

**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: Apothecary by Design Acquisition Co., LLC dba Apothecary by Design

Physical Address: 141 Preble Street, Portland, ME 04101

Mailing Address: 141 Preble Street

City: Portland State: Maine Zip Code: 04101

Telephone: 207-899-0663 Fax: 207-899-0969

Toll Free Number: 877-814-8447 (Required per NAC 639.708)

E-mail: ccarney@apothecarybydesign.com Website: www.apothecarybydesign.com

Managing Pharmacist: Francis Wesley Jamison II License Number: PR12966, PIC 45256

**TYPE OF PHARMACY AND SERVICES PROVIDED**

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 checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>Specialty</u>		<input checked="" type="checkbox"/> <input type="checkbox"/> Sterile Compounding **
		<input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding
		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service Sterile Compounding **
		<input checked="" type="checkbox"/> <input type="checkbox"/> Other Services: <u>Specialty</u>
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,

92432

**APPLICATION FOR OUT-OF STATE PHARMACY LICENSE**

This page must be submitted for all types of ownership.

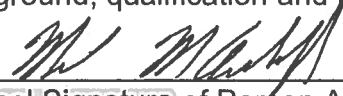
Within the last five (5) years:

- 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

Mark McAuliffe  
Print Name of Authorized Person

3/29/16  
Date

Board Use Only	Date Processed: <u>4/11/16</u>	Amount: <u>\$500.00</u>
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: Delaware  
Parent Company if any: ABD Group Inc.  
Mailing Address: 141 Preble Street  
City: Portland State: ME Zip: 04101  
Telephone: 207-899-0663 Fax: 207-899-0969  
Contact Person: Carrie Carney

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
 

a)	Catherine Cloudman	141 Preble St Portland, ME 04101
	Name	Address
b)	Thomas Madden	141 Preble St Portland, ME 04101
	Name	Address
c)	Mark McAuliffe	141 Preble St Portland, ME 04101
	Name	Address
d)	Joseph Lorello	141 Preble St Portland, ME 04101
	Name	Address
- 2) Provide the number of shares issued by the corporation. 17,000,000
- 3) What was the price paid per share? \$1.00
- 4) What date did the corporation actually receive the cash assets? 8/17/15
- 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: We do not have a stock register to provide per question 5. %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday 8:00 am 6:00 pm                      Saturday 9:00 am 5:00 pm  
Sunday closed am \_\_\_\_\_ pm                      24 Hours On call

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

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Mark

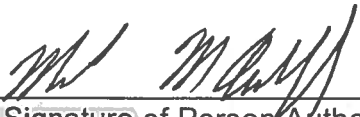
McAuliffe

Responsible Person of Apothecary by Design Acquisition Co., LLC dba Apothecary by Design

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

Mark McAuliffe

Print Name of Authorized Person

3/29/16  
Date



Paul R. LePage  
GOVERNOR

State of Maine  
Department of Professional and Financial Regulation  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL  
REGULATION  
BOARD OF PHARMACY  
35 STATE HOUSE STATION  
AUGUSTA, ME 04333-0035

Anne L. Head  
COMMISSIONER

February 08, 2016

Page 1 of 1

The **BOARD OF PHARMACY** hereby certifies that a standard search of the available records of this office indicates the following:

**NAME:** APOTHECARY BY DESIGN ACQUISITION CO LLC  
84 MARGINAL WAY STE 100  
PORTLAND, ME 04101-2450

**LOCATION:** 141 PREBLE ST  
PORTLAND, ME 04101-2440

**LICENSE NUMBER:** PH50001530  
**TYPE OF LICENSE:** PHARMACY  
**LICENSED BY:**  
**LICENSE STATUS:** Active

**EXPIRATION DATE:** 12/31/2016

**HISTORY**

PHARMACY

**START DATE**

07/09/2015

**END DATE**

12/31/2016

**AUTHORITIES:**

CENTRAL FILLING  
INDEPENDENT PHARMACY

**STATUS**

Active  
Active

**ISSUE**

07/09/2015  
07/09/2015

**CANCEL**

**DISCIPLINARY ACTION:**

Has there been any disciplinary action(s) taken against this person?



