewal application.

Second: Leo Basch

Action: Passed Unanimously

C. OptumRx – Carlsbad, CA

Phong Ly, operations manager, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

President Gandhi recused from participation in this matter due to his personal acquaintance with Mr. Ly. Mr. Basch presided over this matter as Acting President.

Question 2 on the OptumRx renewal application regarding a board citation or administrative action was answered "Yes". Included with the application was a letter from Mr. Ly detailing citations that were issued to OptumRx by the California Board since October 2012.

Mr. Ly answered questions posed by the Board. Mr. Ly explained that OptumRx has instituted a continuous quality improvement program. A team comprised of pharmacists reviews each error to determine the root cause of the problem. Weekly meetings with the pharmacy staff are conducted to discuss opportunities for improving prescription processing accuracy.

Board Action:

Motion: Kevin Desmond moved to approve OptumRx's renewal application.

Second: Kirk Wentworth

Action: Passed Unanimously

8. Applications for Out-of-State Compounding Pharmacy

A. Boothwyn Pharmacy, Inc. – Boothwyn, PA

Noel Boehm, managing pharmacist, appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Ms. Boehm presented a letter from Louis Micolucci, owner, authorizing her to speak on behalf of the company.

Ms. Boehm explained that Boothwyn Pharmacy (Boothwyn) is licensed in sixteen states and specializes in sterile and non-sterile compounding of human and veterinary pharmaceuticals. Products include hormone replacement therapy, progesterone and testosterone injections. Boothwyn is licensed as a compounding pharmacy in Pennsylvania and was inspected by the Pennsylvania Pharmacy Board in May 2013, and NABP in 2014. Boothwyn is PCAB-certified. Ms. Boothwyn provided copies of the inspections.

Ms. Boehm said that Boothwyn appeared at the October 2014 meeting, and the application indicated sterile and non-sterile compounding. Boothwyn may include the shipping of high-risk compounds in the future.

Mr. Wuest clarified that when Boothwyn Pharmacy appeared before the Board in October, the Board approved the application pending receipt of the affidavit that they will not be shipping high risk compounded products into Nevada. Subsequent to that meeting, Board Staff learned that the affidavit did not match Boothwyn's business model, and Boothwyn needed to reappear and address their intent to do high-risk compounding. Boothwyn

provided their policies and procedures and Board Staff is comfortable with approval of the services Boothwyn intends to provide.

Ms. Boehm answered questions to the Board's satisfaction.

Board Action:

Motion: Leo Basch moved to approve Boothwyn Pharmacy's Application for Out-of-State Pharmacy License.

Second: Jack Dalton

Action: Passed Unanimously

B. MedicoRx Specialty – Van Nuys. CA

Michael Sterling, managing pharmacist, appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Mr. Sterling presented a letter from Vladimir Lenchitsky, CEO and President, authorizing Mr. Sterling to speak on behalf of the company.

Mr. Sterling explained that MedicoRx Specialty (MedicoRx) is currently licensed in four states, and is seeking licensure in all fifty states to meet the accreditation criteria of the Utilization Review Accreditation Commission (URAC). MedicoRx is a home infusion pharmacy specializing in sterile compounding (patient-specific) primarily IV hydration, antibiotics and TPNs. A pharmacist is on-call 24/7. MedicoRx has a clean room and is 797 compliant. The pharmacy is inspected annually with the next inspection tentatively scheduled in February 2015.

MedicoRx also provides manufactured oncology products to physicians to be reconstituted and administered in the physician's office. All products are patient-specific and billed through the patient's insurance. Mr. Sterling was not able to address who paid the patient's copayment.

Board Action:

Motion: Kirk Wentworth moved to approve MedicoRx Specialty's Application for Out-of-State Pharmacy License. MedicoRx Specialty will submit a copy of the 2015 inspection to the Board Office when available, and provide a letter to Board Staff addressing who pays the patient's insurance copayment for the pharmaceuticals administered in the physician's office.

Second: Leo Basch

Action: Passed Unanimously

C. North Beaches Pharmacy Inc. – Jacksonville, FL

A representative from North Beaches Pharmacy was not present. No action was taken.

D. Preckshot Professional Pharmacy – Peoria Heights, IL

Preckshot Professional Pharmacy requested continuance of this matter to the March 2015 meeting.

E. Synergy Pharmacy Services, Inc. – Palm Harbor, FL

Michael Palso, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Palso explained that Synergy Pharmacy Services (Synergy) provides patient-specific sterile and non-sterile compounds primarily ophthalmics, tri-mix and topical pain creams. The pharmacy has an ISO-5 clean room. Products are shipped Fed Ex priority overnight, and protocols are in place to address shipping and/or temperature issues. Synergy submitted an affidavit with the application to the Board Office attesting that they will not be shipping sterile compounded pharmaceuticals into Nevada. Mr. Palso said that Synergy will be providing a full line of services which is reflected on the application. Mr. Palso authorized the Board to nullify the affidavit.

Synergy provides custom prescription pads to physicians which are preprinted with the three primary drugs the physician prescribes. The custom pads are complimentary and do not contain pharmacy information. Board Staff advised Mr. Palso that the Board follows federal law which prohibits the exchange of anything of value which can be construed as an effort to induce (or reward).

Board Action:

Motion: Kirk Wentworth moved to approve Synergy Pharmacy Services' Application for Out-of-State Pharmacy License pending receipt of their most recent inspection.

Second: Kevin Desmond

Action: Passed Unanimously

9. Applications for Nevada MDEG

A. Bluebird Medical Supply, Inc. – Las Vegas

Karine Ghadyan, administrator and owner, and Mary Khamprasyan, consultant, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Edwards reminded the Board that Ms. Ghadyan and Ms. Khamprasyan appeared at the December 2014 meeting. The Board expressed concerns at that time regarding Ms. Ghadyan's lack of experience and training with the fitting of diabetic shoes and knowledge of the business in general. The Board recommended that Ms. Ghadyan seek training and certification to perform the services she intends to provide. Ms. Ghadyan requested postponement of the Board's consideration of the application until the January 2015 meeting.

Ms. Ghadyan explained that she has successfully completed Dr. Comforts' certified diabetic shoe fitters course online in January, and is scheduled to take additional training in February. Ms. Ghadyan clarified that Bluebird Medical Supply (Bluebird) will only be providing diabetic shoes and incontinence supplies. The services provided checked on the application indicate "diabetic supplies" and "orthotics and prosthetics." Ms. Ghadyan authorized Board Staff to amend the application.

The Board questioned Ms. Ghadyan regarding who will be Bluebird's administrator since Ms. Ghadyan does not have 1,500 hours of verifiable work experience relating to the products provided. Ms. Khamprasyan testified that she meets the criteria to be the administrator, and will function in that position forty hours per week until Ms. Ghadyan meets the requirements to be the administrator.

The Board also informed Ms. Ghadyan that the Board Office received a notification that Bluebird's insurance has been cancelled. Ms. Ghadyan explained there were issues with the electronic payment using a temporary credit card. She has since set up a business account through the bank. The premium is now paid and the insurance reinstated.

Board Action:

- Motion: Kirk Wentworth moved to approve Bluebird Medical Supply's Application for Nevada MDEG with the following conditions:
- Change of administrator to Mary Khamprasyan.
 - Approval pending a satisfactory inspection.
 - Quarterly inspections will be conducted at the discretion of the Board Inspector.
 - Documentation of Ms. Ghadyan's successful completion of the February 19, 2015 training course.
 - Documentation of proof of insurance.
 - Bluebird Medical Supply will not provide diabetic supplies.

Second: Kevin Desmond

Ayes: Blomstrom, Wentworth, Pederson, Dalton, Desmond
Nays: Basch

Action: Motion Carried

B. Medical Supplies Las Vegas, Inc. – Las Vegas

Arinola Adegboruwa, owner/administrator, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Adegboruwa explained that Medical Supplies Las Vegas (Medical Supplies) will be providing diabetic shoes, assistive equipment and orthotics and prosthetics. Medical Supplies contracts with a certified diabetic shoe fitter and assistive equipment technology specialist. Medical Supplies will initially service Medicaid patients and expand to private insurers and Medicare in the future. The services provided checked on the application indicated “diabetic supplies.” Ms. Adegboruwa confirmed that Medical Supplies will not be offering diabetic supplies. Board Staff will amend the application.

Ms. Adegboruwa said that she received 1,800 hours as administrator-in-training at Flotsol, Inc., an MDEG owned by her father. Ms. Adegboruwa is no longer employed by Flotsol; however, her father serves as her consultant for Medical Supplies, and she continues to train under his guidance. She responded to Board questions regarding the business relationship between Medical Supplies and Flotsol. Ms. Adegboruwa said that there is no business association or transfer of patients between the two companies.

Board Staff asked Ms. Adegboruwa if there are any pending investigations involving Flotsol. Ms. Adegboruwa answered that Flotsol is under investigation by Medicaid. She did not provide information regarding the investigation; however, she commented that it’s her understanding that the issue will be resolved in March 2015.

The Board discussed Ms. Adegboruwa’s initial and ongoing training by her consultant whose company is being investigated by Medicaid. The appearance of impropriety and the guidance the consultant is providing to Ms. Adegboruwa is of great concern to the Board.

The Board offered Ms. Adegboruwa the option of having the consultant appear at the next Las Vegas meeting to address their concerns or continue and accept the outcome of the Board’s decision today.

Ms. Adegboruwa opted to table this matter until the April Board meeting.

10. Application for Controlled Substance Registration

Richard A. Singer, MD

On October 14, 2014, the Board Office received a Controlled Substance Application from Dr. Singer. Dr. Singer did not disclose on the application that his medical license had been the subject of discipline by the Nevada State Board of Medical Examiners.

Board Staff mailed Dr. Singer a letter on October 23, 2014, notifying him that he will be required to appear before the Board for their consideration to approve or deny his application. Dr. Singer requested an appearance at the December 3, 2014 meeting. On

November 19, 2014, Dr. Singer contacted the Board Office and requested his appearance be rescheduled to the January 2015 meeting. In both instances, Dr. Singer was adamant that Board Staff accommodate his work schedule, and schedule him for an early morning appearance. Board Staff obliged Dr. Singer's request and he was scheduled to appear at 9:30 a.m. in both cases.

Dr. Singer failed to appear at today's meeting.

Board Action:

Motion: Leo Basch motioned to move forward with Board review and discussion of Dr. Singer's Controlled Substance Application.

Second: Cheryl Blomstrom

Ayes: Blomstrom, Wentworth, Pederson, Basch

Nays: Dalton, Desmond

Action: Motion Carried

Board discussion ensued regarding the seriousness of the allegations and the many restrictions imposed on Dr. Singer's medical license from 1996 through August 2014. The Board felt that without an appearance by Dr. Singer, there was not enough information in the documentation provided to determine if Dr. Singer is safe to possess a controlled substance license.

Board Action:

Motion: Cheryl Blomstrom moved to deny Dr. Richard Singer's Controlled Substance Application.

Second: Kevin Desmond

Action: Passed Unanimously

11. Application for Pharmacist Licensure by Examination

Venus Vedadi

Venus Vedadi, intern pharmacist, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Tallie Pederson disclosed that she is acquainted with Ms. Vedadi through a previous discussion they had regarding potential employment with Walgreens. She stated that will not affect her participation in this matter.

Mr. Edwards reminded the Board that in February 2014, Ms. Vedadi was served with a Cease and Desist Order and Citation for the unlawful practice of pharmacy. Ms. Vedadi's Nevada registration as an intern pharmacist expired on October 31, 2012. Ms. Vedadi continued to work as an intern at various pharmacies without a current registration until January 2014.

At the March 14, 2014 Board meeting, the Board approved the renewal of Ms. Vedadi's intern pharmacist registration. Her registration was placed on probation with the requirement that she appear before the Board for consideration of approval of her pharmacist application and present letters of recommendation from her preceptors.

Ms. Vedadi addressed questions posed by the Board. Ms. Vedadi indicated that she has learned from this experience that the knowledge of pharmacy law, attention to detail, organization and patient safety are important to becoming a responsible pharmacist.

Board Action:

Motion: Cheryl Blomstrom moved to approve Venus Vedadi's Application By Examination as a Pharmacist.

Second: Kirk Wentworth

Action: Passed Unanimously

Ms. Vedadi requested that the probationary status of her intern registration be lifted. President Gandhi informed Ms. Vedadi that she will need to submit the request in writing to the Board Office and schedule an appearance before the Board.

12. Discussion and Determination

Cite and Fine for Unlicensed MDEG's

Many MDEG's have been operating unlicensed with the Pharmacy Board until they apply to bill Medicare and Medicaid and need proof of licensure. The MDEG has no license on which the Board can take an action, and many MDEG's have been operating for years without a license. They apply and appear before the Board claiming they were unaware that a license is required, and in most cases, are granted a license at the Board meeting.

Board Staff offered recommendations for the Board's consideration including cite and fine authority. Board discussion ensued. The Board agreed that if Board Staff has knowledge of unlicensed activity, the Board's General Counsel will issue a citation and fine to the business up to the maximum amount allowed by statute. The applicant will be required to appear before the Board for consideration to approve or deny the application. At that time, the Board can address the cite and fine to determine if it is appropriate or amend it.

13. Possible Election of Officers

No discussion or action taken.

14. General Counsel Report

No report.

15. Executive Secretary Report

A. Financial Report

Mr. Pinson presented the financials to the Board's satisfaction.

B. Temporary Licenses

One temporary license was issued since the last meeting.

C. Staff Activities

1. CE Presentations:

a. Drug and Family Court Judges & Staff

Mr. Pinson's presentation to this group in December was very well received.

b. APRN's

Mr. Edwards will present a CE in Reno on January 23rd; Mr. Pinson will present to the Las Vegas group in February.

c. Dental Hygienist Association

Mr. Pinson will conduct a presentation on January 22nd.

d. DEA's Pharmacy Diversion Awareness Conference

Mr. Pinson was invited to speak at the two day conference which will be held February 7th and 8th in Las Vegas. Other speakers will include representatives from NABP and the DEA.

2. Video Contest Governor & AG's Luncheon

Mr. Pinson attended the awards luncheon at the Governor's Mansion honoring the students who won the Nevada Prescription Drug Prevention Video Contest.

3. Veterinary Board Appearance

Mr. Pinson, Mr. Wuest and Mr. Edwards were invited to appear before the Veterinary Board at their January meeting to address questions regarding compounding, dispensing and destruction of veterinary pharmaceuticals.

D. Reports to Board

1. Collaborative Efforts:

a. BOME; BON; BOVM

2. National Governor's Association Meeting on Rx Drug Abuse

Mr. Pinson said that the group is meeting monthly to discuss prescription drug abuse. Mr. Pinson will be attending the National Governor's Association meeting in Vermont in May, hosted by the governor of Vermont.

3. NABP Inspection Blueprint Development Workshop

Mr. Pinson and Mr. Seidlinger attended the workshop which was held in Chicago last week. The focus of the workshop is to develop a consistent inspection form for sterile compounding and pharmacy inspections to be used by all states nationwide.

4. Legislative Committee on Regulations

Mr. Edwards appeared at the December 22, 2014, Legislative Committee. The Committee reviewed and approved the amendments to NAC 453.520 and 453.530 regarding the rescheduling of hydrocodone containing products.

5. Meeting with Dr. George Wang of SIRUM

Mr. Pinson reported that he was contacted by Dr. George Wang of Stanford University. SIRUM (Supporting Initiatives to Redistribute Unused Medicine) is a non-profit program to decrease the amount of pharmaceuticals going to waste by redistributing unused, unexpired drugs rather than destroy them. Dr. Wang is interested in starting a SIRUM program for HIV drugs in Nevada. Dr. Wang will contact Mr. Pinson if SIRUM decides to move forward with the program in Nevada.

E. Board Related News

1. NABP District Meeting

Mr. Desmond attended the district meeting in December. He reported that the interactive forum was attended by representatives from forty states as well as Canada, Guam, and the Virgin Islands. Topics of discussion included the PMP, prescription drug abuse, VPP, orientation of public board members, and appointing a pharmaceutical technician to serve as a member of state boards of pharmacy.

Mr. Pinson reported that the contract with the Hyatt Lake Tahoe has been finalized for the District 8 meeting to be held September 14 through 17, 2015. Mr. Pinson will schedule a planning meeting.

The NABP Annual Meeting will be held in New Orleans in May 2015. Ms. Pederson has volunteered to be the Nevada delegate and Mr. Desmond will be the alternate.

F. Activities Report

16. Proposed Regulation Amendment Workshop

- A. Amendment of Nevada Administrative Code 639.050 Storage and destruction of certain controlled substances.
- B. Amendment of Nevada Administrative Code 639.498 Destruction of certain controlled substances: Requirement; procedure.

Mr. Wuest explained that the proposed amendments bring the regulations into compliance with current federal regulations allowing pharmacies, manufacturers, wholesalers, hospital pharmacies, and retail pharmacies to take prescription drugs back based on the September 9, 2014, DEA guidelines. These entities must obtain registration as an authorized collector from the DEA.

Liz Macmenamin, RAN, commented that her members supported the continuance of the current drug take back program statewide. The proposed amendment raises concerns regarding the potential impact to pharmacies.

Mr. Pinson informed Ms. Macmenamin that registration to become an authorized collector is voluntary.

Christina Madison, Clinical Pharmacy Faculty, Roseman University, commented that the Roseman College of Pharmacy supports the current drug take back program. She questioned how information regarding authorized collectors will be disseminated to the public, and suggested that information be available via website or FAQ sheet at the pharmacy level.

Mr. Wuest explained that the changes apply to the industry not the public. DEA has information available on their website.

Board Action:

Motion: Cheryl Blomstrom moved to adopt the proposed amendments and move forward to Public Hearing.

Second: Jack Dalton

Action: Passed Unanimously

- C. Amendment of Nevada Administrative Code 639.760 Return of unused drugs packaged in unit doses.

No discussion. No action taken.

- D. Amendment of Nevada Administrative Code 639.6282 Third-party logistics provider. Updating the law to be consistent with federal Drug Quality and Security (DQSA).
- E. Amendment of Nevada Administrative Code 639.6305 Third-party logistics providers: General Requirement. Updating the law to be consistent with federal Drug Quality and Security (DQSA).

Cheryl Blomstrom recused from participation in this matter as she represents the Nevada Trucking Association.

The proposed amendments were reviewed with Keith Marcher, Chief Deputy Attorney General, who advised Board Staff that the amendments fall within the Board's statutory authority.

Third-party logistics providers (3PLs) are currently licensed in Nevada as wholesalers. The Drug Quality and Security Act now requires 3PLs to be licensed separately from wholesalers. The proposed amendments bring the regulations into compliance with current federal law.

Board Action:

Motion: Leo Basch moved to adopt the proposed amendments and move forward to Public Hearing.

Second: Kevin Desmond

Action: Passed Unanimously

- F. Amendment of Nevada Administrative Code 639. New Language Outsourcing Facilities Updating the law to be consistent with federal Drug Quality and Security (DQSA).

Outsourcing Facilities have been licensed as pharmacies when in actuality they manufacture. The proposed policy incorporates the recommendations discussed at the December 2014 meeting to create a new license category for outsourcing facilities.

The proposed amendment was reviewed with Keith Marcher, Chief Deputy Attorney General, who advised Board Staff that the amendment falls within the Board's statutory authority.

Board Action:

Motion: Kirk Wentworth moved to adopt the proposed amendment and move forward to Public Hearing.

Second: Kevin Desmond

Action: Passed Unanimously

17. Next Board Meeting:

March 4-5, 2015 – Reno

18. Public Comment

There was no public comment.

A

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

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: PH 01990)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☒ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Petco Wellness, LLC, d/b/a Doctors Foster and Smith Pharmacy

Physical Address: 2253 Air Park Road, Rhinelander, WI 54501-8425

Mailing Address: 9125 Rehco Road

City: San Diego State: CA Zip Code: 92121

Telephone: 715-369-3305 Fax: 800-447-2404

Toll Free Number: 800-447-3021 (Required per NAC 639.708)

E-mail: pharmacy@drsfostersmith.com Website: www.drsofostersmith.com

Managing Pharmacist: Brian D. Schafer License Number: 15108-40 (WI)

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds)
☒ ☐ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community *
☒ ☐ Other: Mail Order Pharmacy /
Veterinarian

All boxes must be checked
For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☐ Other Services:

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

***Doctors Foster and Smith Pharmacy is a community veterinary pharmacy in Wisconsin only.**

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

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

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

Application must be printed legibly or typed

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

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☒ Partnership – Pages 1,2,5,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Fidelis Specialty Pharmacy

Physical Address: 1002 S. Baldwin Ave

Mailing Address: 1002 S. Baldwin Ave

City: Arcadia State: CA Zip Code: 91007

Telephone: (626) 447-2138 Fax: (626) 447-6433

Toll Free Number: (866) 643-2042 (Required per NAC 639.708)

E-mail: gchan@fidelis-rx.com Website: www.fidelis-rx.com

Managing Pharmacist: Garry C. Chan License Number: 37144 (CA)

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds _____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☒ ☐ Community

☒ ☐ Other: Specialty Pharmacy

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral **

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding **

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding **

☐ ☒ Other Services: _____

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

C

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

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

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

Application must be printed legibly or typed

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

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.

☒ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership – Pages 1,2,5,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: KROGER COLUMBUS CENTRAL FILL

Physical Address: 2270 RICKENBACKER PARKWAY W.

Mailing Address: SAME AS ABOVE

City: COLUMBUS State: OHIO Zip Code: 43217

Telephone: (614) 333-5033 Fax: (614) 333-5029

Toll Free Number: 1-866-298-2622 (Required per NAC 639.708)

E-mail: chong.lim@kroger.com Website: N/A

Managing Pharmacist: CHONG LIM License Number: OH 03219587

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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

81745

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
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☐ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH____)
 Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7
☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: MARLEY DRUG, Inc.
 Physical Address: 5208 Peters Creek Parkway
 Mailing Address: 5208 Peters Creek Parkway
 City: Winston-Salem State: NC Zip Code: 27127
 Telephone: 336-771-7672 Fax: 336-771-9921
 Toll Free Number: 800-286-6781 (Required per NAC 639.708)
 E-mail: marleydrug@bellsouth.net Website: www.marleydrug.com
 Managing Pharmacist: DAVID MARLEY License Number: 12343

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

All boxes in this section must be checked for the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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

E

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7☐ Partnership – Pages 1,2,5,7☒ Non Publicly Traded Corporation – Pages 1,2,4,7☐ Sole Owner – Pages 1,2,6,7GENERAL INFORMATION to be completed by all types of ownershipPharmacy Name: Newport Lido PharmacyPhysical Address: 351 Hospital Rd Ste 107Mailing Address: SameCity: Newport + Bismarck State: CA Zip Code: 92663Telephone: 949 764 6580 Fax: 949 764 6581Toll Free Number: 844-219-5401 (Required per NAC 639.708)E-mail: gerard.rivera@NewportLidoPharmacy.com Website: www.NewportLidoPharmacy.comManaging Pharmacist: Gerard Rivera License Number: PH 66274gerard.rivera@newportlidoPharmacy.comTYPE OF PHARMACY ANDSERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services☐ ☒ Parenteral **☐ ☒ Parenteral (outpatient)☐ ☒ Outpatient/Discharge☒ ☐ Mail Service☐ ☒ Long Term Care☐ ☒ Sterile Compounding **☐ ☒ Non Sterile Compounding☐ ☒ Mail Service Sterile Compounding **☐ ☒ Other Services: _____

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

82518

F

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

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☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: **PH03058**)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7
☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Quick Care Pharmacy, Inc.

Physical Address: 9397 Haven Avenue

Mailing Address: _____

City: Rancho Cucamonga State: CA Zip Code: 91730

Telephone: 909-218-3618 Fax: 866-393-5258

Toll Free Number: 866-393-8116 (Required per NAC 639.708)

E-mail: info@quickcarepharmacy.com Website: www.quickcarepharmacy.com

Managing Pharmacist: Rohit Sheta License Number: CA: 56550
NV: 17436

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☒ ☐ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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

64751

G

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

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

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☒ **New Pharmacy** or ☐ **Ownership Change** (Provide current license number if making changes: PH____)
 Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7
☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Stoney Creek Pharmacy

Physical Address: 2831 Rockfish Valley Hwy

Mailing Address: 2831 Rockfish Valley Hwy

City: Nellysford State: VA Zip Code: 22958

Telephone: (434) 361-0370 Fax: (434) 361-0377

Toll Free Number: (855) 672-4050 (Required per NAC 639.708)

E-mail: Canaday@stoneycreekpharmacy.com Website: www.stoneycreekpharmacy.com

Managing Pharmacist: Tasha Bush License Number: 0202010620

TYPE OF PHARMACY **AND SERVICES PROVIDED**

Yes/No

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

**All boxes must be checked
 For the application to be complete**

Yes/No

- ☐ ☒ Off-site Cognitive Services
- ☐ ☒ Parenteral **
- ☐ ☒ Parenteral (outpatient)
- ☐ ☒ Outpatient/Discharge
- ☒ ☐ Mail Service
- ☐ ☒ Long Term Care
- ☐ ☒ Sterile Compounding **
- ☐ ☒ Non Sterile Compounding
- ☐ ☒ Mail Service Sterile Compounding **
- ☐ ☒ Other Services: _____

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

81947

H

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
 (non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Trinity Medical Pharmacy

Physical Address: 9332 State Route 54 Suite 203 New Port Richey, FL 34655

Mailing Address: 9332 State Route 54 Suite 203

City: New Port Richey State: FL Zip Code: 34655

Telephone: 727-495-6979 Fax: 1-855-855-6979

Toll Free Number: 1-866-974-6979 (Required per NAC 639.708)

E-mail: ksp@trinitymedicalpharmacy.com Website: www.trinitymedicalpharmacy.com

Managing Pharmacist: Jayant Raval, RPh License Number: PS28244

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes in this section must be checked for the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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

82498

I

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

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7
☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Alpha Pharmacy

Physical Address: 8787 N MacArthur Blvd, #120, Irving, TX 75063

Mailing Address: 8787 N MacArthur Blvd, #120

City: Irving State: TX Zip Code: 75063

Telephone: 469-262-5742 Fax: 855-592-5742

Toll Free Number: 800-963-1619 (Required per NAC 639.708)

E-mail: alpharxtx@gmail.com Website: alphapharmacytx.com

Managing Pharmacist: Ravi Morisetty License Number: 44933

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail	<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center	<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community	<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____	<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
	<input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding
	<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
	<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
 For the application to be complete

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

82238

J

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
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☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: PH 03044)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☒ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: America Meds Direct Rx

Physical Address: 3218 Bellline Road, Suite 510

Mailing Address: Same as Above

City: Farmers Branch State: Texas Zip Code: 75234

Telephone: 866-321-1732 Fax: 844-239-1552

Toll Free Number: 866-321-1732 (Required per NAC 639.708)

E-mail: azeinali@americamedsdirectrx.com Website: n/a

Managing Pharmacist: Arvin Zeinali License Number: Texas RPh 50872

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☐ Other Services: _____

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

K

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

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☒ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: APOGEE BIO-PHARM LLC

Physical Address: 107 SUNFIELD AVENUE EDISON, NJ 08837-3822

Mailing Address: 107 SUNFIELD AVENUE

City: EDISON State: NJ Zip Code: 08837-3822

Telephone: 732-902-6575 Fax: 609-534-5693

Toll Free Number: 855-727-6433 (Required per NAC 639.708)

E-mail: BWELWART@AOL.COM Website: WWW.APOGEEBIOPHARM.COM

Managing Pharmacist: MARIZE DAWOOD License Number: 28RI03549900

TYPE OF PHARMACY **AND SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☐ Other Services: _____

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

L

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☒ Partnership – Pages 1,2,5,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Ashland Health

Physical Address: 12 N Catherine Ave La Grange, IL 60525

Mailing Address: 12 N Catherine Ave

City: La Grange State: IL Zip Code: 60525

Telephone: 708-482-4000 Fax: 708-482-4004

Toll Free Number: 844-482-4001 (Required per NAC 639.708)

E-mail: jess@ashlandhealthrx.com Website: pending

Managing Pharmacist: Jessica Dangler License Number: 051.291378

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds _____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☒ ☐ Community

☐ ☒ Other: N/A

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral **

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding **

☒ ☐ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding **

☐ ☒ Other Services: N/A

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

81659

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownershipPharmacy Name: Greywell PharmacyPhysical Address: 10072 Riverside Dr. North Hollywood, CA 91602Mailing Address: P.O. Box 250040City: Glendale State: CA Zip Code: 91602Telephone: 818-300-5500 Fax: 877-854-2572Toll Free Number: 844-500-7999 (Required per NAC 639.708)E-mail: Credentiaing@greywellrx.com Website: N/AManaging Pharmacist: Kristina Malchukova License Number: 04492**TYPE OF PHARMACY AND****SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☐ ☒ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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

82499

N

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

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7
☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Hope Specialty Pharmacy

Physical Address: 1480 Colorado Blvd. Suite 100 Los Angeles, CA. 90041

Mailing Address: 1480 Colorado Blvd. Suite 100

City: Los Angeles State: California Zip Code: 90041

Telephone: 800-557-5555 Fax: 800-557-9095

Toll Free Number: 800-557-5555 (Required per NAC 639.708)

E-mail: ask@HopeSP.com Website: www.HopeSP.com

Managing Pharmacist: Sarkis Jarakian License Number: 59645 CA

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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

81948

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

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: PH 03129)
 Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7
☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Leiter's Enterprises, Inc. DBA Leiter's Compounding

Physical Address: 17 Great Oaks Blvd.

Mailing Address: 17 Great Oaks Blvd.

City: San Jose State: CA Zip Code: 95119

Telephone: (408) 292-6772 Fax: (408) 288-8252

Toll Free Number: (800) 292-6772 (Required per NAC 639.708)

E-mail: pharmacystaffe@leiterrx.com Website: www.leiterrx.com

Managing Pharmacist: Charles Leiter License Number: CA Rph 37852

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☒ ☐ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☒ ☐ Mail Service Sterile Compounding **
☐ ☒ Other Services:

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

P

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Liberty for All Pharmacy 2, Inc.

Physical Address: 3034 South Jog Road, Greenacres, FL 33467.

Mailing Address: 3034 South Jog Road,

City: Greenacres State: FL Zip Code: 33467

Telephone: 855-824-4688 Fax: 561-904-6090

Toll Free Number: 855-824-4688 (Required per NAC 639.708)

E-mail: Admin@pharmacydme.com Website: NONE

Managing Pharmacist: Juel C Mason License Number: PS 40451

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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

82719

Q

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

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

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

Application must be printed legibly or typed

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Medical Center Pharmacy, Inc

Physical Address: 410 University Pkwy Suite 2800 Aiken, SC 29801

Mailing Address: 1485 Livingston Lane

City: Jackson State: MS Zip Code: 39212

Telephone: 803-648-2985 Fax: 803-648-0120

Toll Free Number: 844-207-9776 (Required per NAC 639.708)

E-mail: tdh4038@aol.com Website: _____

Managing Pharmacist: Thomas Holley License Number: 5070

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail	<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center	<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____	<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
	<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
	<input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding
	<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
	<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

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

R

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☒ Partnership – Pages 1,2,5,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Northridge Pharmacy, LLC

Physical Address: 922 20th Street

Mailing Address: Same

City: Halleyville State: AL Zip Code: 35565

Telephone: (205) 486-3197 Fax: (205) 486-3198

Toll Free Number: (866) 846-8236 (Required per NAC 639.708)

E-mail: globalpharmacy@gmail.com Website: global-dme.com

Managing Pharmacist: Jammy Mays License Number: 13759

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7
☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownershipPharmacy Name: OMNI - ONE - MED PHARMACYPhysical Address: 17310 W. GRAND PKWY S. STE. EMailing Address: 17310 W. GRAND PKWY S. STE. ECity: SUGAR LAND State: TX Zip Code: 77479Telephone: 832-554-5008 Fax: 832-554-5009Toll Free Number: 888-350-4373 (Required per NAC 639.708)E-mail: LICENSING@OMNIONEMED.COM Website: N/AManaging Pharmacist: HEMLATA KATARIA License Number: 52562**TYPE OF PHARMACY AND****SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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

8/19/16

T

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership – Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Pagosa Specialty Pharmacy

Physical Address: 426 Pagosa Street

Mailing Address: P.O. Box 120

City: Pagosa Springs State: CO Zip Code: 81147

Telephone: 970.264.4166 Fax: 970.264.3289

Toll Free Number: 800.961.4082 (Required per NAC 639.708)

E-mail: info@pagosasrx.com Website: www.pagosasrx.com

Managing Pharmacist: Linda W. Kutzko, Pharm D. License Number: PHA.0019922

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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

81943

U

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7
☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Pharma Select Texas

Physical Address: 1535 West loop South office Building, Suite 319, Houston, Tx - 77027

Mailing Address: 1535 West loop South office Building, Suite 319

City: Houston State: Texas Zip Code: 77027

Telephone: 866-723-3786 Fax: 844-230-5434

Toll Free Number: 866-723-3786 (Required per NAC 639.708)

E-mail: nalikhana@next-health.us Website: _____

Managing Pharmacist: Hudson, Keith Maxwell License Number: 35022

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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

81945

✓

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☒ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Pharmacy and Nutrition Shoppe

Physical Address: 10109 E 79th St Tulsa, OK 74133

Mailing Address: 10109 E 79th St

City: Tulsa State: OK Zip Code: 74133

Telephone: 918.286.5370 Fax: 918.244.7070

Toll Free Number: N/A (Required per NAC 639.708)

E-mail: N/A Website: N/A

Managing Pharmacist: Laura Heibenstein License Number: 13743

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
- ☐ ☒ Parenteral **
- ☐ ☒ Parenteral (outpatient)
- ☒ ☐ Outpatient/Discharge
- ☒ ☐ Mail Service
- ☐ ☒ Long Term Care
- ☐ ☒ Sterile Compounding **
- ☒ ☐ Non Sterile Compounding
- ☐ ☒ Mail Service Sterile Compounding **
- ☐ ☒ Other Services: _____

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

81679

W

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
(Please provide current license number if making changes: PH _____)

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Physician Specialty Pharmacy

Physical Address: 6258 North W Street

Mailing Address: 6258 North W Street

City: Pensacola State: FL Zip Code: 32505

Telephone: (850) 462-9555 Fax: (850) 462-9554

Toll Free Number: (877) 527-2973 (Required per NAC 639.708)

E-mail: info@psprx.com Website: _____

Managing Pharmacist: Glenn Hanson License Number: PS49955

<u>TYPE OF PHARMACY</u>	<u>AND</u>	<u>SERVICES PROVIDED</u>
Yes/No		Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds ____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile
		Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

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

82818

X

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

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

Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Deerfield Healthcare, LLC. dba Republic Rx Specialty Pharm

Physical Address: 1862 W. Bitters Rd., Ste. 100

Mailing Address: 1862 W. Bitters Rd., Ste. 301

City: San Antonio State: TX Zip Code: 78248

Telephone: (210) 718-0300 Fax: (210) 255-1461

Toll Free Number: (877) 627-0750 (Required per NAC 639.708)

E-mail: chad@dermmgroup.com Website: www.Republicrx.com

Managing Pharmacist: Mark Hanus License Number: 26752

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds _____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral **

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☐ ☒ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding **

☒ ☐ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding **

☐ ☒ Other Services: _____

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

82960

4

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Ohm Pharmacy Services, Inc. DBA: Rx Care Pharmacy

Physical Address: 301 Havendale Blvd, Auburndale, FL 33823

Mailing Address: 301 Havendale Blvd

City: Auburndale State: FL Zip Code: 33823

Telephone: 863-815-5100 Fax: 863-815-5619

Toll Free Number: 866-247-4748 (Required per NAC 639.708)

E-mail: therxcare@gmail.com Website: www.TheRxCarePharmacy.com

Managing Pharmacist: Amish Kumar Vambrata License Number: BS 50802

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

Answer Yes or No to Each Box

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile
Compounding **
☐ ☐ Other Services: _____

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

2

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH____)
 Check box below for type of ownership and complete all required forms.
☒ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7
☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: RX Pro Pennsylvania
 Physical Address: 280 Indian Springs Rd, Ste. 125, Indiana, PA 15701
 Mailing Address: 1485 Livingston Lane
 City: Jackson State: Mississippi Zip Code: 39213
 Telephone: 724-463-9300 Fax: 724-463-9301
 Toll Free Number: 844-714-2300 (Required per NAC 639.708)
 E-mail: indianacompounding@hotmail.com Website: _____
 Managing Pharmacist: James Kodman License Number: RP043683T

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No		Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds ____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____
All boxes must be checked For the application to be complete		

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

82738

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☒ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Nutra Pharm DBA Solutions Pharmacy
Physical Address: 17036 Collins Ave Sunny Isles FL 33160
Mailing Address: 17036 Collins Ave
City: Sunny Isles State: FL Zip Code: 33160
Telephone: 305-945-8977 Fax: 305-947-7725
Toll Free Number: 1-800-694-2311 (Required per NAC 639.708)
E-mail: DRKARINABELKIN@yahoo.com Website: _____
Managing Pharmacist: Joseph Win Lok Lam License Number: PS41691

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

☒ ☐ Other: Diabetic Supplies
(test strips & Meters)

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☒ ☐ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☒ ☐ Other Services: Diabetic Supplies
(test strips & Meters)

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

BB

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
 (non-refundable and not transferable money order or cashier's check only)
 Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Total Care Medical ~~DBA~~ Topical Rx Pharmacy
 Physical Address: 2565 Capital Medical Blvd. Tall, FL 32308
 Mailing Address: GAA
 City: Tallahassee State: FL Zip Code: 32308
 Telephone: 850 219 0202 Fax: 855-237-4055
 Toll Free Number: 888-943-1857 (Required per NAC 639.708)
 E-mail: JennaM@topicalrxpharmacy.com Website: www.topicalrxpharmacy.com
 Managing Pharmacist: Wilburn T. Davis II License Number: PS 15370

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail	<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds ____)	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community	<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____	<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
	<input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding
	<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
	<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
 For the application to be complete

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

82538

CC

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
 Application must be printed legibly or typed

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

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

Facility Name: EKOS CORPORATION

Physical Address: 11911 NORTH CREEK PARKWAY SOUTH, BOTHELL, WA 98011

Mailing Address: 11911 NORTH CREEK PARKWAY SOUTH

City: BOTHELL State: WA Zip Code: 98011

Telephone: 425-415-3100 Fax: 425-415-3102

Toll Free Number: N/A

E-mail: CustomerService@Ekoscorp.com Website: www.ekoscorp.com

Facility Manager: Lori Melkerson

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: _____

DD

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
 (non-refundable and not transferable money order or cashier's check only)
 Application must be printed legibly or typed

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

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: <u>WH 01521</u>)
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b Please check box for type of ownership and complete correct part of the application.	<input type="checkbox"/> Partnership - Pages 1,2,3,6 <input type="checkbox"/> Sole Owner – Pages 1,2,3,7
---	---

GENERAL INFORMATION

Facility Name: EXP Pharmaceutical Services Corp.

Physical Address: 48021 Warm Springs Blvd.

Mailing Address: (same as above)

City: Fremont State: CA Zip Code: 94539

Telephone: (510) 476-0909 Fax: (510) 933-1470

Toll Free Number: (800) 350-0397

E-mail: nyou@expworld.com Website: www.expworld.com

Facility Manager: Nadine L. You

Professional qualifications and experience of facility manager: _____
Nadine You has been employed by EXP since 1997. In her many roles at EXP she has led all departments and activities. She is currently EXP's Authorized Officer.

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: _____

VAWD

EE

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATIONFacility Name: Fenwal, Inc.Physical Address: 8640 Nail Road, Suite 115Mailing Address: 7000 Cardinal Place, Attn: Keegan Chamberlain - OCLC, Dublin, OH 43017City: Olive Branch State: MS Zip Code: 38654Telephone: (662) 892-2760 Fax: 614-652-0282Toll Free Number: N/AE-mail: gmb-facility-licensing@cardinalhealth.com Website: www.fenwalinc.comFacility Manager: Martha McPherson

Professional qualifications and experience of facility manager: Over 30 years of experience in the Medical Industry
 relating to the storage and handling of prescription drugs and medical devices. Current position is Director, Operations Management.

Types of licensed outlets or authorized persons firm will serve:

<input checked="" type="checkbox"/> Pharmacies	<input checked="" type="checkbox"/> Practitioners	<input checked="" type="checkbox"/> Hospitals	<input checked="" type="checkbox"/> Wholesalers
<input checked="" type="checkbox"/> Other: <u>Healthcare providers (surgery centers, labs), and veterinarians</u>			

Type of Products to be handled or wholesaled by firm:

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

VHWD

82478

FF

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH_____)	

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

GENERAL INFORMATIONFacility Name: Fenwal, Inc.Physical Address: 4551 E. Philadelphia StreetMailing Address: 7000 Cardinal Place, Attn: Keegan Chamberlain - OCLC, Dublin, OH 43017City: Ontario State: CA Zip Code: 91761Telephone: 909-605-0900 Fax: 614-652-0282Toll Free Number: N/AE-mail: gmb-facility-licensing@cardinalhealth.comWebsite: www.fenwalinc.comFacility Manager: Carol Carrizoza

Professional qualifications and experience of facility manager: Over 15 years of experience in warehouse operations management, and over 6 years relating to the storage and handling of prescription drugs and medical devices. Current position is Manager, Operations Management.

Types of licensed outlets or authorized persons firm will serve:

<input checked="" type="checkbox"/> Pharmacies	<input checked="" type="checkbox"/> Practitioners	<input checked="" type="checkbox"/> Hospitals	<input checked="" type="checkbox"/> Wholesalers
<input checked="" type="checkbox"/> Other: <u>Healthcare providers (surgery centers, labs), and veterinarians</u>			

Type of Products to be handled or wholesaled be firm:

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

YAWD

82479

GG

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH 00305)
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Genco I, Inc

Physical Address: 1600 Ruffin Mill Road, Colonial Heights, VA 23834

Mailing Address: 100 Papercraft Park, Attn:Sandra Heckert/Legal Manager, Pittsburgh PA 15238

City: Colonial Heights State: VA Zip Code: 23834

Telephone: 804-518-4156 Fax: 804-526-2170

Toll Free Number: N/A

E-mail: michael.d.tuck@gsk.com Website: www.genco.com

Facility Manager: Michael D. Tuck

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: Sales Reps

Type of Products to be handled or wholesaled be firm:

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

HH

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
 Application must be printed legibly or typed

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

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: <u>WH 01492</u>)
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Partnership - Pages 1,2,3,6 <input type="checkbox"/> Sole Owner – Pages 1,2,3,7
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Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Genco I, Inc

Physical Address: 1704 Mid Park Rd.