NO



YES

If yes, a copy of the Consent Agreement or Decision and Order is attached.

*Amy L. Allen*

Office of Professional and Occupational Regulation

*2/9/16*

DATE

The Office of Professional and Occupational Regulation presents licensee information as a service to the public. Although the Office believes the information to be reliable, we do not certify the accuracy of the posted information. In addition, there may be a delay in posting and updating information. The information may not show a complete license history. Licensing history prior to 01/01/2000 is unavailable.

An active license may still be subject to limitations and restrictions as a result of disciplinary action imposed.

Please contact the specific licensing board about specific disciplinary actions.

\*In order to expedite this certification, the above format is the standard format of information available through this Board. If you require further information, you may reach the Board at the address listed on this form or by going to our website at [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing).

The Department of Professional and Financial Regulation is providing information about this licensee as a public service. Despite efforts to be accurate, this information may contain errors. We present this information to you with a good-faith representation that it is generally reliable. If you need further information, contact us directly.

Blank

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 431 W Plumb Lane – Reno, NV 89509  
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 Check box below for type of ownership and complete all required forms.

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

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: PharmaScript Inc.

Physical Address: 5437 N. Broadway Avenue

Mailing Address: 5437 N. Broadway Avenue

City: Chicago State: Illinois Zip Code: 60640

Telephone: 844-635-3221 Fax: 774-961-8907

Toll Free Number: 844-635-3221 (Required per NAC 639.708)

E-mail: lshomade@pphhealth.com Website: \_\_\_\_\_

Managing Pharmacist: Michael D. Green License Number: 051.039748

**TYPE OF PHARMACY AND SERVICES PROVIDED**

<p>Yes/No</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Retail</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Internet</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Community</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>Infusion</u></p> <p>All boxes must be checked          For the application to be complete</p>	<p>Yes/No</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Parenteral **</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Parenteral (outpatient)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Sterile Compounding **</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____</p>
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**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

92401

**APPLICATION FOR OUT-OF STATE PHARMACY LICENSE**

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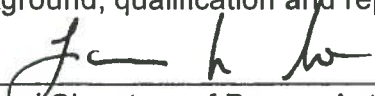
Within the last five (5) years:

- 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.

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Original Signature of Person Authorized to Submit Application, no copies or stamps

Lanre Shomade

Print Name of Authorized Person

4-1-16  
Date

Page 2

Board Use Only	Date Processed: <u>4/11/16</u>	Amount: <u>\$ 500.00</u>
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: Illinois  
 Parent Company if any: Premier Point Home Health, Inc.  
 Mailing Address: 5437 N. Broadway Avenue  
 City: Chicago State: Illinois Zip: 60640  
 Telephone: 844-635-3221 Fax: 774-961-8907  
 Contact Person: Lanre Shomade

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
  - a) Premier Point Home Health, Inc. 4701 N. Sheridan Road, Chicago, IL 60640  
 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: None %: \_\_\_\_\_  
 Name: \_\_\_\_\_ %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday 9:00 am 5:00pm Saturday on-call \_\_\_\_\_pm  
 Sunday on-call \_\_\_\_\_pm 24 Hours on-call

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

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

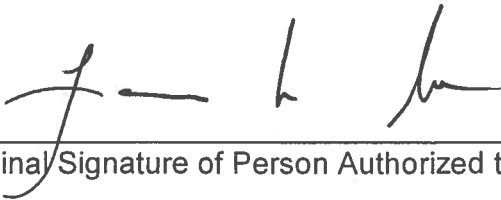
I, Lanre A. Shomade

Responsible Person of PharmaScript Inc.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

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Lanre A. Shomade

Print Name of Authorized Person

3/11/2016

Date



**Illinois Department of Financial and Professional Regulation**  
**Division of Professional Regulation**

Bruce Rauner  
Governor

Bryan A. Schneider  
Secretary

Jay Stewart  
Director  
Division of Professional Regulation

**CERTIFICATION OF LICENSURE**

NV Board of Pharmacy  
431 W Plumb Lane  
Reno NV 89509

Licensee: PHARMASCRIP INC  
License Number: 054.019406  
Profession: LICENSED PHARMACY  
Date of Issuance: 12/17/2015  
Expiration Date: 03/31/2018  
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.