Mailing Address: 100 Papercraft Park, Pittsburgh, PA 15238, Attn: Sandra Heckert, Legal Mgr

City: Knoxville State: TN Zip Code: 37921

Telephone: 865-558-3405 Fax: 865-584-7609

Toll Free Number: N/A

E-mail: john.p.brady@gsk.com Website: www.genco.com

Facility Manager: John P. Brady

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: _____

YAWD

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
 Application must be printed legibly or typed

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

☐ New Wholesaler

☒ Ownership Change

(Please provide current license number if making changes: WH 00442)

☐ Publicly Traded Corporation – Pages 1,2,3,4

☐ Partnership - Pages 1,2,3,6

☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b

☐ Sole Owner – Pages 1,2,3,7

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

GENERAL INFORMATION

Facility Name: H.D SMITH, LLC.

Physical Address: 1370 E. VICTORIA STREET, CARSON, CA 90746

Mailing Address: C/O STATE LICENSE SERVICING, 321 ROUTE 94 SOUTH

City: WARWICK State: NY Zip Code: 10990

Telephone: 310-641-1885 Fax: 310-641-1960

Toll Free Number: 866-232-1222

E-mail: HDS@SLSNY.COM

Website: WWW.HDSMITH.COM

Facility Manager: RAY MARTINEZ

Professional qualifications and experience of facility manager: PLEASE SEE THE ATTACHED RESUME

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☐ Practitioners

☒ Hospitals

☒ Wholesalers

☒ Other: CLINICS AND INSTITUTIONS . DISTRIBUTION WITHIN ORGANIZATION

Type of Products to be handled or wholesaled be firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☒ Controlled Substances (include copy of DEA)

☒ Other: OTC DRUGS

22

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

☒ New Wholesaler

☐ Ownership Change

(Please provide current license number if making changes: WH _____)

☒ Publicly Traded Corporation – Pages 1,2,3,4

☐ Partnership - Pages 1,2,3,6

☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b

☐ Sole Owner – Pages 1,2,3,7

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

GENERAL INFORMATION

Facility Name: OWENS AND MINOR DISTRIBUTIONS INC

Physical Address: 550 Lakeside Parkway Ste 200

Attn: Charles Burr 9120 Lockwood Blvd.

Mailing Address: Mechanicsville, VA 23116

City: Flower Mound

State: TX

Zip Code: 76028

Telephone: 972-588-6500

Fax: 972-893-7627

Toll Free Number: _____

E-mail: CHRIS.WROBLEWSKI@OWENS-MINOR.COM

Website: www.OWENS-MINOR.COM

Facility Manager: CHRIS WROBLEWSKI

Professional qualifications and experience of facility manager: 10 year general manager
ODM distribution center.

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: _____

81639

LK

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
 (non-refundable and not transferable money order or cashier's check only)
 Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH_____)
--	---

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

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

GENERAL INFORMATION

Facility Name: PIRAMAL CRITICAL CARE, INC.
 Physical Address: 3950 SCHELDEN CIRCLE
 Mailing Address: Same as Physical Address
 City: Bethlehem State: PA Zip Code: 18017
 Telephone: 610-974-9760 Fax: 610-861-4746
 Toll Free Number: N/A
 E-mail: janie.keller@piramal.com Website: www.piramal.com
 Facility Manager: Keith Zimpfer

Professional qualifications and experience of facility manager: BS Chemical Engineering.
30+ years manufacturing/engineering experience in Chemical, food & Pharma Industry.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

81939

LL

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH_____)	

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

GENERAL INFORMATION

Facility Name: Trigen Laboratories, LLC

Physical Address: 2631 Causeway Center Dr., Tampa, FL 33619

Mailing Address: 2631 Causeway Center Dr.

City: Tampa State: FL Zip Code: 33619

Telephone: 732-721-3415 Fax: 813-210-2335

Toll Free Number: N/A

E-mail: cklein@verticalpharma.com Website: www.trigenlab.com

Facility Manager: Edward J Harris

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 be firm:

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

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
 (non-refundable and not transferable money order or cashier's check only)
 Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH_____)	

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

GENERAL INFORMATION

Facility Name: VPS Supply Chain Solutions, Inc.

Physical Address: 1130 Commerce Blvd., Suite 100, Logan Township NJ 08085

Mailing Address: 211 Lake Drive, Suite F

City: Newark State: DE Zip Code: 19702

Telephone: (302) 300-7027 Fax: (302) 266-7617

Toll Free Number: N/A

E-mail: gonnomo@vps.com Website: N/A

Facility Manager: Gary Howard Arman

Professional qualifications and experience of facility manager: See Attachment

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: _____

NN

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION

Facility Name: Vapotherm Inc

Physical Address: 22 Industrial Dr Suite 1 Exeter NH 03833

Mailing Address: 22 Industrial Dr Suite 1

City: Exeter State: NH Zip Code: 03833

Telephone: 603-658-0011 Fax: 603-658-0181

Toll Free Number: NA

E-mail: clxamsley@vtherm.com Website: vtherm.com

Facility Manager: John Coolidge

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: Medical centers, distributors, post acute care facilities

Type of Products to be handled or wholesaled by firm:

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

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: ALL AMERICAN MEDICAL SUPPLIES, LLC

Physical Address: 7959 FLINT STREET, LENEXA, KS 66214
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3640 ENTERPRISE WAY

City: MIRAMAR State: FLORIDA Zip Code: 33025

Telephone: 305-455-3862 Fax: 954-436-4263

E-mail: SKING@LIVWELLHOLDINGS.NET Website: WWW.ALLAMERICANMEDICAL.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9AM to 5PM Tue: 9AM to 5PM Wed: 9AM to 5PM Thu: 9AM to 5PM

Fri: 9AM to 5PM Sat: CLOSED Sun: CLOSED Holidays: CLOSED

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: STEVEN KING

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 NON CUSTOM |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

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

Name: N/A

Telephone: _____

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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 LICENSE

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

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

Application must be printed legibly or typed

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

FACILITY INFORMATION

Facility Name: America's Best Care Plus, Inc.

Physical Address: 1825 Everett Dr W. Fort Payne, AL 35968
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1825 Everett Dr W

City: Fort Payne State: AL Zip Code: 35968

Telephone: 256-997-1770 Fax: 256-997-1771

E-mail: pharmacy@abcplus.net Website: abcplus.net

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8 to 5 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jim Farmer

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

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

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

Name: _____ Telephone: _____

82958

QQ

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Apria Healthcare LLC

Physical Address: 7353 Company Drive, Indianapolis IN 46237
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 26220 Enterprise Court

City: Lake Forest State: CA Zip Code: 92630

Telephone: 317 865-4200 Fax: 317 865-4539

E-mail: patricia.mahon@apria.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00 to 4:00 Tue: 8:00 to 4:00 Wed: 8:00 to 4:00 Thu: 8:00 to 4:00

Fri: 8:00 to 4:00 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Patrick Reynolds

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

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

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

Name: David Helmick Telephone: 702 736-4466

81928

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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 LICENSE

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

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

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

FACILITY INFORMATION

Facility Name: Arriva Medical, LLC

Physical Address: 3720 Langley Drive, Suite 100, Hebron KY 41048
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4252 NW 120th Ave

City: Coral Springs State: FL Zip Code: 33065

Telephone: 800 700 4442 Fax: 954-400-5423

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 9 to 5 Sat: 9 to 5 Sun: — to — Holidays: — to —

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: William Stocksall, President and CEO

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 | Other: _____ |

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

Name: N/A Telephone: N/A

81940

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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 LICENSE

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

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

Application must be printed legibly or typed

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

FACILITY INFORMATION

Facility Name: Arrow International, Inc.

Physical Address: 11245 North Distribution Cove Olive Branch, MS 38654
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Teleflex Medical Incorporated Attention Bettina Knight 3015 Carrington Mill Boulevard

City: Morrisville State: NC Zip Code: 27650

Telephone: 919-361-3905 Fax: 919-433-4972

E-mail: bettina.knight@teleflex.com Website: http://www.arrowintl.com/

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 6am to 12pm Tue: 6am to 12pm Wed: 6am to 12pm Thu: 6am to 12pm
Fri: 6am to 12pm Sat: to Sun: to Holidays: to n/a
only if the business requires it

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Michael Adam Nester

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

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

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

Name: William Schaal Telephone: 303-717-8841

81942

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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 LICENSE

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

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

Application must be printed legibly or typed

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

FACILITY INFORMATION

Facility Name: Companion Health Services

Physical Address: 284 NORTH ST BOSTON, MA 02113
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 40 BATTERY ST BOSTON, MA 02109

City: BOSTON State: MA Zip Code: 02109

Telephone: 617-227-0830 Fax: 617-227-8939

E-mail: Kimm@companionhealthservices.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8³⁰ to 5pm Tue: 8³⁰ to 5pm Wed: 8³⁰ to 5pm Thu: 8³⁰ to 5pm
Fri: 8³⁰ to 5pm Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Kimberly MAIRS

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

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

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

Name: Kimberly mairs

Telephone: 617-449-8811

81641

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

FACILITY INFORMATION

Facility Name: Conceivex, Inc.

Physical Address: 5 East Main Street, Saranac MI 48881
(This must be a business address, we can not issue a license to a home address)

Mailing Address: P.O. Box 31

City: Saranac State: MI Zip Code: 48881

Telephone: 616-642-6917 Fax: 616-642-0257

E-mail: lavean@hotmail.com Website: www.ConceptionKit.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5
Fri: 9 to 5 Sat: — to — Sun: — to — Holidays: — to —

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Michael LaVean, President

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

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

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

Name: CSC Service of Nevada Telephone: 800 927-9800

VV

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

FACILITY INFORMATION

Facility Name: Medtronic Logistics, LLC

Physical Address: 1130 Commerce Blvd., Suite 100, Logan Township, NJ 08085
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 710 Medtronic Parkway - LS245

City: Minneapolis State: MN Zip Code: 55432

Telephone: 763-514-1762 Fax: _____

E-mail: lynnette.johnson@medtronic.com Website: www.medtronic.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 5am to 11pm Tue: 5am to 11pm Wed: 5am to 11pm Thu: 5am to 11pm

Fri: 5am to 11pm Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Kathleen Mahoney

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

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

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

Name: _____ Telephone: _____

WW

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

FACILITY INFORMATION

Facility Name: Murphy Homecare, Inc.

Physical Address: 100 Main Street, Oneonta, NY 13820
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as Physical

City: _____ State: _____ Zip Code: _____

Telephone: (607) 432-0015 Fax: (607) 432-0031

E-mail: ezzy@ultramedicalsupply.com Website: None

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9a EST to 5p EST Tue: 9a EST to 5p EST Wed: 9a EST to 5p EST Thu: 9a EST to 5p EST
Fri: 9a EST to 5p EST Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Michael Murphy

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

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

Name: Avremi Metal Telephone: 928-899-6269

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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 LICENSE

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

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

FACILITY INFORMATION

Facility Name: Rapid Relief Medical

Physical Address: 210 NE 6th Ave Suite 102, Delray Beach FL 33483
(This must be a business address, we can not issue a license to a home address)

Mailing Address: PO Box 740954

City: Boynton Beach State: FL Zip Code: 33474

Telephone: 561 265 4484 Fax: 866 595-4787

E-mail: mindy@rapidreliefmed.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10 to 5 Tue: 10 to 5 Wed: 10 to 5 Thu: 10 to 5
Fri: 10 to 5 Sat: closed Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Mindy Posner

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>urological supplies</u> |

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

Name: NA Telephone: _____

81643

YN

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Silvia R. Ventura -

Physical Address: 722 S. 8th St Ste B - Mission, TX 78572
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 722 S. 8th St Ste B - Mission, TX 78572

City: Mission State: TX Zip Code: 78572

Telephone: 956-585-9100 Fax: 956-585-9102

E-mail: sandmedical@yahoo.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00 to 5:00 PM Tue: 8:00 to 5:00 PM Wed: 8:00 to 5:00 PM Thu: 8:00 to 5:00 PM
Fri: 8:00 to 5:00 PM Sat: Closed Sun: Closed Holidays: _____ to _____ (24 Hrs. Emergency Ser)
ON-call Service.

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: CARLOS VENTURA

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

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

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

Name: _____ Telephone: _____

81640

22

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: UNIVERSALMED SUPPLYPhysical Address: 161 CITATION CT., SUITE 105, BIRMINGHAM, ALABAMA 35209
(This must be a business address, we can not issue a license to a home address)Mailing Address: 2049 W WALNUT HILL LNCity: IRVING State: TX Zip Code: 75038Telephone: 972 228 1820 Fax: 972 572 1112E-mail: RAJESH@UNIVERSALMEDSUPPLY.COM Website: UNIVERSALMEDSUPPLY.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5Fri: 9 to 5 Sat: - to - Sun: - to - Holidays: - to -

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: RAJESH B. AMIN

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

- ☒ Medical Gases**
☒ Respiratory Equipment**
☒ Life-sustaining equipment**
☒ Diabetic Supplies

- ☒ Assistive Equipment
☒ Parenteral and Enteral Equipment**
☐ Orthotics and Prosthesis
 Other: DURABLE MEDICAL EQUIPMENT

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

Name: FATIMATelephone: 702 742 5599

AAA

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

☒ New MDEG☐ Ownership Change

(Please provide current license number if making changes: MP or MW _____)

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

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

FACILITY INFORMATIONFacility Name: World Wide Medical Services, Inc.Physical Address: 8508 Benjamin Road, Suite D Tampa FL 33634
(This must be a business address, we can not issue a license to a home address)Mailing Address: 8508 Benjamin Road.City: Tampa State: FL Zip Code: 33634Telephone: 866-961-0606 ext 1301 Fax: _____E-mail: mmencher@wwmsi.com Website: www.wwmsi.comDAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATINGMon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5Fri: 8 to 5 Sat: to n/a Sun: to n/a Holidays: to n/aMDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basisName: John GarciaTYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)☐ Medical Gases**☐ Assistive Equipment☐ Respiratory Equipment**☐ Parenteral and Enteral Equipment**☐ Life-sustaining equipment**☒ Orthotics and Prosthesis - OTS☐ Diabetic SuppliesOther: TENS

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

Name: n/a Telephone: _____

81744

BBB

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

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

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

Application must be printed legibly or typed

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

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

<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Walgreens #12271

Physical Address: 2427 S Las Vegas Blvd, Las Vegas, NV 89104

Mailing Address: L Milowski-Licensing, PO Box 901

City: Deerfield State: IL Zip Code: 60015

Telephone: 847-527-4516 Fax: 847-368-6687

Toll Free Number: n/a

E-mail: laura.milowski@walgreens.com Website: www.walgreens.com

Managing Pharmacist: Holly Priero License Number: 15932

Hours of Operation:

Monday thru Friday <u>8</u> am <u>10</u> pm	Saturday <u>9</u> am <u>5</u> pm
Sunday <u>10</u> am <u>6</u> pm	24 Hours <u>n/a</u>

TYPE OF PHARMACY

SERVICES PROVIDED

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

CCC

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
 Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION

Facility Name: Pacific Pharmaceutical Services, LLC

Physical Address: 4850 Joule Street, Suite A-8, Reno, NV 89502

Mailing Address: 4850 Joule Street, Suite A-8

City: Reno State: NV Zip Code: 89502

Telephone: (775) 453-6408 Fax: (775) 562-2648

Toll Free Number: n/a

E-mail: scott@pacificpharmaservices.com Website: www.pacificpharmaservices.com

Facility Manager: Scott Chadwick

Professional qualifications and experience of facility manager: _____
MS, PhD Chemistry, MBA - 15 years of pharmaceutical development

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: Non-commercial pharmaceutical development companies

Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☒ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: Non-commercial, clinical development and R&D compounds

Blank

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

CONTROLLED SUBSTANCE APPLICATION

Registration Fee: \$80.00 (non-refundable money order only, no cash)

(This application can not be used by PA's or APRN's)

First: Richard Middle: Alan Last: Singer Degree: MD

Practice Name (if any): PBS

Nevada Address: 7326 W. CHEYANNE AVE. Suite #: _____
(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

City: Las Vegas State: NV Zip Code: 89129

PO Box: _____

Sex: ☒ M ☐ F SS#: _____ E-mail address: _____

Date of Birth: _____ Work Telephone: 702-386-4704 Fax: 702 420-3660

Practitioner License Number: 2612 Specialty: General Practice

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

				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 checked="" type="checkbox"/>	<input type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....				<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation and documentation:					
Board Administrative Action:		State	Date:	Case #:	
			/ /		
Criminal Action:	State	Date:	Case #:	County	Court

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed physician who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Richard A Singer MD
Original Signature, no copies or stamps accepted.

10/07/2014
Date

Board Use Only: : Date Processed: 10/14/14 Amount: \$80.00

75081



NEVADA STATE BOARD OF MEDICAL EXAMINERS

Search

Licensee Details

Person Information

Name: Richard Alan SINGER
Address: 2809 Linkview Drive
Las Vegas NV 89134
Phone: 7025232700

License Information

License Type: Medical Doctor
License Number: 2612 Status: Active-Restricted
Issue Date: 6/7/1972 Expiration Date: 6/30/2015

Scope of Practice

Scope of Practice: Anesthesiology

Education & Training

School: New Jersey Medical School / Newark, NJ
Medical
Degree\Certificate: Doctor
Degree
Date Enrolled:
Date Graduated: 6/5/1965
Scope of Practice:

School: Beth Israel Medical Center / New York, NY
Degree\Certificate: Internship
Date Enrolled: 7/1/1965
Date Graduated: 6/30/1966
Scope of Practice: Rotating

School: Beth Israel Medical Center / New York, NY
Degree\Certificate: Residency
Date Enrolled: 7/1/1966
Date Graduated: 6/30/1967
Scope of Practice: Obstetrics/Gynecology

School: St. Joseph's Hospital / Phoenix, AZ
Degree\Certificate: Residency
Date Enrolled: 7/1/1967
Date Graduated: 12/31/1968
Scope of Practice: Obstetrics/Gynecology

School: Maricopa County Hospital / Phoenix, AZ
Degree\Certificate: Fellowship
Date Enrolled: 1/1/1969
Date Graduated: 12/31/1970
Scope of Practice: Anesthesiology

CURRENT EMPLOYMENT STATUS / CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION

RESTRICTIONS ON LICENSE # 2612 ORDER REINSTATING LICENSE TO PRACTICE MEDICINE
WITH RESTRICTION FROM PRACTICING GENERAL ANESTHESIA August 22, 2014 The
Investigative Committee of the Nevada State Board of Medical Examiners filed an Order Reinstating License
to Practice Medicine with Restriction from Practicing General Anesthesia. Dr. Singer is restricted from
practicing general anesthesia, including, but not limited to, conscious sedation and/or deep sedation.
***** PROFESSIONAL LIABILITY

CLAIM, SETTLEMENT, OR JUDGMENT OF \$5,000 OR MORE: 1) Date Received by the Board: 1/22/1996 Reported by: Nevada Medical Professional Liability Date of Act/Omission: 8/1992
 Details: Alleged negligent administration of Halothane resulting in brain damage. Medical Legal Screening Panel Finding: Reasonable probability of malpractice. Indemnity Paid: \$1,000,000 Total Pages: 1

Board Actions

REINSTATING LICENSE TO PRACTICE MEDICINE WITH RESTRICTION FROM PRACTICING GENERAL ANESTHESIA License # 2612 August 22, 2014 The Investigative Committee of the Nevada State Board of Medical Examiners filed an Order Reinstating License to Practice Medicine with Restriction from Practicing General Anesthesia. Dr. Singer is restricted from practicing general anesthesia, including, but not limited to, conscious sedation and/or deep sedation. bvr/ad. Order: 2 pages

***** ORDER
 LIFTING TWO RESTRICTIONS OF LICENSE TO PRACTICE MEDICINE AND MODIFYING TERMS OF NEUROPSYCHOLOGY EVALUATION License No. 2612 April 8, 2014 The Investigative Committee of the Nevada State Board of Medical Examiners issued an order lifting two restrictions of license to practice medicine and modifying terms of neuropsychology evaluation. Dr. Singer may supervise physician assistants, advance practice registered nurses and medical assistants. Dr. Singer may perform peripheral nerve blocks, including but not limited to, ankle and nerve block injections. Some terms of the upcoming neuropsychology evaluation were modified. bvr/ad Order Lifting Two Restrictions of License to Practice Medicine and Modifying Terms of Neuropsychology Evaluation:: 2 pages

 AMENDED ORDER LIFTING SUMMARY SUSPENSION AND IMPOSING CONDITIONS OF LICENSE TO PRACTICE MEDICINE License No. 2612 January 6, 2014 The Investigative Committee of the Nevada State Board of Medical Examiners (Board) issued an amended order whereby it continued the lifting of the previous summary suspension and imposed the following terms and conditions of practice upon Richard Singer, M.D. (Respondent). Respondent is permanently restricted from practicing anesthesiology; Respondent's practice of medicine is confined to the Neuropathy and Pain Centers of Las Vegas; Respondent's practice of medicine shall be monitored by Dr. Odell; Dr. Odell shall monitor Respondent and shall report to the Board through its compliance officer every two (2) weeks, in writing, regarding Respondent's clinical performance; Respondent's practice of medicine is limited to performing history and physical examinations and serving as patient coordinator; Respondent shall not perform any procedures, give injections or write prescriptions for any controlled substance and/or dangerous drug; Respondent may issue orders for equipment such as scooters, stimulators, canes, etc., as required by Medicare and/or Medicaid; Respondent shall not supervise any physician assistants or advance practice registered nurses; and, Respondent may supervise medical assistants. bvr Amended Order Lifting Summary Suspension and Imposing Conditions of License to Practice Medicine: 3 pages

***** ORDER OF
 SUMMARY SUSPENSION August 31, 2012 The Investigative Committee of the Nevada State Board of Medical Examiners summarily suspended the license of Richard Alan Singer, M.D., to practice medicine in the state of Nevada pursuant to Nevada Revised Statute Section 630.326(1). The Committee believes that due to the recent voluntary surrenders of privileges at two (2) Las Vegas hospitals and Dr. Singer's stated intent to continue the active practice of medicine in Nevada, the health, safety and welfare of the public is at imminent risk of harm and that a summary suspension of Dr. Singer's license to practice is necessary to remove said risk of imminent harm to the health, safety and welfare of the public. bvr Order of Summary Suspension: 2 pages

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.

Close Window



NEVADA STATE BOARD OF PHARMACY

OFFICE OF THE GENERAL COUNSEL

WRITER'S DIRECT DIAL: (775) 850-1440 • E-MAIL: PEDWARDS@PHARMACY.NV.GOV • FAX: (775) 850-1444

February 11, 2015

Richard Alan Singer, M.D.
2809 Linkview Dr.
Las Vegas, NV 89134

**RE: NOTICE OF DENIAL OF APPLICATION AND NOTICE OF
RIGHT TO PETITION FOR REHEARING**

Dear Dr. Singer:

On January 22, 2015, the Nevada State Board of Pharmacy held a hearing to consider your Controlled Substance Application. The Board reviewed the application, including your responses indicating that none of your professional licenses have been subject to discipline. Those responses were presented to the Board, along with evidence showing that your medical license has been disciplined by the Nevada State Board of Medical Examiners. In light of that evidence, the Board denied your application.

You have the right to petition the Board to reconsider its decision. The relevant statute, NRS 639.139, states in part:

NRS 639.139 Denial of application: Procedure for reconsideration.

1. At any time within 30 days after receipt of the notice of denial of an application, the applicant may petition the Board for reconsideration of the application. **The petition must set forth a denial, in whole or in part, of the violations alleged and a statement that the applicant is prepared to submit evidence in support of the denial of the allegations.**

....

(Emphasis added.)

You have already indicated verbally your desire to have the Board reconsider your application. Per your request that the Board expedite your petition for reconsideration, I placed your application on the March 4, 2015 agenda. **You are scheduled to appear at the March 4, 2014 meeting in Reno, Nevada, at 9:00 AM.**

Prior to that hearing, you must submit certain information to the Board. You need to submit:

- (1) a letter/petition asking for reconsideration and explaining the basis for your request, and
- (2) any evidence that supports your explanation that you wish the Board to consider.

Please submit your letter/petition and supporting documents no later than February 20, 2015. That will allow Board Staff time to review your submission and include your materials in the Board's meeting packet.

Please feel free to contact me if you have questions.

Best regards,



S. Paul Edwards
General Counsel
Nevada State Board of Pharmacy

cc: Larry Pinson, David Wuest

Blank

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	CASE NO. 14-003-RPH-A-N
)	CASE NO. 14-003-RPH-B-N
Petitioner,)	CASE NO. 14-003-RPH-C-N
v.)	CASE NO. 14-003-RPH-N
)	
GREGORY N. SATROPLUS, RPH)	
Certificate of Registration No. 13627,)	NOTICE OF INTENDED
)	ACTION AND ACCUSATION
JOSEPH G. YOST, RPH)	
Certificate of Registration No. 12838,)	
)	
THAO K. WILLOCK, RPH)	
Certificate of Registration No. 17589, and)	
)	
RITE AID PHARMACY #6121)	
Certificate of Registration No. PH01237,)	
)	
Respondents.	/	

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Gregory N. Satroplus (Mr. Satroplus), Certificate of Registration No. 13627; Respondent Joseph G. Yost (Mr. Yost), Certificate of Registration No. 12838; and Respondent Thao K. Willock (Mr. Willock), Certificate of Registration No. 17589, were pharmacists registered with the Board, and Respondent Rite Aid Pharmacy #6121 (Rite Aid), Certificate of Registration No. PH01237, was a pharmacy registered with the Board.



II.

On or about January 9, 2014, the Board Office received a complaint from Sgt. Amy Savage of the Douglas County Sheriff's Office alleging that Rite Aid misfilled a number of prescriptions for inmates of the Douglas County Jail. Two of those errors are as follows:

1. **PRESCRIPTION NO. 670663 - CLONAZEPAM 1 MG. TABLETS¹**

III.

On October 31, 2013, Dr. David Johnson saw patient A.S-F., an inmate at the Douglas County Jail. Dr. Johnson prescribed #14 clonazepam 1 mg. tablets with instructions to take 1 tablet by mouth twice a day.

IV.

Jail Nurse Pat Brown called the prescription into Rite Aid.

V.

Respondent Mr. Satroplus transcribed the telephone order from Nurse Brown by writing "Refill #0668962 OK 1x Pat." He did not write the drug name, strength, dosage or the prescriber's instructions.

VI.

The prescription number (0668962) that Mr. Satroplus wrote down as a "refill" request referred to a previous prescription for A.S-F, which Rite Aid filled on October 24, 2013. That prescription was for #14 clonazepam 1 mg. tablets with instructions to take 1 tablet by mouth twice a day. That prescription had no authorized refills.

VII.

On November 7, 2013, during a routine audit of A.S-F.'s medications, Nurse Brown discovered that Rite Aid had dispensed *clonidine* HCL 0.1 mg. tablets, rather than the *clonazepam* 1 mg. tablets the doctor prescribed. Nurse Brown discontinued administration of the incorrect medication, reported the error to Rite Aid and ordered the correct medication.

¹ Reference Investigation Case Nos. 14-003-RPH-A-N and 14-003-RPH-B-N.

VIII.

A.S-F. ingested thirteen (13) doses of the incorrect medication over a six (6) day period. He reported no adverse effects.

IX.

Pharmaceutical technician Vicki Gennarini initiated the data entry of A.S-F.'s misfilled medication into Rite Aid's pharmacy computer system. She assigned Nurse Brown's order a new prescription number (670663), and she entered the incorrect drug name (clonidine HCL 0.1 mg. tablet). Ms. Gennarini then staged the stock bottle of medication, the filled and labeled prescription bottle, label sets and the original hard-copy of the oral order for pharmacist verification.

X.

Managing pharmacist Joseph Yost performed the final verification of A.S-F.'s medication. He failed to detect that the computer screen data was inaccurate when he verified the final product.

XI.

Because the hard-copy of the oral order only referenced the previous prescription number from the October 24, 2013 fill, and no other drug information, Mr. Yost speculates that he may have relied on the computer screen data to perform the verification.

2. **PRESCRIPTION NO. 0672060 - TRAZODONE 50 MG. TABLETS²**

XII.

On November 5, 2013, Dr. David Johnson saw patient A.R-O., an inmate at the Douglas County Jail, and subsequently prescribed #30 tramadol 50 mg. tablets with instructions to take 1 tablet by mouth at bedtime.

² Reference Investigation Case No. 14-006-RPH-N.

XIII.

Jail Nurse Sherry Dixon called the prescription into Rite Aid. Managing pharmacist Joseph Yost (Mr. Yost) transcribed the prescription that afternoon.

XIV.

On the evening of November 8, 2013, while distributing medications to the inmates, Douglas County Deputy Dickens asked A.R-O. why he was started on trazodone. A.R-O. replied, “I don’t know, but when I woke up this morning, I was really dizzy and I fell.” Deputy Dickens subsequently reviewed A.R-O.’s medication chart and discovered that neither Dr. Johnson, nor any other medical staff, ordered a trazodone prescription for A.R-O.

XV.

The error occurred when Nurse Dixon telephoned A.R-O.’s prescription for *tramadol* into Rite Aid, but Respondent Mr. Yost wrote the drug name as *trazodone*. Mr. Yost then wrote the name and the date of birth of another inmate, A.S-F., at the bottom of A.R-O.’s phoned in prescription.

XVI.

In an interview during the Board’s investigation, Mr. Yost speculated that after crossing out A.S-F.’s name and date of birth on A.R-O.’s prescription, he noticed the error—he wrote *trazodone*, rather than *tramadol*—and decided to write a new prescription. Mr. Yost correctly filled and dispensed A.R-O.’s new prescription for tramadol (No. 0671800) later that evening. Mr. Yost did not dispose of the original transcription for the incorrect medication, trazodone.

XVII.

On November 6, 2013, the initial prescription that Mr. Yost transcribed in error for inmate A.R-O. made its way to the data entry terminal. Pharmaceutical technician Melissa Jaquish completed the data entry (Prescription No. 0672060) and sent the prescription to the filling queue. After the filling process, Ms. Jaquish staged the stock bottle, filled and labeled prescription bottle, label sets and original hard-copy of the oral order for pharmacist verification.

XVIII.

Mr. Yost performed the final verification of prescription 0672060. He verified the trazodone prescription as accurate and complete. During verification, Mr. Yost failed to recognize that the hard-copy oral order was the erred trazodone oral order that he mistakenly transcribed the previous day.

XIX.

After experiencing the errors cited above in November and December 2013, Rite Aid managing pharmacist Respondent Joseph Yost and members of the Douglas County Jail medical staff met to discuss methods to avoid future errors. The group discussed the difficulties in transcribing multiple oral orders received at the same time.

XX.

As a result of their discussion, Rite Aid and the jail personnel determined that jail personnel would create and fax an “Inmate Medication Call In/Pick-Up List” to the pharmacy, instead of calling in multiple prescriptions. The list would include the inmates’ names and the drugs prescribed. It would serve as a “master prescription” for all of the inmates listed. The “master prescription”, however, did not meet federal and state requirements for a valid prescription.

XXI.

Filling errors occurred at Rite Aid after it implemented the “master prescription” program described above, including:

3. **PRESCRIPTION NO. 0681511 - GUANFACINE 2 MG. TABLETS³**

XXII.

On December 26, 2013, Douglas County Jail Nurse Pat Brown faxed an Inmate Medication Call In/Pick-Up List to Rite Aid Pharmacy #6121 (Rite Aid). The list included nine prescriptions for seven inmates.

³ Reference Investigation Case No. 14-007-RPH-N.

XXIII.

At approximately 6:00 p.m. that evening, Deputy Mark Dickens picked up the inmate's prescriptions from Rite Aid and delivered them to the Douglas County Jail.

XXIV.

Later that evening, inmate A.L. ingested one guanfacine 2 mg. tablet given to him by jail personnel. A routine medication audit the next evening revealed that medical staff did not order a prescription of guanfacine for A.L.

XXV.

A.L. ingested one dose of the guanfacine, but reported no adverse effects.

XXVI.

Pharmaceutical technician Rosemary McQuigg initiated the data entry for all of the inmates listed on the December 26, 2013, Inmate Medication Call In/Pick-Up List.

XXVII.

During data entry for inmate B.S.'s guanfacine prescription, Ms. McQuigg inadvertently brought up prescription data for inmate A.L. A.L. was not one of the patients listed on the current Medication Call In/Pick-Up List to receive a prescription.

XXIII.

Ms. McQuigg subsequently applied B.S.'s guanfacine prescription information to patient A.L. She filled the prescription and staged the final product and label sets for pharmacist verification.

XXIX.

Respondent Mr. Willick performed the final verification of the prescription. During the verification process, he failed to detect that B.S.'s prescription for guanfacine had inadvertently been dispensed to A.L.

XXX.

During the investigation of these matters, the Board Investigator learned that the Rite Aid pharmacy computer system does not capture the identity of the filling pharmaceutical technician, and the pharmacy no longer maintains a paper refill log with handwritten initials.

FIRST CAUSE OF ACTION
(Respondent Greg Satroplus)

XXXI.

In failing to accurately transcribe an oral order for A.S-F.—by failing to include the drug name, strength, quantity, and directions for use—Respondent Gregory Satroplus violated Nevada Revised Statutes (NRS) 639.2353(2), (3) and/or (4), and Nevada Administrative Code (NAC) 639.945(1)(d), (e) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12), and or alternatively under NRS 639.255.

SECOND CAUSE OF ACTION
(Respondent Joseph Yost)

XXXII.

In failing to strictly follow the instructions of A.S-F.'s prescriber by verifying and dispensing *clonidine* HCL 0.1 mg. tablets, rather than the *clonazepam* 1 mg. tablets that A.S-F.s physician prescribed, Respondent Joseph Yost violated NAC 639.945(1)(d) and/or (i), which violations are grounds for action under NRS 639.210(4), (11) and/or (12), and/or NRS 639.255.

THIRD CAUSE OF ACTION
(Respondent Joseph Yost)

XXXIII.

In failing to strictly follow the instructions of A.R-O.'s prescriber by verifying and dispensing an invalid prescription, namely, #30 *trazodone* 50 mg. tablets, rather than the *tramadol* A.R-O's physician prescribed, Respondent Joseph Yost violated NAC 639.945(1)(d) and (i), which is grounds for action pursuant to NRS 639.210(4), (11) and/or (12), and/or NRS 639.255.

FOURTH CAUSE OF ACTION

(Respondent Thao Willick)

XXXIV.

By incorrectly verifying and dispensing a prescription, namely, #30 guanfacine 2 mg. tablets, to inmate A.L., that was prescribed to inmate B.S., Respondent Thao Willick violated NAC 639.945(1)(d) and (i), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12), or alternatively under NRS 639.255.

FIFTH CAUSE OF ACTION

(Respondent Rite Aid)

XXXV.

As the pharmacy in which the above violations involving A.S-F. occurred, Rite Aid Pharmacy #6121 is responsible for the acts of its employees pursuant to NAC 639.945(2), and therefore subject to discipline pursuant to NRS 639.210(4), (11) and/or (12), and or alternatively under NRS 639.255.

SIXTH CAUSE OF ACTION

(Respondent Rite Aid)

XXXVI.

As the pharmacy in which the above violations involving A.R-O. occurred, Rite Aid Pharmacy #6121 is responsible for the acts of its employees pursuant to NAC 639.945(2), and therefore subject to discipline pursuant to NRS 639.210(4), (11) and/or (12), and or alternatively under NRS 639.255.

SEVENTH CAUSE OF ACTION

(Respondent Rite Aid)

XXXVII.

As the pharmacy in which the above violations involving A.L. and B.S. occurred, Rite Aid Pharmacy #6121 is responsible for the acts of its employees pursuant to NAC 639.945(2), and therefore subject to discipline pursuant to NRS 639.210(4), (11) and/or (12), and or alternatively under NRS 639.255.

EIGHTH CAUSE OF ACTION

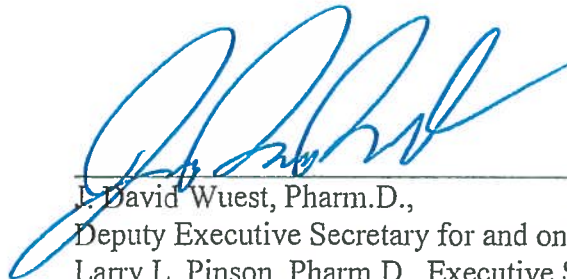
(Respondent Rite Aid)

XXXVIII.

By accepting and dispensing dangerous drugs and controlled substances pursuant to the “master prescription”, which did not meet federal and state requirements for a valid prescription under NRS 454.223, NRS 639.2353(2), (3) and (4) and NAC 453.440, Rite Aid Pharmacy #6121 violated NRS 454.221, NRS 453.256(1) and/or (3), and NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4), (11) and/or (12), and or alternatively under NRS 639.255.

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

Signed this 23rd day of October, 2014.



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

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.

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COPY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD
OF PHARMACY

JAN 12 2015

FILED

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

Case No. 14-003-RPH-A-N
Case No. 14-003-RPH-B-N
Case No. 14-003-RPH-C-N
Case No. 14-003-RPH-N

GREGORY N. SATROPLUS, RPH
Certificate of Registration No. 13627

JOSEPH G. YOST, RPH
Certificate of Registration No. 12838

THAO K. WILLOCK, RPH
Certificate of Registration No. 17589, and

RITE AID PHARMACY #6121
Certificate of Registration No. PH01237,

Respondents.
_____ /

NOTICE OF INTENDED

ACTION AND ACCUSATION

ANSWER

Rite Aid Pharmacy #6121, through its counsel, Michael W. Dyer, hereby makes the following answer to the Notice of Intended Action and Accusation.

I.

Rite Aid #6121 admits paragraphs I, II, III, IV, V, VI, IX, X, XII, XIII, XV, XVI, XVII, XVIII, XXI, XXII, XXVI, XXVII, XVIII and XXIX.

II.

Rite Aid #6121 lacks sufficient information to admit or deny VII, VIII, XI, XIV, XXIII, XXIV, and XXV.

III.

In answer to paragraph XIX, Rite Aid #6121 admits that discussions concerning the errors did occur and that respondent Joseph Yost and persons representing the Douglas County Jail Facility, met to discuss methods to avoid future errors. However, Rite Aid does not have knowledge of the exact subjects of discussion. In this regard, Rite Aid does not

assert that the allegations of paragraph XIX are not accurate, merely that it lacks information as to the exact nature of the discussions and the exact persons involved.

IV.

Responding to paragraph XX, Rite Aid does not dispute that following discussions with Douglas County Jail personnel, a different method of calling in multiple prescriptions was instituted. However, Rite Aid denies that the method of providing the call in of the prescriptions and the actual information provided to Rite Aid failed to meet federal and state requirements, and demands strict proof of such allegation.

V.

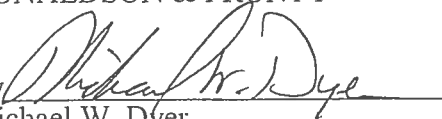
In response to paragraph XXX, Rite Aid denies that the Rite Aid pharmacy computer system does not capture the identity of the filling pharmaceutical technician, and that the Rite Aid computer system is incapable of providing such information and demands strict proof thereof.

VI.

Rite Aid #6121 does not construe the statements contained in paragraphs XXXI, XXXII, XXXIII, XXXIV XXXV, XXXVI, XXXVII and XXXVIII, as requiring an answer from Rite Aid. The referenced paragraphs constitute the respective eight causes of action on which Board Staff is requesting action by the Board, and the burden of proving each such cause of action is upon the Board Staff.

Dated this 9th day of January, 2015.

DYER, LAWRENCE, FLAHERTY,
DONALDSON & PRUNTY

By 
Michael W. Dyer
Attorneys for Respondent Rite Aid Pharmacy
#6121

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

THAO K. WILLICK, RPH
Certificate of Registration No. 17589,

Respondent.

)
) CASE NO. 14-003-RPH-C-N
)

) ANSWER AND NOTICE
) OF DEFENSE
)
)
)
)

/

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").

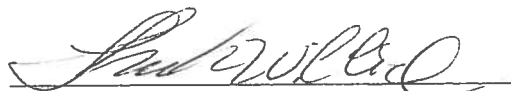
none



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

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 13 day of November, 2014.


THAO K. WILLICK, RPH
Certificate of Registration No. 17589

COPY

BEFORE THE NEVADA STATE BOARD OF PHARMACY



NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

Case No. 14-003-RPH-A-N
Case No. 14-003-RPH-B-N
Case No. 14-003-RPH-C-N
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GREGORY N. SATROPLUS, RPH
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THAO K. WILLICK, RPH
Certificate of Registration No. 17589, and

RITE AID PHARMACY #6121
Certificate of Registration No. PH01237,

Respondents.

NOTICE OF INTENDED

ACTION AND ACCUSATION

ANSWER

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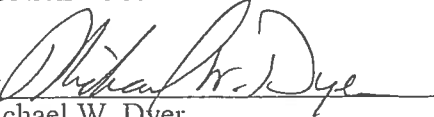
In response to paragraph XXX, Rite Aid denies that the Rite Aid pharmacy computer system does not capture the identity of the filling pharmaceutical technician, and that the Rite Aid computer system is incapable of providing such information and demands strict proof thereof.

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Rite Aid #6121 does not construe the statements contained in paragraphs XXXI, XXXII, XXXIII, XXXIV XXXV, XXXVI, XXXVII and XXXVIII, as requiring an answer from Rite Aid. The referenced paragraphs constitute the respective eight causes of action on which Board Staff is requesting action by the Board, and the burden of proving each such cause of action is upon the Board Staff.