  
16

Jay Stewart  
Director

Division of Professional Regulation

April 14, 2016  
Date

*Refer to the Department's Web Site at [www.idfpr.com](http://www.idfpr.com) to verify professional licenses via License Look-Up.*

Blank

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New Pharmacy or  **Ownership Change** (Provide current license number if making changes: PH 02032)  
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 Non Publicly Traded Corporation – Pages 1,2,4,7       Sole Owner – Pages 1,2,6,7

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Wedgewood Village Pharmacy, LLC

Physical Address: 405 Heron Dr., Suite 200, Swedesboro, NJ 08085

Mailing Address: 405 Heron Dr., Suite 200

City: Swedesboro State: NJ Zip Code: 08085

Telephone: 800-331-8272 Fax: 856-832-1431

Toll Free Number: 800-331-8272 (Required per NAC 639.708)

E-mail: alynch@wedgewoodpharmacy.com Website: www.wedgewoodpharmacy.com

Managing Pharmacist: Alison Lynch License Number: 28RI02410600

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No

- Retail
- Hospital (# beds \_\_\_\_\_)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

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

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

**APPLICATION FOR OUT-OF STATE PHARMACY LICENSE**

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes  No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes  No
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- 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.

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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.

Marcy A. Bliss  
Original Signature of Person Authorized to Submit Application, no copies or stamps  
Marcy A. Bliss 04/08/16  
Print Name of Authorized Person Date

<b>Board Use Only</b>	Date Processed: _____	Amount: <u>\$500.00</u>
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: Delaware

Parent Company if any: Wedgewood Village Pharmacy Intermediate Holdings, LLC

Mailing Address: c/o New Harbor Capital, 500 W. Madison, Suite 2830

City: Chicago State: IL Zip: 60661

Telephone: 800-331-8272 Fax: 856-832-1431

Contact Person: Thomas Formolo

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
  - a) N/A  
Name Address
  - b) N/A  
Name Address
  - c) N/A  
Name Address
  - d) N/A  
Name Address
- 2) Provide the number of shares issued by the corporation. N/A
- 3) What was the price paid per share? N/A
- 4) What date did the corporation actually receive the cash assets? April 29, 2016
- 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 8 pm Saturday 9 am 5 pm

Sunday closed am \_\_\_\_\_ pm 24 Hours \_\_\_\_\_

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: PH02032

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I,           Marcy Ann Bliss            
Responsible Person of           Wedgewood Village 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.

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Original Signature of Person Authorized to Submit Application, no copies or stamps

          Marcy Ann Bliss            
Print Name of Authorized Person

          4/5/16            
Date





**CHRIS CHRISTIE**  
Governor

**KIM GUADAGNO**  
Lt. Governor

## New Jersey Office of the Attorney General

Division of Consumer Affairs  
Board of Pharmacy  
124 Halsey Street, 6<sup>th</sup> Floor, Newark, NJ 07102



**ROBERT LOUGY**  
Acting Attorney General

**STEVE C. LEE**  
Acting Director

April 19, 2016

**Mailing Address:**  
P.O. Box 45013  
Newark, NJ 07101  
(973) 504-6450

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

To Whom It May Concern:

The New Jersey Board of Pharmacy has been requested by WEDGEWOOD VILLAGE PHARMACY, LLC to forward a letter of good standing regarding the Pharmacy's registration to practice in the State of New Jersey.

A review of the Board's files indicates that WEDGEWOOD VILLAGE PHARMACY, LLC was issued a New Jersey registration 28RS00316800 on or about 09/01/1981 and is currently Active and in good standing with an expiration date of 06/30/2016. A review of the Board's files further indicates that no public disciplinary action has been taken against this Pharmacy.



Very truly yours,  
The New Jersey Board of Pharmacy

Anthony Rubinaccio  
Executive Director



Blank