Dated this 9th day of January, 2015.

DYER, LAWRENCE, FLAHERTY,
DONALDSON & PRUNTY

By 

Michael W. Dyer
Attorneys for Respondent Rite Aid Pharmacy
#6121

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

☒ New MDEG ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: MP or MW _____)

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

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: MEDICAL SUPPLIES LAS VEGAS, INC.

Physical Address: 2810 W. CHARLESTON BLVD. SUITE #83, LAS VEGAS, NV 89102
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2810 W. CHARLESTON BLVD., SUITE #83

City: LAS VEGAS State: NV Zip Code: 89102

Telephone: 702 659 9100 Fax: 702 483 9710

E-mail: mslv-nevada@gmail.com Website: medicalsupplieslasvegas.net

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9AM to 4PM Tue: 9AM to 4PM Wed: 9AM to 4PM Thu: 9AM to 4PM

Fri: 9AM to 4PM Sat: CLOSED to CLOSED Sun: CLOSED to CLOSED Holidays: CLOSED to CLOSED

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: ARINDA L. ADEGBORUNFA

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

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

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

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

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

N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒
- 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☒ No ☐
- 3) Are any of the owners health professionals? If yes, please check the box and list name.

<input type="checkbox"/> Practitioner	Name: N/A
<input type="checkbox"/> Advanced Practitioner of Nursing	Name: N/A
<input type="checkbox"/> Physician's Assistant	Name: N/A
<input type="checkbox"/> Physical Therapist	Name: N/A
<input type="checkbox"/> Occupational Therapist	Name: N/A
<input type="checkbox"/> Registered Nurse	Name: N/A
<input type="checkbox"/> Respiratory Therapist	Name: N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps

ARINOLA L. ADEGBORUNWA
Print Name of Authorized Person

12/24/2014
Date

Board Use Only

Received:

1-5-15

Amount:

\$ 500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA
Parent Company if any: N/A
Corporation Name: MEDICAL SUPPLIES LAS VEGAS, INC.
Mailing Address: 2810 W. CHARLESTON BLVD, SUITE #83
City: LAS VEGAS State: NV Zip: 89102
Telephone: 702 659 9100 Fax: 702 483 9710
Contact Person: ARINDLA L. ADEGBORUNWA

For any corporation non publicly traded, disclose the following:

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

a)	<u>ARINDLA L. ADEGBORUNWA</u>	<u>7319 CROW CANYON AVE, LAS VEGAS, NV 89179</u>
	Name	Address
b)	<u>N/A</u>	<u>N/A</u>
	Name	Address
c)	<u>N/A</u>	<u>N/A</u>
	Name	Address
d)	<u>N/A</u>	<u>N/A</u>
	Name	Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

- 2) Provide the number of shares issued by the corporation. 150,000
3) What was the price paid per share? \$0.1
4) What date did the corporation actually receive the cash assets? 12/03/2014
5) Provide a copy of the corporation's stock register evidencing the above information

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 12/24/2014

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 DURABLE MEDICAL EQUIPMENTS AND ORTHOTICS COMPANY

Nature of MDEG

MEDICAL SUPPLIES LAS VEGAS, INC. 2810 W. CHARLESTON BLVD, STE #83, LAS VEGAS, NV 89102

Name and Address of Business for Which MDEG Administrator Is Requested

N/A

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

ADEGBORUWA
Last Name

ARINDOLA
First Name

LORRETTA
Middle Name

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

7319 CROWN CANYON AVE LAS VEGAS NV 89179
Present Residence Address-Street or RFD City State/Zip

2810 W. CHARLESTON BLVD STE 83 Dates (12/04/2014) LAS VEGAS NV 89102
Present Business Address City State/Zip

ADMINISTRATOR Dates 12/03/2014
Present Position with the MDEG

Phone: 702 688 0690 Fax: 702 483 9710

Email address: _____

LAGOS, NIGERIA
Date of Birth Place of Birth (City, County, State)

25 Social Security Number FEMALE
Age Sex

BLACK BLACK 112 LBS 5' 06"
Color of Eyes Color of Hair Weight Height

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

N/A

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

If alien, registration No _____

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

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

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.

04/2014	FLOISOL, INC. 2411 N. CHARLESTON, LAS VEGAS, NV 89102	1800 HRS
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
ADMINISTRATOR-IN-TRAINING	ADMINISTRATOR ASSISTANCE	IDOWU ADEGBORUNWA
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
N/A	N/A	N/A
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: N/A
b) Date: N/A
Case Number: N/A
c) Criminal Action: State: N/A
Date: N/A
Case Number: N/A
County: N/A
Court: N/A

- 4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes ☒ No ☐
- 5 .Will you be employed fulltime with the MDEG? Yes ☒ No ☐
- 6 .Will you be present at the site of the MDEG during its normal operating hours? Yes ☒ No ☐

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

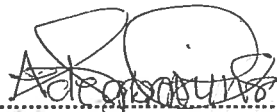
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Date of photograph 12/27/2014

I, ARINOLA L. ADEGBOLA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a 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.



Original Signature of Applicant

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 12/24/2014

GENERAL INSTRUCTIONS

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

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

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Application for DURABLE MEDICAL EQUIPMENTS AND ORTHOTICS COMPANY

Nature of License

MEDICAL SUPPLIES LAS VEGAS, INC. 2810 W. CHARLESTON BLVD, STE #83, LAS VEGAS, NV 89102

Name and Address of Establishment for Which License Is Requested

N/A

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

ADEGBORUWA ARINDLA LORRETTA
Last Name First Name Middle Name

N/A

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

7319 CROW CANYON AVE LAS VEGAS NV 89179
Present Residence Address-Street or RFD City State/Zip

2810 W. CHARLESTON BLVD, STE #83 (12/04/2014) LAS VEGAS NV 89102
Present Business Address Dates City State/Zip

ADMINISTRATOR 12/03/2014
Occupation Dates

Phone: Residence

Business (702) 659 9100

LAGOS, NIGERIA
Date of Birth Place of Birth (City, County, State)

25 FEMALE
Age Sex

BLACK BLACK BROWN 112 LBS SLIM 5'06"
Color of Eyes Color of Hair Complexion Weight Build Height

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

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

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

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

2. MARITAL INFORMATION:

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

Applicant's initial A. Ade

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

Spouse's full name (Maiden) Date N/A City, County and State N/A

Date of Birth N/A Place of Birth N/A

Resident address N/A N/A N/A

Telephone: Residence N/A Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A N/A N/A

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

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

Name	Street	City	State	Zip	Telephone
N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A	N/A	N/A	
N/A	N/A	N/A	N/A	N/A	

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial A. Ade

FAMILY INFORMATION-Continued

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

Name N/A

Address N/A

Contact person N/A

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father		7319 CROW CANYON AVE LAS VEGAS, NV 89179	BUSINESS OWNER
OLUWOLE ADEGBORUNWA			
Mother		7319 CROW CANYON AVE LAS VEGAS, NV 89179	RN
LATASHA ADEGBORUNWA			
Father-in-Law		UNKNOWN	
Mother-in-Law		UNKNOWN	

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
ADENDE ADEGBORUNWA		7319 CROW CANYON AVE LAS VEGAS, NV 89179	STUDENT/INDEPENDENT WORKER
Spouse		N/A	
LAILA ADEGBORUNWA		7319 CROW CANYON AVE LAS VEGAS, NV 89179	N/A
Spouse		N/A	
ZYION ADEGBORUNWA		7319 CROW CANYON AVE LAS VEGAS, NV 89179	N/A
Spouse		N/A	
DAVID ADEGBORUNWA		GALWAY, IRELAND	STUDENT
Spouse		N/A	

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School LONGFORD INTERNATIONAL	NIGERIA	2002-2004	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School METHODIST GIRLS' HIGH	NIGERIA	1998-2002	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University COLLEGE OF SOUTHERN NEVADA	LAS VEGAS	2011-2014	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other UNIVERSITY OF NEVADA	LAS VEGAS	2014 (CURRENT)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Type of degree obtained, if any ASSOCIATES DEGREE CREDITS TRANSFERRED TOWARD BACHELORS DEGREECollege or university where obtained COLLEGE OF SOUTHERN NEVADAApplicant's initial Ao Ade

5 MILITARY INFORMATION:

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

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

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

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

County N/A State N/A Date registered N/A

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

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

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>N/A</u>	<u>N/A</u>		<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>		<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>		<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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

Name	Relationship	Charge	Location	Date
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Applicant's initial A. Ade

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☐ No ☒ (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

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

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
10/27/2010-CURRENT	7319 CROWCANYON AVE	LAS VEGAS	NV 89179
11/2004 - 10/2010	663 IKRODY ROAD	WOODE-ORILE	MILE 12, NIGERIA
BIRTH - 11/2004	10 TAPA STREET	EBUTE-METTA	LAGOS, NIGERIA
N/A			
N/A			
N/A			
N/A			
N/A			
N/A			

Applicant's initial A. Ade
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8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
04/2014-01/2015	2411 W. CHARLESTON BLVD FLOTSOL INC. MEDICAL LAS VEGAS NV 89162	STARTING PERSONAL BUSINESS
Title	Description of Duties	Name of Supervisor
ADMINISTRATOR-IN-TRAINING	ADMINISTRATOR ASSISTANCE	LOUWU ADEGBORUN
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2012-03/2014	PREMIUM CIGARETTES RALPH LAUREN INC LAS VEGAS	TO START ADMINISTRATIVE TRAINING
Title	Description of Duties	Name of Supervisor
ASSOCIATE	MAIN CASHIER	JOSH OLLOTT
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
11/2010-12/2012	2411 W. CHARLESTON BLVD FLOTSOL INC LAS VEGAS NV 89162	EDUCATIONAL PURPOSE
Title	Description of Duties	Name of Supervisor
BOOKKEEPING STAFF	ACCOUNTING / BOOK KEEPING	LOUWU ADEGBORUN
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A

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

Applicant's initial A. Ade

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9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>EBONKA FESTUS</u>	Home <u>9416 LEANERICK ST LAS VEGAS NV 89143</u>					<u>4 YEARS</u>
Employer <u>SELF EMPLOYED</u>	Business <u>EBONNY LLC</u>					
Name <u>TENYA DUCKETT</u>	Home <u>3903 CONRAD DR SPRING VALLEY CA 91977</u>					<u>4 YEARS</u>
Employer <u>RIVER SIDE COUNTY</u>	Business <u>PUBLIC HEALTH NURSE</u>					
Name <u>JOSHUA IGLEKE</u>	Home <u>6582 CAVEROCK LAS VEGAS NV 89110</u>					<u>4 YEARS</u>
Employer <u>SELF</u>	Business <u>JC MEDICAL</u>					
Name <u>JOHN ANDRUE</u>	Home <u>6537 BLACK STAR PT, LAS VEGAS NV 89084</u>					<u>4 YEARS</u>
Employer <u>SELF</u>	Business <u>ABC PHARMACY</u>					
Name <u>CHIDI ONYIRIMBA</u>	Home <u>6515 SAMBA AVE LAS VEGAS NV 89139</u>					<u>4 YEARS</u>
Employer <u>SELF</u>	Business <u>UNIQUE CARE PHARMACY</u>					

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

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

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

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

Yes ☐ No ☒

If yes, state type, where and years held

N/A

N/A

N/A

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

N/A

N/A

Applicant's initial A Ade

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 ☒ N/A

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

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 ☒ N/A

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒ N/A

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒ N/A

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒ N/A

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 12/27/2014

Applicant's initial A-Ade

STATE OF Nevada SS.

COUNTY OF Carr

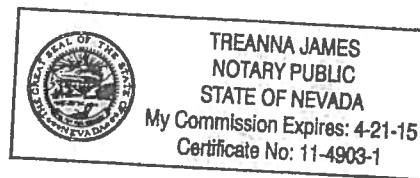
I, ARINDA L. ADEGBORUN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

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

Original Signature of Applicant

Subscribed and Sworn to before me this 29th day of 12-2014

Notary Public



(seal)

Applicant's initial A. Ade Page 9

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

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

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

Application must be printed legibly or typed

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: EXPEDITE SCRIPTS PHARMACY

Physical Address: 730 N. Eastern Avenue, #110 Las Vegas, NV 89101

Mailing Address: 1156 Teal Point Drive

City: Henderson State: NV Zip Code: 89074

Telephone: (702) 600-9794 Fax: N/A

Toll Free Number: N/A

E-mail: N/A Website: N/A

Managing Pharmacist: PAUL BROUS License Number: 13286

Hours of Operation:

Monday thru Friday <u>9</u> am <u>5</u> pm	Saturday <u>9</u> am <u>3</u> pm
Sunday <u>CLOSED</u> am _____ pm	24 Hours <u>N/A</u>

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized 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.

Paul Brown
Original Signature of Person Authorized to Submit Application, no copies or stamps

PAUL BROWN 1 26 2015
Print Name of Authorized Person Date

Board Use Only

Received:

2-9-15

Amount:

\$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

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

List names of 4 largest partners and percentage of ownership:

Name: TERESA C. ZANTUA %: 50

Name: LYDIA P. YITO %: 50

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: ZBC COMPANY, LLC

Mailing Address: 1156 Teal Point Drive

City: Henderson State: NV Zip Code: 89074

Telephone: (702) 600-9704 Fax: N/A

Contact Person: PAUL BRUNS

List any physician shareholders and percentage of ownership.

Name: N/A %: N/A

Name: N/A %: N/A

PARTNERSHIP

Include with the application for a partnership

Designated representative form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law prior to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete personal history record for each partner. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*. Must be original signature(s), no copies or stamps.

STATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

I, PAUL BROUS
Responsible Person of TERESITA ZANTUA and LYDIA VITO
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy
law that may occur in a pharmacy owned or operated by said company.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision
of any local, state or federal laws or regulations pertaining to the practice of pharmacy or
operation of a pharmacy in Nevada.

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

X Paul Brous 01/22/2015
Original Signature, no stamps or copies Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: PAUL BROUS

License #: 13286

Pharmacy Name: EXPEDITE SCRIPTS PHARMACY

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

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

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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>02223</u>)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Haggen Opco South, LLC d/b/a Haggen Pharmacy # 2225

Physical Address: 1031 Nevada Hwy., Boulder City, Nevada 89005

Mailing Address: Tax and Licensing 70428, P.O. Box 20, 250 Parkcenter Blvd.

City: Boise State: Idaho Zip Code: 83706

Telephone: (360)733-8720 Fax: (208)395-4220

Toll Free Number: N/A

E-mail: Licensegroup@supervalu.com Website: www.haggen.com

Managing Pharmacist: Sharlene Philpott License Number: 16912

Hours of Operation:

Monday thru Friday <u>9</u> am <u>9</u> pm	Saturday <u>9</u> am <u>5</u> pm
Sunday <u>9</u> am <u>5</u> pm	24 Hours <u>NO</u>

TYPE OF PHARMACY

SERVICES PROVIDED

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized 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.

Guy A. DiPasqua R.Ph. SVP Pharmacy
Original Signature of Person Authorized to Submit Application, no copies or stamps
Guy A. DiPasqua R.Ph. 2/5/2015
Print Name of Authorized Person Date

Board Use Only

Received: _____ Amount: \$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

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

List names of 4 largest partners and percentage of ownership:

Name: Michael Falk %: 65.29%

Name: John Caple %: 3.61%

Name: Cecilio Rodriguez %: 3.06%

Name: Rick Haggan %: 7.22%

Partnership Name: Haggan Opco South, LLC

Mailing Address: Tax and Licensing 70428, P.O. Box 20, 250 Parkcenter Blvd.

City: Boise State: Idaho Zip Code: 83706

Telephone: (360)733-8720 Fax: (208)395-4220

Contact Person: Neal Tomlinson, Snell & Wilmer L.L.P., (702) 784-5276, ntomlinson@swlaw.com

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: N/A %:

PARTNERSHIP

Include with the application for a partnership

Designated representative form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law **prior** to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete personal history record for each partner. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*. Must be original signature(s), no copies or stamps.

STATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

I, Guy A. DiPasqua RPh
Responsible Person of Haggen Opco South, LLC
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy
law that may occur in a pharmacy owned or operated by said company.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision
of any local, state or federal laws or regulations pertaining to the practice of pharmacy or
operation of a pharmacy in Nevada.

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

Guy A. DiPasqua RPh
Original Signature, no stamps or copies

2/9/15
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Sharlene Philpott

License #: 16912

Pharmacy Name: Vons Pharmacy #2391

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

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

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

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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH <u>01580</u>)	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Haggen Opco South, LLC d/b/a Haggen Pharmacy # 2230

Physical Address: 575 College Drive, Henderson, Nevada 89015

Mailing Address: Tax and Licensing 70428, P.O. Box 20, 250 Parkcenter Blvd.

City: Boise State: Idaho Zip Code: 83706

Telephone: (360)733-8720 Fax: (208)395-4220

Toll Free Number: N/A

E-mail: Licensegroup@supervalu.com Website: www.haggen.com

Managing Pharmacist: Paul Taylor License Number: 15501

Hours of Operation:

Monday thru Friday 9 am 9 pm

Saturday 9 am 6 pm

Sunday 10 am 6 pm

24 Hours NO

TYPE OF PHARMACY

SERVICES PROVIDED

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized 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.

Guy A. DiPasqua RPh SVP Pharmacy
Original Signature of Person Authorized to Submit Application, no copies or stamps
Guy A. DiPasqua RPh 2/5/2015
Print Name of Authorized Person Date

Board Use Only

Received: _____ Amount: \$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

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

List names of 4 largest partners and percentage of ownership:

Name:	Michael Falk	%:	65.29%
Name:	John Caple	%:	3.61%
Name:	Cecilio Rodriguez	%:	3.06%
Name:	Rick Hagen	%:	7.22%

Partnership Name: Haggen Opco South, LLC

Mailing Address: Tax and Licensing 70428, P.O. Box 20, 250 Parkcenter Blvd.

City: Boise State: Idaho Zip Code: 83706

Telephone: (360)733-8720 Fax: (208)395-4220

Contact Person: Neal Tomlinson, Snell & Wilmer L.L.P., (702) 784-5276, ntomlinson@swlaw.com

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: N/A %:

PARTNERSHIP

Include with the application for a partnership

Designated representative form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law **prior** to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete personal history record for each partner. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*. Must be original signature(s), no copies or stamps.

STATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

I, Guy A. DiPasqua R.Ph.
Responsible Person of Haggen OPCO South, LLC
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy
law that may occur in a pharmacy owned or operated by said company.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision
of any local, state or federal laws or regulations pertaining to the practice of pharmacy or
operation of a pharmacy in Nevada.

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

Guy A. DiPasqua R.Ph.
Original Signature, no stamps or copies

2/9/15
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Paul S. Taylor

License #: 15501

Pharmacy Name: Haggan Pharmacy

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

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

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

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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>00767</u>)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Haggen Opco South, LLC d/b/a Haggen Pharmacy # 2231

Physical Address: 190 N. Boulder Hwy., Henderson, Nevada 89015

Mailing Address: Tax and Licensing 70428, P.O. Box 20, 250 Parkcenter Blvd.

City: Boise State: Idaho Zip Code: 83706

Telephone: (360)733-8720 Fax: (208)395-4220

Toll Free Number: N/A

E-mail: Licensegroup@supervalu.com Website: www.haggen.com

Managing Pharmacist: Terri Satran License Number: 13207

Hours of Operation:

Monday thru Friday 9 am 9 pm

Saturday 9 am 6 pm

Sunday 10 am 6 pm

24 Hours NO

TYPE OF PHARMACY

SERVICES PROVIDED

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

APPLICATION FOR NEVADA PHARMACY LICENSE

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- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
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Guy A. DiPasqua RPh SVP - Pharmacy
Original Signature of Person Authorized to Submit Application, no copies or stamps
Guy A. DiPasqua, RPh 2/5/2015
Print Name of Authorized Person Date

Board Use Only

Received: _____ Amount: \$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

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

List names of 4 largest partners and percentage of ownership:

Name: Michael Falk %: 65.29%
Name: John Caple %: 3.61%
Name: Cecilio Rodriguez %: 3.06%
Name: Rick Hagen %: 7.22%

Partnership Name: Hagen Opco South, LLC

Mailing Address: Tax and Licensing 70428, P.O. Box 20, 250 Parkcenter Blvd.

City: Boise State: Idaho Zip Code: 83706

Telephone: (360)733-8720 Fax: (208)395-4220

Contact Person: Neal Tomlinson, Snell & Wilmer L.L.P., (702) 784-5276, ntomlinson@swlaw.com

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: N/A %:

PARTNERSHIP

Include with the application for a partnership

Designated representative form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

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Complete personal history record for each partner. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*. Must be original signature(s), no copies or stamps.

STATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

I, Guy A. DiPasqua RPh
Responsible Person of Haggren Opco South LLC
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy
law that may occur in a pharmacy owned or operated by said company.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision
of any local, state or federal laws or regulations pertaining to the practice of pharmacy or
operation of a pharmacy in Nevada.

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

Guy A. DiPasqua RPh
Original Signature, no stamps or copies

2/9/15
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Terri Satran

License #: 13207

Pharmacy Name: Haggen Pharmacy

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

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

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

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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH <u>01524</u>)	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Haggen Opco South, LLC d/b/a Haggen Pharmacy # 2234

Physical Address: 820 S. Rampart Blvd., Las Vegas, Nevada 89145

Mailing Address: Tax and Licensing 70428, P.O. Box 20, 250 Parkcenter Blvd.

City: Boise State: Idaho Zip Code: 83706

Telephone: (360)733-8720 Fax: (208)395-4220

Toll Free Number: N/A

E-mail: Licensegroup@supervalu.com Website: www.haggen.com

Managing Pharmacist: Luke Tysdal License Number: 16055

Hours of Operation:

Monday thru Friday 9 am 9 pm Saturday 9 am 5 pm
Sunday 9 am 5 pm 24 Hours NO

TYPE OF PHARMACY

SERVICES PROVIDED

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

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized 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.

Guy A. DiPasqua RPh SVP, Pharmacy
Original Signature of Person Authorized to Submit Application, no copies or stamps
Guy A. DiPasqua R.Ph 2/5/2015
Print Name of Authorized Person Date

Board Use Only

Received: _____ Amount: \$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

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

List names of 4 largest partners and percentage of ownership:

Name:	Michael Falk	%:	65.29%
Name:	John Caple	%:	3.61%
Name:	Cecilio Rodriguez	%:	3.06%
Name:	Rick Hagen	%:	7.22%

Partnership Name: Haggen Opco South, LLC

Mailing Address: Tax and Licensing 70428, P.O. Box 20, 250 Parkcenter Blvd.

City: Boise State: Idaho Zip Code: 83706

Telephone: (360)733-8720 Fax: (208)395-4220

Contact Person: Neal Tomlinson, Snell & Wilmer L.L.P., (702) 784-5276, ntomlinson@swlaw.com

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: N/A %:

PARTNERSHIP

Include with the application for a partnership

Designated representative form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law prior to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete personal history record for each partner. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*. Must be original signature(s), no copies or stamps.

STATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

I, Guy A. DiPasqua RPh
Responsible Person of Haggen Open South LLC
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy
law that may occur in a pharmacy owned or operated by said company.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision
of any local, state or federal laws or regulations pertaining to the practice of pharmacy or
operation of a pharmacy in Nevada.

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

Guy A. DiPasqua RPh
Original Signature, no stamps or copies

2/9/15
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Luke Tysdal

License #: 16055

Pharmacy Name: Haggen

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

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

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

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input checked="" type="checkbox"/> <input type="checkbox"/>	
2. been the subject of 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: <u>NV</u> County: <u>Clark</u>	Date: <u>12/15/2006</u> Court: <u>NV Justice Ct</u> Case #: <u>05TA3532X</u>

Blank

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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH <u>01253</u>)	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Haggen Opco South, LLC d/b/a Haggen Pharmacy # 2232

Physical Address: 1940 Village Center Circle, Las Vegas, Nevada 89134

Mailing Address: Tax and Licensing 70428, P.O. Box 20, 250 Parkcenter Blvd.

City: Boise State: Idaho Zip Code: 83706

Telephone: (360)733-8720 Fax: (208)395-4220

Toll Free Number: N/A

E-mail: Licensegroup@supervalu.com Website: www.haggen.com

Managing Pharmacist: Steven Foggia License Number: 12857

Hours of Operation:

Monday thru Friday <u>9</u> am <u>9</u> pm	Saturday <u>9</u> am <u>5</u> pm
Sunday <u>9</u> am <u>5</u> pm	24 Hours <u>NO</u>

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
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APPLICATION FOR NEVADA PHARMACY LICENSE

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Guy A. DiPasqua RPh SVP Pharmacy
Original Signature of Person Authorized to Submit Application, no copies or stamps
Guy A. DiPasqua, RPh 2/5/2015
Print Name of Authorized Person Date

Board Use Only

Received: _____ Amount: \$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

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

List names of 4 largest partners and percentage of ownership:

Name:	Michael Falk	%:	65.29%
Name:	John Caple	%:	3.61%
Name:	Cecilio Rodriguez	%:	3.06%
Name:	Rick Hagen	%:	7.22%

Partnership Name: Haggen Opco South, LLC

Mailing Address: Tax and Licensing 70428, P.O. Box 20, 250 Parkcenter Blvd.

City: Boise State: Idaho Zip Code: 83706

Telephone: (360)733-8720 Fax: (208)395-4220

Contact Person: Neal Tomlinson, Snell & Wilmer L.L.P., (702) 784-5276, ntolinson@swlaw.com

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: N/A %:

PARTNERSHIP

Include with the application for a partnership

Designated representative form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law **prior** to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete personal history record for each partner. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*. Must be original signature(s), no copies or stamps.

STATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

I, Guy A. DiPasqua RPh
Responsible Person of Haggen Opco South LLC
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy
law that may occur in a pharmacy owned or operated by said company.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
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I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
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operation of a pharmacy in Nevada.

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

Guy A. DiPasqua RPh
Original Signature, no stamps or copies

2/5/15
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Steven G. Foggia RPh

License #: 11112857

Pharmacy Name: Vons Pharmacy #2395

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"/> NO
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

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

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

Application must be printed legibly or typed

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<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH <u>01198</u>)	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
---------------------------------------	---	--------------------------------------	--

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Haggen Opco South, LLC d/b/a Haggen Pharmacy # 2233

Physical Address: 7530 W. Lake Mead Blvd., Las Vegas, Nevada 89128

Mailing Address: Tax and Licensing 70428, P.O. Box 20, 250 Parkcenter Blvd.

City: Boise State: Idaho Zip Code: 83706

Telephone: (360)733-8720 Fax: (208)395-4220

Toll Free Number: N/A

E-mail: Licensegroup@supervalu.com Website: www.haggen.com

Managing Pharmacist: Steven Schwartz License Number: 13592

Hours of Operation:

Monday thru Friday <u>9</u> am <u>9</u> pm	Saturday <u>9</u> am <u>5</u> pm
Sunday <u>9</u> am <u>5</u> pm	24 Hours <u>NO</u>

TYPE OF PHARMACY

SERVICES PROVIDED

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

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
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- ☐ Long Term Care

APPLICATION FOR NEVADA PHARMACY LICENSE

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- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
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Guy A. DiPasqua RPh SVA, Pharmacy
Original Signature of Person Authorized to Submit Application, no copies or stamps
Guy A. DiPasqua, RPh
Print Name of Authorized Person
2/5/2015
Date

Board Use Only

Received: _____ Amount: \$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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Name: Michael Falk %: 65.29%

Name: John Caple %: 3.61%

Name: Cecilio Rodriguez %: 3.06%

Name: Rick Haggen %: 7.22%

Partnership Name: Haggen Opco South, LLC

Mailing Address: Tax and Licensing 70428, P.O. Box 20, 250 Parkcenter Blvd.

City: Boise State: Idaho Zip Code: 83706

Telephone: (360)733-8720 Fax: (208)395-4220

Contact Person: Neal Tomlinson, Snell & Wilmer L.L.P., (702) 784-5276, ntomlinson@swlaw.com

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: N/A %:

PARTNERSHIP

Include with the application for a partnership

Designated representative form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

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Complete personal history record for each partner. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*. Must be original signature(s), no copies or stamps.

STATEMENT OF RESPONSIBILITY - Pharmacy
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I, Guy A. DiPasqua RPh
Responsible Person of Haggen Opco South LLC
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
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I further acknowledge and understand that upon the change of managing pharmacist in the
pharmacy, the owners must assure that an accountability audit of all controlled substances shall
be performed jointly by the departing managing pharmacist and the new managing pharmacist.

Guy A. DiPasqua RPh
Original Signature, no stamps or copies

2/9/15
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: ~~Hager Pharmacy~~ Steven Schwartz

License #: 13592

Pharmacy Name: Hager 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"/>
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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
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<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input checked="" type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>O2898-C</u>)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
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Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Meds Direct Rx of NV

Physical Address: 61 Spectrum Blvd.

Mailing Address: 61 Spectrum Blvd.

City: Las Vegas State: Nevada Zip Code: 89101

Telephone: 702-922-1899 Fax: 702-973-1597

Toll Free Number: 855-515-0387

E-mail: Pending Website: Pending

Managing Pharmacist: William Kottmer License Number: NV 17899

Hours of Operation:

Monday thru Friday <u>9:00</u> am <u>6:00</u> pm	Saturday <u>9:00</u> am <u>2:00</u> pm
Sunday <u>Closed</u> am <u>Closed</u> pm	24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☒ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
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APPLICATION FOR NEVADA PHARMACY LICENSE

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If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Cary Rossel

Print Name of Authorized Person

Date

1/28/2015

Board Use Only

Received:

2-9-15

Amount:

\$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Texas
Parent Company if any: Pharma Holdings US, Ltd., a Texas limited partnership
Corporation Name: Duke Pharmacy, LLC
Mailing Address: 5710 LBJ Freeway, Suite 300
City: Dallas State: Texas Zip: 75240
Telephone: (214) 697-7262 Fax: (972) 248-1415
Contact Person: Cary Rossel

For any corporation non publicly traded, disclose the following:

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

a)	<u>n/a</u>	
	Name	Address
b)	<u></u>	<u></u>
	Name	Address
c)	<u></u>	<u></u>
	Name	Address
d)	<u></u>	<u></u>
	Name	Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. n/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 corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: <u>n/a</u>	%: <u></u>
Name: <u></u>	%: <u></u>

STATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

I, Carry Rossel

Responsible Person of Meds Direct Rx ov NV

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said company.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy or operation of a pharmacy in Nevada.

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


Original Signature, no stamps or copies

1/28/2015
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: William Kottmer

License #: NV 17899

Pharmacy Name: Meds Direct Rx of NV

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
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Absolute Pharmacy, LLC

Physical Address: 16011 N. Nebraska Ave, Ste 103 Lutz, FL 33549

Mailing Address: same as above

City: Lutz State: FL Zip Code: 33549

Telephone: 813 999 2700 Fax: 813 999 2701

Toll Free Number: 844 388 2200 (Required per NAC 639.708)

E-mail: Andreas@Absoluterx.com Website: www.absoluterx.com

Managing Pharmacist: Michael Clurman License Number: PS 42450

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☐ ☒ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☐ Mail Service Sterile Compounding **
☒ ☐ Other Services: Sterile Compounds

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

81658

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Andreas Detthaff
Print Name of Authorized Person

01/08/2015
Date

Page 2

Board Use Only

Date Processed: 1-21-15

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Florida

Parent Company if any: —

Mailing Address: 116011 N. Nebraska Ave, Suite 103

City: LUTZ State: FL Zip: 33549

Telephone: 813 999 2700 Fax: 813 999 2701

Contact Person: Andreas Dettlaff

For any corporation non publicly traded, disclose the following: -N/A - No stock issued

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

a) _____
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

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

3) What was the price paid per share? _____

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

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

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 4:00 pm

Sunday — am — pm

Saturday 12 ^{pm} am 2 pm

24 Hours toll free 8443382208

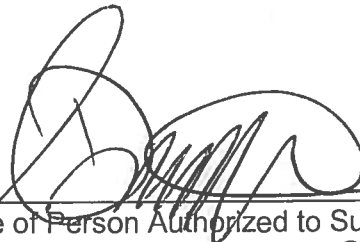
A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Andreas Dettlaff
Responsible Person of Absolute Pharmacy, LLC
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law
that may occur in a pharmacy owned or operated by said corporation.


I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.

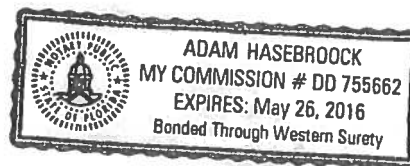
I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision
of any local, state or federal laws or regulations pertaining to the practice of pharmacy.


Original Signature of Person Authorized to Submit Application, no copies or stamps

Andreas Dettlaff
Print Name of Authorized Person

6-24-14
Date


6/24/14



Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

December 30, 2014

Absolute Pharmacy, LLC

1011 North Nebraska Ave., Suite 103
Lutz, FL 33549

RE: License Certification for Absolute Pharmacy, LLC

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH28122
ORIGINAL CERTIFICATION:	05/07/2014
EXPIRATION DATE:	02/28/2017
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,


Tanya Daniels
Licensure Support Services

**Florida Department of Health**

Division of Medical Quality Assurance- Bureau of Operations
4052 Bald Cypress Way, Bin C-10 • Tallahassee, FL 32399-3260
PHONE: (850) 245-4444 • FAX: (850) 245-4791

www.floridahealth.gov

TWITTER: HealthyFLA
FACEBOOK: FLDepartmentofHealth
YOUTUBE: fldoh
Created on 12/30/2014 1:53 PM

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy or **Ownership Change** (Provide current license number if making changes: **PH02673**)

Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: PARK Compounding

Physical Address: 9257 Research Drive

Mailing Address: SAME AS ABOVE

City: IRVINE State: CA Zip Code: 92618

Telephone: 949-551-7195 Fax: 949-551-1950

Toll Free Number: 866-551-7195 (Required per NAC 639.708)

E-mail: info@parkrx.com Website: www.parkrx.com

Managing Pharmacist: NADIA Z BRAHIM License Number: 55103

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds ____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☒ ☐ Community

☐ ☐ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral **

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☒ ☐ Sterile Compounding **

☒ ☐ Non Sterile Compounding

☒ ☐ Mail Service Sterile Compounding **

☐ ☒ Other Services: _____

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

55610

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☒ No ☐
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps

Andrew R. Bell
Print Name of Authorized Person

1/15/15
Date

Board Use Only

Received:

1-22-15

Amount:

\$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: CALIFORNIA
Parent Company if any: IMPRIMIS PHARMACEUTICALS
Corporation Name: SOUTH COAST SPECIALTY COMPOUNDING, INC
Mailing Address: 9257 RESEARCH DRIVE
City: IRVINE State: CA Zip: 92618
Telephone: 949-551-7195 Fax: 949-551-1950
Contact Person: LINDA DETONING

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 1/11/2006
Registration number issued: 333-182846
Stock Exchange: NASDAQ

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Andrew Boll
Responsible Person of PAEK Compounding

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Andrew Boll
Original Signature of Person Authorized to Submit Application, no copies or stamps

Andrew B. Boll
Print Name of Authorized Person

1/15/15
Date



January 1, 2015

Kam Gandhi, Pharm.D.
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno Nevada 89509

RE: Disciplinary History for Applicant and Officers

Dear Respected Board Official:

Please accept this letter in response to our answer of "YES" to application questions numbers 2 and 3 on page 2. The application questions 2 & 3 on page 2 ask the following: *within the last 5 years [2] Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?; & [3] Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry?*

In an effort to be completely transparent in our response, we provide the following information regarding our corporation and its corporate holdings. Since the corporate entity officers of Park Compounding Pharmacy are also officers of another pharmacy, Pharmacy Creations, we disclose disciplinary history for both entities.

Imprimis Pharmaceuticals, Inc. is the sole owner for two pharmacies. Imprimis owns Park Compounding Pharmacy at Irvine, CA and Pharmacy Creations LLC at Randolph, NJ. Although both pharmacies share a common owner and board of directors, both pharmacies are distinct and separate business entities. Imprimis is a relatively new owner of both pharmacies. Imprimis acquired Pharmacy Creations on April 1, 2014 and Park Pharmacy was acquired on January 1, 2015.

Although your application does not specifically ask that we provide a history of disciplinary actions for affiliates or subsidiaries, in the spirit of full disclosure and transparency we have chosen to provide you with the following information for both pharmacies owned by our firm. Please note however, that the disciplinary actions described herein resulted from acts that took place prior to Imprimis acquiring the pharmacies. Imprimis is steadfast in its resolve to operate its pharmacies in full compliance with all state and federal laws and is proud of our track record to date.

9257 Research Drive, Irvine, CA 92618
T: (949) 551-7195 | F: (949) 551-1950 | E: info@parkrx.com



The following is complete description of the disciplinary history for both pharmacies.

A. Park Compounding Pharmacy

No board of pharmacy disciplinary orders or actions within the past 5 years.

B. Pharmacy Creations

The following is a summary of administrative actions, disciplinary actions, and licensure denials within the past 5 years.

1. *Disciplinary Action: October 17, 2013, for Conduct Occurring Under Previous Ownership*
Conduct Occurred: April 2013
State of Indiana Board of Pharmacy Disciplinary Order:
 - Pharmacy Creations (Nonresident Permit No. 64001650A): Probation 16-months.

Facts:

In April 2013, the pharmacist in charge (PIC) of Pharmacy Creations personally appeared before the Indiana Board requesting approval of Pharmacy Creations' nonresident pharmacy permit. During the interview with the Board, the PIC disclosed that Pharmacy Creations had shipped medications to patients in Indiana without a license. Because the Board noted for the record that Pharmacy Creations is performing a valuable and needed service to Indiana patients¹, the Indiana Board approved the application for a nonresident permit but placed the license on probation for at least 16 months. Upon expiration of the 16-month period, Pharmacy Creations will petition the Board to withdraw the probation.

Corrective action:

Pharmacy Creations understands that any shipment of prescription medications into another state either requires a non-resident pharmacy permit if required by that state, or the shipment must qualify for an exemption from licensure. Pharmacy Creations is in the process of becoming licensed in all states that require licensure and will not ship to any jurisdiction that does not allow shipment without a permit. Further, the PIC involved is no longer employed by the pharmacy.

¹ *In the matter of Pharmacy Creations. Cause No. 2013 IBP 0046. Indiana Board of Pharmacy, Oct. 17, 2013 at 3.*



2. *Disciplinary Action: April 22, 2014, for Conduct Occurring Under Previous Ownership*
Conduct Occurred: 2012
State of Ohio Disciplinary Order:

- Pharmacy Creations (Terminal Distributor of Dangerous Drugs No. **NRP.022274500-03**: \$2000.00 fine and probation, 12-months.

Facts:

In October 2012, Pharmacy Creations applied for a nonresident Terminal Distributor of Dangerous Drugs permit (nonresident pharmacy permit). The application was delayed because the Board had evidence that Pharmacy Creations had shipped medications into Ohio without a permit prior to the application. At issue was a single shipment of an injectable compound to an ophthalmologist who returned the shipment once it was determined that Pharmacy Creations was not licensed. The adjudication process for issuance of a license took almost 18 months to complete. At the conclusion of the process, the Board of Pharmacy issued a fine of \$2000.00, granted the request for the nonresident license, and immediately placed the new license on probation for 12 months.

Corrective action:

The shipment of drugs into Ohio took place prior to the corrective action related to the shipment of drugs into Indiana. Nonetheless, Pharmacy Creations understands that any shipment of prescription medications into another state either requires a non-resident pharmacy permit if required by that state, or the shipment must qualify for an exemption from licensure. Pharmacy Creations has decided to become licensed in all states that require licensure and will not ship to any jurisdiction that does not allow shipment without a permit. Further, the PIC involved is no longer employed by the pharmacy.

3. *Administrative Action: June 23, 2014, FDA Warning Letter for Conduct that Occurred Under Previous Ownership*
Conduct Occurred: August 2013

Facts:

In August 2013, the FDA inspected the compounding operations at Pharmacy Creations. In June 2014, Pharmacy Creations received a Warning Letter from the FDA asserting a number of violations of federal law that either did not apply to the practice of pharmacy (e.g., noncompliance with current Good Manufacturing Practices) or did not exist in August 2013 (e.g., compliance with the Drug Quality and Security Act enacted in November 2013).



Pharmacy Creations has responded to each of the allegations made by the FDA and is currently awaiting a closeout response from the agency. See the attached FDA Warning Letter and Pharmacy Creations' response attached to this letter. *Exhibit A & B.*

4. *Pharmacy Creations' Nonresident Permit Placed on Probation Prior to Issuance on October 17, 2013, for Conduct Occurring Under Previous Ownership*
Conduct Occurred: April 2013
State of Indiana Board of Pharmacy Disciplinary Order:

- Pharmacy Creations (Nonresident Permit No. 64001650A: Probation 16-months.

Facts:

In April 2013, the pharmacist in charge (PIC) of Pharmacy Creations personally appeared before the Indiana Board requesting approval of Pharmacy Creations' nonresident pharmacy permit. During the interview with the Board, the PIC disclosed that Pharmacy Creations had shipped medications to patients in Indiana without a license. Because the Board noted for the record that Pharmacy Creations is performing a valuable and needed service to Indiana patients², the Indiana Board approved the application for a nonresident permit but placed the license on probation for at least 16 months. Upon expiration of the 16-month period, Pharmacy Creations will petition the Board to withdraw the probation.

Corrective action:

Pharmacy Creations understands that any shipment of prescription medications into another state either requires a non-resident pharmacy permit if required by that state, or the shipment must qualify for an exemption from licensure. Pharmacy Creations is in the process of becoming licensed in all states that require licensure and will not ship to any jurisdiction that does not allow shipment without a permit.

5. *Pharmacy Creations' Nonresident Permit Placed on Probation Prior to Issuance on April 22, 2014, for Conduct Occurring Under Previous Ownership*
Conduct Occurred: 2012
State of Ohio Disciplinary Order:

- Pharmacy Creations (Terminal Distributor of Dangerous Drugs No. **NRP.022274500-03**: \$2000.00 fine and probation, 12-months.

² *In the matter of Pharmacy Creations.* Cause No. 2013 IBP 0046. Indiana Board of Pharmacy, Oct. 17, 2013 at 3.



Facts:

In October 2012, Pharmacy Creations applied for a nonresident Terminal Distributor of Dangerous Drugs permit (nonresident pharmacy permit). The application was delayed because the Board had evidence that Pharmacy Creations had shipped medications into Ohio without a permit prior to the application. At issue was a single shipment of an injectable compound to an ophthalmologist who returned the shipment once it was determined that Pharmacy Creations was not licensed. The adjudication process for issuance of a license took almost 18 months to complete. At the conclusion of the process, the Board of Pharmacy issued a fine of \$2000.00, granted the request for the nonresident license, and immediately placed the new license on probation for 12 months.

Corrective action:

The shipment of drugs into Ohio took place prior to the corrective action related to the shipment of drugs into Indiana. Nonetheless, Pharmacy Creations understands that any shipment of prescription medications into another state either requires a non-resident pharmacy permit if required by that state, or the shipment must qualify for an exemption from licensure. Pharmacy Creations has decided to become licensed in all states that require licensure and will not ship to any jurisdiction that does not allow shipment without a permit.

6. Pharmacy Creations' New Application for Nonresident Pharmacy Permit Denied on June 5, 2014 by the North Carolina Board of Pharmacy

Facts:

Pharmacy Creations' application for licensure as a nonresident pharmacy provider was denied by the State of North Carolina. The board cited serious inspection issues noted by New Jersey Board of Pharmacy inspectors in an inspection report crafted in June 2013.

Corrective action:

Following the June 2013 inspection, Pharmacy Creations underwent a comprehensive quality improvement program. All deficiencies noted in the June 2013 inspection report have been corrected. Further, on April 1, 2014, Pharmacy Creations was purchased by Imprimis Pharmaceuticals. Because Imprimis Pharmaceuticals is committed to providing its patients with the highest quality medications, Imprimis commissioned a comprehensive assessment of the pharmacy's compliance with pharmacy statutes and regulations including USP compounding guidelines found in USP Chapters <797>. The report created by LDT Health Solutions, validating Pharmacy Creations' full compliance with state and federal compounding requirements, is available upon request.

9257 Research Drive, Irvine, CA 92618
T: (949) 551-7195 | F: (949) 551-1950 | E: info@parkrx.com



7. Pharmacy Creations' New Application for a Nonresident Pharmacy Permit Denied by the Missouri Board of Pharmacy on September 19, 2014.

Facts:

Pharmacy Creations' application for licensure as a nonresident pharmacy provider was denied by the State of Missouri. The board cited the previous disciplinary history and probationary status of the licenses in Indiana and Ohio.

Corrective action:

The probationary status in Indiana and Ohio both stem from the shipment of drugs into those states prior to having non-resident permit, as detailed in the above sections. Pharmacy Creations understands that any shipment of prescription medications into another state either requires a non-resident pharmacy permit if required by that state, or the shipment must qualify for an exemption from licensure. The shipments of medication prior to nonresident licensure occurred under Pharmacy Creations' previous ownership. Imprimis, the owner since April 2014, does not allow Pharmacy Creations' staff to ship medications into another state if a permit is required by that state. Once the probationary period has expired in Indiana and Ohio, Pharmacy Creations will reapply for nonresident licensure in the State of Missouri.

If you have any questions regarding the organizational structure of these entities, or require additional information about any statements made above, please do not hesitate to contact me with any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read 'Andrew Boll', written over a horizontal line.

Andrew Boll
CFO



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration
New Jersey District Office
Central Region
Waterview Corporate Center
10 Waterview Blvd, 3rd Floor
Parsippany, New Jersey 07054
Telephone: (973) 331- 4900
FAX: (973) 331- 4969

WARNING LETTER

June 23, 2014

VIA UNITED PARCEL SERVICE

14-NWJ-09

Scott Karolchyk, R.Ph., MS, Pharmacist-in-Charge and Co-owner
Bernard Covalesky, R.Ph, Co-owner
Pharmacy Creations
540 Route 10 West
Randolph, NJ 07869

Dear Mr. Karolchyk and Mr. Covalesky:

From August 5, 2013 to August 19, 2013, U.S. Food and Drug Administration (FDA) investigators conducted an inspection of your facility, Pharmacy Creations, located at 540 Route 10 West, Randolph, NJ 07869. During the inspection, the investigators noted that you were not receiving valid prescriptions for individually identified patients for a portion of the drug products you were producing. It was also noted that your firm continues to make domperidone drug products, despite having received prior warnings regarding this practice in a Warning Letter issued on October 31, 2006, and in a meeting with FDA on June 11, 2008. Domperidone is not the subject of an applicable United States Pharmacopeia (USP) or National Formulary (NF) monograph, nor is it a component of an FDA-approved human drug product, nor does it appear on a list developed by the Secretary under section 503A(b)(1)(A)(i)(III) of the Federal Food Drug, and Cosmetic Act (FDCA) [21 U.S.C. § 353a]. In addition, the investigators observed serious deficiencies in your practices for producing sterile drug products, which put patients at risk. For example, your firm produces sterile injectable drug products in multiple-dose containers without a preservative added to the formulations. There is a significant risk that your formulation is unsuitable for multiple uses, and will present an increased risk of infection to patients. In addition, your firm produces lyophilized epinephrine by moving partially stoppered vials between a freezer and a vacuum chamber. Your firm has failed to demonstrate that the process does not place product at risk of microbial contamination and is capable of producing product of a consistent potency. These observations and others were noted on a Form FDA 483, issued on August 19, 2013.

Based on this inspection, it appears that you are producing drugs that violate the Federal Food, Drug, and Cosmetic Act (FDCA).

A. Compounded Drugs Under the FDCA

At the time FDA inspected your facility, there were conflicting judicial decisions regarding the applicability of section 503A of the FDCA [21 U.S.C. § 353a], which exempts compounded drugs from several key statutory requirements if certain conditions are met.¹ Nevertheless, receipt of valid prescriptions for individually-identified patients prior to distribution of compounded drugs was relevant for both section 503A of the FDCA and the agency's Compliance Policy Guide 460.200 on Pharmacy Compounding (CPG) (2002), which was then in effect.² During the FDA inspection, investigators observed that your firm does not receive valid prescriptions for individually-identified patients for a portion of the drug products you produce. Based on this factor alone, those drugs were not entitled to the statutory exemptions for compounded drugs described in section 503A of the FDCA and did not qualify for the agency's exercise of enforcement discretion set forth in the CPG.³

In addition, under the CPG, when determining whether to initiate enforcement action, FDA considered whether a firm compounded finished drugs from bulk active ingredients that were not components of FDA-approved drugs without an FDA sanctioned investigational new drug application. Because domperidone was not a component of an FDA-approved human drug, your compounded drugs containing domperidone would not qualify for the exercise of enforcement discretion set forth in the CPG. Further, the exemptions provided by section 503A(a) did not apply to compounded drug products containing domperidone because domperidone was not the subject of an applicable USP or NF monograph, was not a component of an FDA-approved human drug under section 503A(b)(1)(A)(i) of the FDCA, and did not appear on a list developed by the Secretary under 503A(b)(1)(A)(i)(III).

Since FDA inspected your facility, Congress enacted and the President signed into law the Compounding Quality Act (CQA)⁴, which amended FDCA section 503A by eliminating the advertising restrictions that had been the basis for conflicting judicial decisions. The CQA otherwise left section 503A intact, and so clarified that the remainder of section 503A is applicable in every federal judicial circuit, including the requirement for valid prescriptions for individually identified patients, and the requirement to only compound drug products using bulk drug substances if each bulk drug substance is the subject of an applicable USP or NF monograph, is a component of an FDA-approved human drug, or appears on a list developed by the Secretary under section 503A(b)(1)(A)(i)(III). Accordingly, the drugs you compound without valid prescriptions for individually-identified patients and any drug products you compound using domperidone, which is not the subject of an applicable USP or NF monograph, not a component of an FDA-approved human drug, and did not appear on a list developed by the

¹ Compare *Western States Med. Ctr. v. Shalala*, 238 F.3d 1090 (9th Cir. 2001) with *Medical Ctr. Pharm. v. Mukasey*, 536 F.3d 383 (5th Cir. 2008).

² The CPG set forth a non-exhaustive list of factors that FDA considered in determining whether to take enforcement action when the scope and nature of a pharmacy's activities raised concerns. This CPG has been withdrawn in light of new legislation. See below.

³ See 21 U.S.C. § 353a(a) (granting compounded drugs statutory exemptions if, among other things, "the drug product is compounded for an identified individual patient based on the . . . receipt of a valid prescription order or a notation, approved by the prescribing practitioner, on the prescription order that a compounded product is necessary for the identified patient . . ."); CPG at 2 ("FDA recognizes that pharmacists traditionally have extemporaneously compounded and manipulated reasonable quantities of human drugs upon receipt of a valid prescription for an individually-identified patient from a licensed practitioner. This traditional activity is not the subject of this guidance.").

⁴ Drug Quality and Security Act, Public Law 113-54, 127 Stat. 587 (Nov. 27, 2013).

Secretary under section 503A(b)(1)(A)(i)(III), are not entitled to the exemptions in section 503A.⁵

In addition, we remind you that there are a number of other conditions that must be satisfied to qualify for the exemptions in section 503A of the FDCA.⁶

B. Violations of the FDCA

Because both the domperidone drug products and the drug products that you manufacture and distribute without valid prescriptions for individually-identified patients are not the subject of approved applications, they are unapproved new drugs and misbranded drugs in violation of sections 505(a) and 502(f)(1) [21 U.S.C. § 355(a) and 352(f)(1)] of the FDCA, respectively.

In addition, the manufacture of those drug products is also subject to FDA's Current Good Manufacturing Practice (CGMP) regulations for Finished Pharmaceuticals, Title 21, Code of Federal Regulations (CFR), Parts 210 and 211. FDA investigators observed significant CGMP violations at your facility, causing such drug product(s) to be adulterated within the meaning of section 501(a)(2)(B) of the FDCA [21 U.S.C. § 351(a)(2)(B)].

Unapproved New Drug Products

You do not have any FDA-approved applications on file for the drug products for which you have not obtained valid prescriptions for individually-identified patients.⁷ Additionally, you produce domperidone drug products that are not the subject of an applicable USP or NF monograph, are not a component of an FDA-approved drug under section 503A(b)(1)(A)(i) of the FDCA, and do not appear on a list developed by the Secretary under 503A(b)(1)(A)(i)(III).⁷ Under sections 301(d) and 505(a) of the FDCA [21 U.S.C. §§ 331(d) and 355(a)], a new drug may not be introduced into or delivered for introduction into interstate commerce unless an application approved by FDA under section 505 of the FDCA [21 U.S.C. § 355] is in effect for the drug. Your marketing of these products, or other applicable products without an approved application violates these provisions of the FDCA.

Misbranded Drug Products

Because the domperidone drug products and the drug products for which you have not obtained valid prescriptions for individually-identified patients are intended for conditions that are not amenable to self-diagnosis and treatment by individuals who are not medical practitioners, adequate directions cannot be written for them so that a layman can use these products safely for their intended uses. Consequently, their labeling fails to bear adequate directions for their intended uses, causing them to be misbranded under section 502(f)(1) of the FDCA [21 U.S.C.

⁵The CQA contains a number of other provisions, including new exemptions and requirements for compounders seeking to operate as outsourcing facilities. A discussion of the CQA and the agency's plans to implement the new law may be found at

<http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/default.htm>

⁶ For example, section 503A also addresses anticipatory compounding, which includes compounding (not distribution) before receipt of a valid prescription order for an individual patient. We are not addressing anticipatory compounding here.

⁷ The specific products made by your firm are drugs within the meaning of section 201(g) of the Act, [21 U.S.C. § 321(g)] because they are intended for use in the diagnosis, cure, mitigation, treatment, or prevention of diseases. Further, they are "new drugs" within the meaning of section 201(p) of the FDCA [21 U.S.C. § 321(p)] because they are not generally recognized as safe and effective for their labeled uses.

§ 352(f)(1)], and they are not exempt from the requirements of section 502(f)(1) of the FDCA [see, e.g., 21 CFR § 201.115]. The introduction or delivery for introduction into interstate commerce of these products therefore violates sections 301(a) of the FDCA [21 U.S.C. § 331(a)]. It is also a prohibited act under section 301(k) of the FDCA [21 U.S.C. § 331(k)] to do any act with respect to a drug, if such act is done while the drug is held for sale after shipment in interstate commerce of the components used to make the drug and results in the drug being misbranded.

Adulteration Charges

FDA investigators also noted CGMP violations at your facility, causing the drug products for which you have not obtained valid prescriptions for individually-identified patients to be adulterated under section 501(a)(2)(B) of the FDCA [21 U.S.C. § 351(a)(2)(B)]. The violations include, for example:

1. Your firm failed to establish and follow an adequate written testing program designed to assess the stability characteristics of drug products and also failed to use results of such stability testing to determine appropriate storage conditions and expiration dates (21 CFR 211.166(a)).
2. Your firm failed to establish adequate written procedures for production and process control designed to assure that the drug products you manufacture have the identity, strength, quality, and purity they purport or are represented to possess (21 CFR 211.100(a)).
3. Your firm failed to establish an adequate system for monitoring environmental conditions in aseptic processing areas (21 CFR 211.42(c)(10)(iv)).
4. Your firm failed to establish and follow appropriate written procedures that are designed to prevent microbiological contamination of drug products purporting to be sterile, and that include validation of all aseptic and sterilization processes (21 CFR 211.113(b)).
5. Your firm failed to clean and, where indicated by the nature of the drug, sterilize and process container closures to remove pyrogenic properties to assure they are suitable for their intended use (21 CFR 211.94(c)).
6. Your firm failed to test samples of each component for conformity with all appropriate written specifications for purity, strength, and quality (21 CFR 211.84(d)(2)) and your firm failed to subject each lot of a component that is liable to microbiological contamination that is objectionable in view of its intended use to microbiological tests before use (21 CFR 211.84(d)(6)).
7. Your firm did not conduct, for each batch of drug product purporting to be sterile and/or pyrogen-free, appropriate laboratory testing to determine whether each batch was sterile or pyrogen-free (21 CFR 211.167(a)).
8. Your firm did not have, for each batch of drug product, appropriate laboratory determination of satisfactory conformance to final specifications for the drug product,

including the identity and strength of each active ingredient, prior to release (21 CFR 211.165(a)).

Items 4, 6, 7, and 8 are based on repeat observations from the warning letter dated October 31, 2006.

Under section 301(a) of the FDCA [21 U.S.C. § 331(a)] the introduction or delivery for introduction into interstate commerce of any drug that is adulterated is a prohibited act. Further, it is a prohibited act under section 301(k) of the FDCA [21 U.S.C. § 331(k)] to do any act with respect to a drug, if such act is done while the drug is held for sale after shipment in interstate commerce of the components used to make the drug and results in the drug being adulterated.

C. Corrective Actions

In your response dated September 3, 2013, to the Form FDA-483, you reference your purported compliance with United States Pharmacopeia (USP)-National Formulary (NF) General Chapter <797> Pharmaceutical Compounding -- Sterile Preparations. However, as discussed above, your firm has manufactured and distributed drug products without valid prescriptions for individually-identified patients, and the manufacture of such drugs is subject to FDA's drug CGMP regulations (21 CFR Parts 210 and 211). Furthermore, on August 26, 2013, you recalled two lots of products as a result of sterility failures. FDA strongly recommends that your management immediately undertake a comprehensive assessment of your operations, including facility design, procedures, personnel, processes, materials, and systems. In particular, this review should assess your aseptic processing operations and design. A third party consultant with relevant sterile drug manufacturing expertise could be useful in conducting this comprehensive evaluation. Your firm's planned corrections do not meet the minimum requirements of 21 CFR Part 211, and there is no assurance that such human drug product(s) produced by your firm conform to the basic quality standards that ensure safety, identity, strength, quality, and purity.

In addition to the issues discussed above, you should note that CGMP requires the implementation of quality oversight and controls over the manufacture of drugs, including the safety of raw materials, materials used in drug manufacturing, and finished drug products. See FDCA, as amended by the Food and Drug Administration Safety and Innovation Act (Pub.L. 112-144, Title VII, section 711). We note that you have chosen to hire contract testing laboratories to perform some of the required testing of your finished drug products. FDA inspected these laboratories in 2012 and 2013 and observed deficiencies in their practices. If you choose to contract with a laboratory to perform some functions required by CGMP, it is essential that you select a qualified contractor and that you maintain sufficient oversight of the contractor's operations to ensure that it is fully CGMP compliant. Regardless of whether you rely on a contract facility, you are responsible for assuring that drugs you introduce into interstate commerce are neither adulterated nor misbranded. See 21 CFR 210.1(b), 21 CFR 200.10(b).

In addition, you should also correct the violations of FDCA section 505(a) and 502(f)(1) noted above.

D. Conclusion

The violations cited in this letter are not intended to be an all-inclusive statement of violations at your facility. You are responsible for investigating and determining the causes of the violations

identified above and for preventing their recurrence or the occurrence of other violations. It is your responsibility to ensure that your firm complies with all requirements of federal law and FDA regulations.

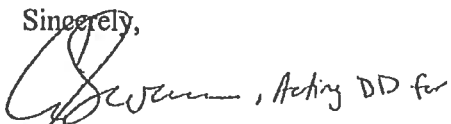
You should take prompt action to correct the violations cited in this letter. Failure to promptly correct these violations may result in legal action without further notice, including, without limitation, seizure and injunction.

Within fifteen working days of receipt of this letter, please notify this office in writing of the specific steps that you have taken to correct violations. Please include an explanation of each step being taken to prevent the recurrence of violations, as well as copies of related documentation. If you do not believe that the products discussed above are in violation of the FDCA, include your reasoning and any supporting information for our consideration. If you cannot complete corrective action within 15 working days, state the reason for the delay and the time frame within which you will complete the correction. Your written notification should be addressed to:

Erin McCaffery, Compliance Officer
FDA New Jersey District Office
U.S. Food and Drug Administration
Waterview Corporate Center
10 Waterview Blvd, 3rd Floor
Parsippany, NJ 07054

If you have questions regarding any issues in this letter, please contact our office at 973-331-4993.

Sincerely,

A handwritten signature in dark ink, appearing to read "Diana Amador Toro", followed by the text "Acting DD for".

Diana Amador Toro
District Director

PHARMACY CREATIONS

540 Route 10 West, Randolph, NJ 07869

July 7, 2014

VIA OVERNIGHT DELIVERY FEDEX Tracking No. 7705-2445-1123

Erin McCaffrey, Compliance Officer
FDA New Jersey District Office
U.S. Food and Drug Administration
Waterview Corporate Center
10 Waterview Blvd, 3rd Floor
Parsippany, New Jersey 07054

RE: Warning Letter; Pharmacy Creations; 14-NWJ-09

Dear Ms. McCaffrey:

This letter is Pharmacy Creations' response to the Warning Letter issued on June 23, 2014. Thank you for the opportunity to respond to the Food and Drug Administration's ("FDA") allegations following the inspection of Pharmacy Creations, which occurred almost a year ago -- from August 3 to August 19, 2013. Pharmacy Creations is committed to complying with all applicable laws and regulations while delivering the highest quality pharmaceutical care to our patients.

Pharmacy Creations received the Warning Letter over ten (10) months after the inspection of our facility by your field staff. Due to the length of time between the August 2013 inspection and the present, a number of changes have occurred at Pharmacy Creations that render inapplicable certain assertions in the Warning Letter. In addition, the ownership and control of Pharmacy Creations has changed since the August 2013 inspection. Lastly, FDA's Warning Letter is a belated attempt to apply to Pharmacy Creations a legal standard that simply did not exist at the time of the pharmacy inspection back in August 2013.

Set forth below is a description of the new ownership of the pharmacy, and Pharmacy Creations' corrective actions that are responsive to your Warning Letter.

I. RESPONSE TO SPECIFIC ASSERTIONS

A. Unapproved New Drug Products

1. Pharmacy Creations' Corrective Action: Patient-Specific Prescription Orders Only

The Warning Letter asserts that any compounded medication prepared without a patient-specific prescription violates FDA guidance and federal law. *Although Pharmacy Creations holds the position that*

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preparing compounded medications for physicians' "office use" complied with state law¹ and was not prohibited by federal law in August 2013,² Pharmacy Creations has discontinued its practice of preparing medications for physicians' "office use" unless it is compounded pursuant to a patient-specific prescription order.

a. FDA Assertion

The Warning Letter asserts that Pharmacy Creations acted outside of its practice authority in August 2013 when it compounded medications for physician "office use" in compliance with New Jersey law, which (then and now) permits compounding for office use.³ The Warning Letter states that the FDA's position is that the practice of compounding medications for "prescriber practice use" without a patient-specific prescription violates Section 503A of the FDCA.

b. Analysis and Corrective Action

Contrary to FDA's assertion in its Warning Letter, Section 503A of the FDCA was not enforceable in August 2013 because the United States Supreme Court declared the law unconstitutional in the Ninth Circuit in 2002.⁴ Pharmacy Creations recognizes the holding in *Medical Ctr. Pharm. v. Mukasey*, 536 F.3d 383 (5th Cir. 2008) severed the commercial speech restrictions of Section 503A from the rest of the law. However, the FDA has been on record as stating that the Fifth Circuit's holding was only applicable to pharmacies operating in the Fifth Circuit and the plaintiffs in *Medical Ctr. Pharm.*⁵

The Supreme Court's decision in *Thompson v. Western States Med. Ctr.*, 535 U.S. 357 (2002), upheld the Ninth Circuit's ruling in *Western States Med. Ctr. v. Shalala*, 238 F.3d 1090 (9th Cir. 2001), in which the Ninth Circuit declared the limitations on commercial speech to be unconstitutional and not severable from the rest of Section 503A. Therefore, at the time of the inspection of Pharmacy Creations in August 2013, Section 503A of the FDCA [21 U.S.C. § 353a] *was not enforceable* in the Third Circuit. Pharmacy Creations' position is consistent with FDA's own public assertions immediately prior to the inspection of the pharmacy in the summer of 2013. FDA Commissioner Margaret Hamburg testified that FDA's enforcement authority over compounding pharmacies was "hampered by gaps and ambiguities" in the law; the law was "unclear," "ambiguous;" "and the law is not well suited to effectively regulate this evolving industry."⁶ Commissioner

¹ N.J. Admin. Code § 13:39-11.18.

² The FDA cites Section 503A of the FDCA as its authority to regulate "office use" compounding in August 2013. However, *Thompson v. Western States Med. Ctr.*, 535 U.S. 357 (2002) held Section 503A unconstitutional. Concerning FDA's reference to *Medical Ctr. Pharm. v. Mukasey*, 536 F.3d 383 (5th Cir. 2008), following the holding in *Medical Ctr. Pharm.*, the FDA went on record as applying *Medical Ctr. Pharm.* only to pharmacies operating in the Fifth Circuit (Louisiana, Mississippi, and Texas) and to the plaintiffs. See *infra* note 5.

³ N.J. Admin. Code § 13:39-11.18.

⁴ See *Thompson v. Western States Med. Ctr.*, 535 U.S. 357 (2002).

⁵ "FDA has determined at this time that it will apply the non-advertising provisions of section 503A to entities covered by this provision that are located within the jurisdiction of the Fifth Circuit (i.e., Texas, Louisiana, and Mississippi) as well as to the plaintiffs that brought the *Medical Ctr. Pharm.* case." Warning Letter from Alonza E. Cruse, District Director, Los Angeles District, Food and Drug Administration, to Charles T. Bonner, R.Ph., President, Steven's Pharmacy (Nov. 12, 2008).

⁶ Subcommittee on Oversight and Investigations, "A Continuing Investigation into the Fungal Meningitis Outbreak and Whether It Could Have Been Prevented," testimony of Margaret A. Hamburg, M.D., at 3, 6 (April 16, 2013).

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Hamburg publicly wrote on FDA's website in March 2013 that there were "no discernible federal standards" to regulate pharmacy compounding. Specifically, she stated, regulatory "authorities are limited and not the right fit for FDA to provide appropriate and efficient oversight of this growing industry."⁷ Commissioner Hamburg also stated that FDA's ability to take action against compounders "has been hampered by gaps and ambiguities in the law, which has led to legal challenges to FDA's authority to inspect pharmacies and take appropriate enforcement actions."⁸

Thus, FDA's position in its Warning Letter that Section 503A applied at the time of the inspection conflicts with FDA's prior public statements about the degree of its enforcement authority over compounding pharmacies at the time, and the enforceability of FDCA Section 503A prior to its "clarification" upon passage of the DQSA in late November 2013. Furthermore, contrary to statements in the Warning Letter where FDA asserts that its now-withdrawn Compounding Compliance Policy Guide applied at the time of the 2013 inspection (see Warning Letter at 2), *that same Compliance Policy Guide confirms* that FDA believed at least as far back as 2002 that "presently section 503A in its entirety is invalid."⁹

Pharmacy Creations recognizes that the enactment of Title I of the Drug Quality and Security Act, Pub. L. No. 54-113 ("DQSA"), in late November 2013 revived Section 503A of the FDCA by striking the constitutionally objectionable provisions of the law. As such, Pharmacy Creations will only prepare compounded medications pursuant to a valid, patient-specific prescription order by an appropriately licensed prescriber.

2. Pharmacy Creations' Corrective Action: Domperidone

The Warning Letter asserts that compounding with the ingredient domperidone constitutes the manufacturing of an unapproved new drug in violation of Section 505 of the FDCA [21 U.S.C. § 355]. *It is the position of Pharmacy Creations that compounding with domperidone is not restricted by 21 U.S.C. § 353a or 21 C.F.R. § 216.24. Furthermore, contrary to the assertions in the Warning Letter concerning domperidone (Warning Letter at 2-3), Section 503A did not apply to Pharmacy Creations for all of the reasons stated above. However, in response to the Agency's concern about the use of this medication,*¹⁰ *Pharmacy Creations will immediately discontinue the practice of compounding with domperidone unless the pharmacy compounds pursuant to an approved Investigational New Drug ("IND") application, domperidone becomes the subject of*

⁷ Margaret A. Hamburg, M.D., Commissioner, FDA, FDA Must Have New Authorities to Regulate Pharmacy Compounding (Mar. 22, 2013), available at <http://blogs.fda.gov/fdavoices/index.php/2013/03/fda-must-have-new-authorities-to-regulate-pharmacy-compounding>.

⁸ The Fungal Meningitis Outbreak: Could It Have Been Prevented? Hearing Before the Subcomm. on Oversight and Investigations of the H. Comm. On Energy and Commerce 112th Cong. (Nov. 14, 2012) (testimony of Margaret A. Hamburg, M.D., Commissioner, FDA).

⁹ FDA, Compliance Policy Guide for FDA Staff and Industry, § 460.200 (Pharmacy Compounding) (2002) (emphasis added) (withdrawn December 4, 2013, upon FDA's circulation of draft guidance concerning implementation of Section 503A after passage of the DQSA. (78 Fed. Reg. 72841 (Dec. 4, 2013))).

¹⁰ FDA's IND instructions for prescribing and dispensing domperidone.

<http://www.fda.gov/drugs/developmentapprovalprocess/howdrugsaredevelopedandapproved/approvalapplications/investigationalnewdrugindapplication/ucm368736.htm>.

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an applicable United States Pharmacopeia or National Formulary monograph, or is included on the anticipated "positive" list of bulk drug substances permitted for use in compounding pursuant to Section 503A.

a. FDA Assertion

The Warning Letter asserts that compounding with domperidone violates the prohibition on the introduction of a new drug into interstate commerce without filing a New Drug Application ("NDA").¹¹ Further, the Warning Letter states that domperidone is not on the list developed by the Secretary described in Section 503A(b)(1)(A)(i)(III).

b. Analysis and Corrective Action

The fact that domperidone fails to appear on the list developed by the Secretary pursuant to 503A(b)(1)(A)(i)(III) does not support the assertion that Section 503A prohibits compounding with the medication because the list does not yet exist. As noted above, Section 503A was held unconstitutional by the Supreme Court in 2002, and per the FDA, "[a]fter the court decision, FDA suspended its efforts to develop the list of bulk drug substances that could be used in compounding,"¹² and the Agency never finalized the draft list. Given the passage of Title I of the DQSA and reenactment of Section 503A, Pharmacy Creations will no longer compound with domperidone unless the product is compounded in compliance with an approved IND¹³, *domperidone becomes the subject of an applicable United States Pharmacopeia or National Formulary monograph, or it appears on FDA's positive list for ingredients used in compounding under Section 503A(b)(1)(A)(i)(III).*

B. Misbranded Drug Products

The Warning Letter describes Pharmacy Creations' domperidone drug products and all other drug products compounded without a patient-specific prescription to be misbranded under Section 502(f)(1) of the FDCA [21 U.S.C. § 352(f)(1)]. Pharmacy Creations asserts that its compounded preparations fully complied with New Jersey law and did not violate the federal law, which FDA admitted at the time was ambiguous and unenforceable. However, based on the DQSA, enacted in November 2013, Pharmacy Creations now receives patient-specific prescriptions for all of its compounded preparations. By compounding medications pursuant to a valid, patient-specific prescription order, Pharmacy Creations is exempt from the provisions of Section 502(f)(1) pursuant to Section 503A of the FDCA.¹⁴

¹¹ See 21 U.S.C. § 355.

¹² List of Bulk Drug Substances That May Be Used in Pharmacy Compounding; Bulk Drug Substances That May Be Used To Compound Drug Products in Accordance With Section 503A of the Federal Food, Drug, and Cosmetic Act, 78 Fed. Reg. 72841, 72842 (December 4, 2013).

¹³ The FDA website describes the IND process to patients as the appropriate mechanism by which to obtain domperidone. See <http://www.fda.gov/drugs/developmentapprovalprocess/howdrugsaredevelopedandapproved/approvalapplications/investigationalnewdrugindapplication/ucm368736.htm>.

¹⁴ "Sections 351(a)(2)(B), 352(f)(1), and 355 of this title shall not apply to a drug product if the drug product is compounded for an identified individual patient based on the receipt of a valid prescription order or a notation, approved by the prescribing practitioner, on the prescription order that a compounded product is necessary for the identified patient, if the drug product meets the requirements of this section..." 21 U.S.C. § 353a(a).

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C. Adulteration Charges

The Warning Letter asserts that Pharmacy Creations is not compliant with current Good Manufacturing Practices (“cGMP”).¹⁵ Again, Pharmacy Creations asserts that the products compounded in August 2013 fully complied with New Jersey law and did not violate federal law enforceable at the time. Pharmacy Creations is not a drug manufacturer or an outsourcing facility. Pharmacy practice has traditionally been governed by state law, and pharmacies are not subject to the cGMP provisions required of registered manufacturers and distributors. In addition, the DQSA expressly allows Pharmacy Creations to compound medications pursuant to a patient-specific order and exempts this practice from the cGMP requirements.¹⁶

D. Corrective Actions Requested by the FDA in the Warning Letter

The Warning Letter recommends that Pharmacy Creations immediately undertake a comprehensive assessment of its operations utilizing a third-party consultant with relevant sterile drug expertise. The Letter also comments on Pharmacy Creations' choice of contract testing laboratories.

During May and June of 2014, Pharmacy Creations engaged LDT Health Solutions to review its sterile compounding operations – including aseptic processing operations and design – and to assist in the pharmacy's compliance with aseptic compounding standards. Pharmacy Creations is fully compliant with the sterile compounding standards found at USP Chapter <797>. The LDT Health Solutions report is attached to this correspondence as Exhibit A. The review by LDT Health Solutions was prompted by a non-disciplinary agreement between Pharmacy Creations and the New Jersey Board of Pharmacy. LDT Health Solutions is the only third-party entity credentialed by the New Jersey Board of Pharmacy to review sterile compounding operations within the state. In response to the FDA's reference to contract testing laboratories, Pharmacy Creations is in the process of changing its contract testing laboratory. Pharmacy Creations reviews FDA Warning Letters and posted Form-483's (if applicable) related to its contracted laboratories. Further, it thoroughly reviews the contractor's operations by requesting access to the facility's policies and procedures and conducting an onsite inspection of the facility to ensure compliance with USP testing guidelines.

Pharmacy Creations is proud of the findings of LDT Health Solutions. LDT Health Solutions found only technical deficiencies such as non-material gaps in the pharmacy's policies and procedures. LDT did not find any deficiencies that constituted a threat to the public health and safety of the patients served by Pharmacy Creations. Pharmacy Creations will continue to work with LDT to ensure high quality and compliant aseptic practices and operations at the pharmacy.

II. PHARMACY CREATIONS' NEW OWNERSHIP

The Warning Letter is addressed to “Scott Karolchyk, R.Ph., M.S., Pharmacist-in-Charge and Co-Owner” and “Bernard Covalessky, R.Ph., Co-Owner.” In April 2014, the publicly traded company Imprimis

¹⁵ Specifically, the Warning Letter describes a failure to comply with certain subsections of 21 C.F.R. Part 211.

¹⁶ Title 21 U.S.C. §§ 351(a)(2)(B) & 353a(a). [Section 351(a)(2)(B) is the provision of law that requires adherence to cGMP. Section 353a(a) exempt's pharmacy compounding from cGMP requirements.]

PHARMACY CREATIONS

540 Route 10 West, Randolph, NJ 07869

Pharmaceuticals, Inc. purchased the pharmacy and is the sole owner of record. Scott Karolchyk, R.Ph. remains Pharmacist-in-Charge but no longer holds an ownership interest in the pharmacy. In addition, Bernard Covalesky no longer holds an ownership interest in the pharmacy, nor is Mr. Covalesky employed or affiliated with the pharmacy. Please update your records appropriately.

III. REQUEST FOR PUBLICATION


Pharmacy Creations requests that this response be posted on the FDA website with the Warning Letter.

IV. CONCLUSION

In sum, we respectfully request that you immediately close out this matter due to the corrective actions described herein. Pharmacy Creations does not agree that it violated any federal or state law in effect in August 2013. However, due to the enactment of the DQSA and as a gesture of good will to the FDA's policy position on certain compounding activities (e.g., compounding with domperidone), Pharmacy Creations will only compound medications pursuant to a valid, patient-specific prescription order and in full compliance with USP <795> and <797> guidelines. In addition, Pharmacy Creations will cease compounding with domperidone unless Pharmacy Creations compounds in compliance with an approved IND.

Very truly yours,

PHARMACY CREATIONS, LLC

By: 
Name: Scott Karolchyk
Title: Pharmacists in Charge

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7
☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Preckshot Professional Pharmacy

Physical Address: 4450 N. Prospect Rd. Suite 7

Mailing Address: 4450 N. Prospect Rd. Suite 7

City: Peoria Heights State: IL Zip Code: 61616

Telephone: 309-679-2047 Fax: 309-679-2051

Toll Free Number: 1-855-773-2574 (Required per NAC 639.708)

E-mail: info@preckshot.com Website: www.preckshot.com

Managing Pharmacist: Jennifer Siefert License Number: 051.036576

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☐ ☐ Mail Service
☐ ☒ Long Term Care
☒ ☐ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☒ ☐ Mail Service Sterile Compounding **
☐ ☐ Other Services: _____

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

80565

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Jennifer Siefert

Original Signature of Person Authorized to Submit Application, no copies or stamps

Jennifer Siefert
Print Name of Authorized Person

11-17-14
Date

Page 2

Board Use Only

Date Processed: 12/22/14

Amount: 500.-

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Illinois

Parent Company if any: _____

Mailing Address: 4450 N. Prospect Rd. #7

City: Peoria Heights State: IL Zip: 61616

Telephone: 309-679-2047 Fax: 309-679-2051

Contact Person: Jennifer Siefert

For any corporation non publicly traded, disclose the following:

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

a) Jennifer Siefert 4450 N. Prospect Rd. #7 Peoria Heights, IL
Name Address 61616

b) Wade Siefert 4450 N. Prospect Rd. #7. Peoria Heights, IL
Name Address 61616

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A

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

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

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: N/A %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday 9 am 1 pm
Sunday — am — pm 24 Hours —

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, JENNIFER A. SIEFERT

Responsible Person of Preckshot Professional Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Jennifer A Siefert
Original Signature of Person/Authorized to Submit Application, no copies or stamps

JENNIFER A. SIEFERT
Print Name of Authorized Person

11-17-14
Date



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

Pat Quinn
Governor

Manuel Flores
Acting Secretary

Jay Stewart
Director
Division of Professional Regulation

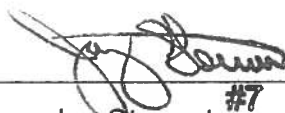
CERTIFICATION OF LICENSURE

NV Board of Pharmacy
431 W Plumb Lane
Reno NV 89509

Licensee: PRECKSHOT PROFESSIONAL PHARMACY
License Number: 054.016609
Profession: LICENSED PHARMACY
Date of Issuance: 02/02/2010
Expiration Date: 03/31/2016
License Status: ACTIVE
License Method: NON-EXAM
Disciplinary History: Has not been disciplined


This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.




#7

Jay Stewart
Director

Division of Professional Regulation

 December 29, 2014
Date

Refer to the Department's Web Site at www.idfpr.com to verify professional licenses via License Look-Up.

Blank

Technician # 1107507

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane Reno, NV 89509

PHARMACEUTICAL TECHNICIAN APPLICATION

Registration Fee: \$40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Rachael Middle: Ann Last: Robins
Home Address: 419 W 4th St Apt #: 9
City: Winnemucca State: NV Zip Code: 89445
Telept _____ Social Security Numt _____
Date of Birth _____ Place of Birth: Reno NV Sex: ☐ M or ☒ F
E-mail Address: _____

To qualify as a pharmaceutical technician you will need to meet one of the following criteria. Please check the appropriate box and include the required documentation.

- ☒ Copy of registration or on-line verification from state in which you are currently registered as a pharmaceutical technician.
☐ Copy of a certificate from an ASHP approved pharmacy technician school.
☐ Non ASHP approved school and PTCB or ICPT.

A licensee is not personally required to have a Nevada State Business License, however, if you have one, please provide the number: PT07367

1. Are you 18 years of age or older? Yes ☒ No ☐
2. Are you a high school graduate or the equivalent? Yes ☒ No ☐
(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you marked YES to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
	NV	6/10/2014		Washoe	RJC- petit larceny

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications

	Yes	No
Are you the subject of a court order for the support of a child?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IF you marked YES to the question, above are you in compliance with the court order?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted: Rachael Robins Date: 1.28.15

Board Use Only: Date Processed: 2-9-15 Amount: 40- 82898

David Wuest

From:
Sent: Tuesday, February 03, 2015 5:29 PM
To: David Wuest
Subject: Rachael Robins

Hi Dave. Sorry about the hassle trying to help push my application through. Last time it was easy because my boss did a lot of the paperwork for me. As I said on your voicemail today, since my license was last valid in 2008, I have only had the one charge for petit larceny. I'm going to the library to try and get a printout from the sheriff of all my arrests. But I wanted to make an effort myself but if I forget anything I want to back it up. I'm pretty sure the years will not be 100% accurate. But here's to my best ability;

2007 warrant for failure to appear

2005 contributing to the delinquency of a minor (not drug or alcohol related)

2005 driving on a suspended licence

2002 DUI, leaving the scene of an accident

2001 fraudulent check

1999 DUI

Like I said I'm still going to try and print my actual history out and fax it to you.
Thank you for your time in this matter.

Rachael Robins

TEMPORARY LICENSES
(Issued since last board meeting)

William Bee Ririe Hospital

Darren Kunz

Blank



Nevada State Board of Pharmacy

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

NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

JANUARY 21-22, 2015 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 January, 2015 Board meeting.

Licensing Activity:

- 11 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 23 licenses were granted for Out-of-State pharmacies, pending receipt of a favorable inspection for all compounding pharmacies residing in another state.
- 20 licenses were granted for Out-of-State wholesalers.
- 1 license was granted for a Nevada MDEG.
- 7 licenses were granted for Nevada pharmacies.
- Pharmacist VV will be allowed to sit for her exam to become licensed as a pharmacist; an appearance mandated after working unlicensed as a pharmacy intern in several pharmacies.

Disciplinary Actions:

- Pharmacy PP was fined \$495 (administrative fees) and required to develop policies and procedures on the handling of errors, and pharmacist DA was fined \$1000 and mandated CE on error prevention for misfilling an estrogen prescription that resulted in severe patient discomfort.
- Pharmacist JE was suspended indefinitely until such time as he can take and pass the pharmacy PARE exam and Nevada law exam, after which he will be on probation and unable to practice alone or be a pharmacy manager for misfilling two prescriptions, causing the patient to experience dizziness and nausea. Pharmacy RP was fined \$250; will re-write their policies and procedures; and will report all errors immediately to the Board.
- Pharmacist SH was ordered a letter of reprimand and to take CE on pharmacy law for allowing an unlicensed pharmacy technician to work in his pharmacy for

- some 150 days. Pharmacy SP was fined \$3000 for the same, and is required to develop a system to prevent any future employment of unlicensed personnel.
- Pharmaceutical technician SD was revoked for non-compliance with a Board Order.
 - Pharmaceutical technician BW was suspended and ordered evaluation by PRN-PRN for testing positive for alcohol while at work.
 - Pharmacist JC was revoked; stayed; then suspended for violating his probation until he can correct his probationary requirements.

Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements; reports on national meetings; and collaboration with other state agencies.
- A presentation was given by Judge Dorothy Nash-Holmes and Dr. Karla Wagner on their proposal for opioid rescue therapy. The Board voted to have staff work with the two on their proposals to the legislature.

Workshop:

- Amendment of Nevada Administrative Code 639.050 Storage and destruction of certain controlled substances.
- Amendment of Nevada Administrative Code 639.498 Destruction of certain controlled substances: Requirement; procedure.
- Amendment of Nevada Administrative Code 639.6282 Third-party logistics provider. Updating the law to be consistent with federal Drug Quality and Security (DQSA).
- Amendment of Nevada Administrative Code 639.6305 Third-party logistics providers: General Requirement. Updating the law to be consistent with federal Drug Quality and Security (DQSA).
- Amendment of Nevada Administrative Code 639.New Language Outsourcing Facilities Updating the law to be consistent with federal Drug Quality and Security (DQSA).