

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: ASPCares

Physical Address: 1401 E RIDGE RD UNIT B MCALLEN, TX 78503

Mailing Address: 13988 Diplomat Drive, Suite 100

City: Farmers Branch State: Texas Zip Code: 75234

Telephone: 956-284-6687 Fax: 956 284-6689

Toll Free Number: 844-800-9617 (Required per NAC 639.708)

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

Managing Pharmacist: Ajeesha Abraham License Number: 49821

<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 checked="" type="checkbox"/> <input 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 checked="" type="checkbox"/> <input 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 type="checkbox"/> <input checked="" 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,**

93122

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

Bharat Pareek
Print Name of Authorized Person

6/3/2016
Date

Page 2

Board Use Only

Date Processed: 6/16/16

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Texas

Parent Company if any: N/A

Mailing Address: 13988 Diplomat Drive, Suite 100

City: Farmers Branch State: Texas Zip: 75234

Telephone: 214-919-2520 ext 309 Fax: 214-919-2524

Contact Person: Monica Penn

For any corporation non publicly traded, disclose the following:

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

a) Bharat Pareek 9189 Water Mill Rd Coppell, TX 75019-5149
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 1,000.000

3) What was the price paid per share? \$.001

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: None %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm Saturday Closedam _____pm

Sunday Closedam _____pm 24 Hours N/A

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

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Bharat Pareek

Business Name: ASPCares

Current Business Address: 13988 Diplomat Drive, Suite 100

City: Farmers Branch State: Texas Zip Code: 75234

Telephone: 214-919-2520 Fax: 469-661-9518

List any physician shareholders and percentage of ownership.

Name: Bharat Pareek %: 100

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday	<u>9</u> am	<u>5</u> pm	Saturday	<u>Closed</u> am	_____ pm
Sunday	<u>Closed</u> am	_____ pm	24 Hours	<u>N/A</u>	

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

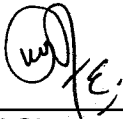
I, Bharat Pareek

Responsible Person of ASPCares

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

Bharat Pareek
Print Name of Authorized Person

6/3/2016
Date



TEXAS STATE BOARD OF PHARMACY

Re: ASPCARES

Address: 1401 East Ridge Road, Unit B
McAllen, Texas 78503

License No.: 28586

Date Issued: June 6, 2013

Licensure Status: Active

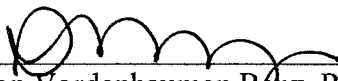
Expiration Date: June 30, 2017

Type of Pharmacy: Community – Class A

Prior Disciplinary Orders: No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. ASPCARES (Texas Pharmacy License #28586) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:



Allison Vordenbaumen Benz, R.Ph., M.S.
Director of Professional Services
Texas State Board of Pharmacy

April 26, 2016
Date



The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

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: Nanobots Healthcare, LLC (dba Assurance Infusion)

Physical Address: 2626 S Loop West, Ste 555

Mailing Address: 2626 S Loop West, Ste 555

City: Houston State: TX Zip Code: 77054

Telephone: 713-533-8800 Fax: 713-533-8802

Toll Free Number: 1-844-533-8800 (Required per NAC 639.708)

E-mail: nrl@assurance.care Website: www.assurance.care

Managing Pharmacist: Edward Nguyen License Number: 41069

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,**

93216

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.

Raghuveer Chintalapally

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

Raghuveer Chintalapally

06/08/2016

Print Name of Authorized Person

Date

Board Use Only

Date Processed: 6/28/16

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION LIMITED LIABILITY COMPANY

State of Incorporation: Texas

Parent Company if any: Nanobots Healthcare, LLC

Mailing Address: 2626 S Loop West, Ste 555

City: Houston State: TX Zip: 77054

Telephone: 713-533-8800 Fax: 713-533-8802

Contact Person: Raghuveer Chintalapally

For any corporation non publicly traded, disclose the following:

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

a) Raghuveer Chintalapally 2626 S Loop West, Ste 425,
Name Address

b) Houston TX 77054
Name Address

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: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 5:30 pm Saturday _____ am _____ pm
Sunday _____ am _____ pm 24 Hours _____

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

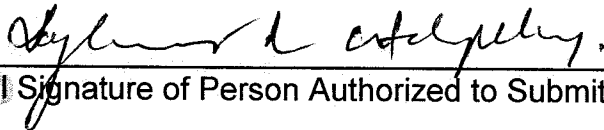
I, Raghuveer Chintalapally

Responsible Person of Nanobots Healthcare, LLC (dba Assurance Infusion)

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

Raghuveer Chintalapally

Print Name of Authorized Person

06/08/2016

Date



TEXAS STATE BOARD OF PHARMACY

Re: Assurance Infusion

Address: 2626 South Loop West, Suite 555
Houston, Texas 77054

License No.: 30391

Date Issued: December 16, 2015

Licensure Status: Active

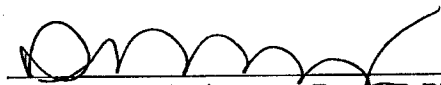
Expiration Date: December 31, 2017

Type of Pharmacy: Community Sterile Compounding

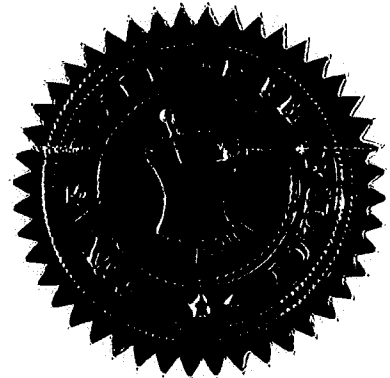
Prior Disciplinary Orders: No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Assurance Infusion (Texas Pharmacy License #30391) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:



Allison Vordenbaumen Benz, R.Ph., M.S.
Director of Professional Services
Texas State Board of Pharmacy



March 29, 2016
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

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: SOUTH MIAMI PHARMACY II (COLBA: SMP PHARMACY SOLUTIONS #2)

Physical Address: 7425 SW 42 ST MIAMI, FL 33155

Mailing Address: 7425 SW 42 ST

City: MIAMI State: FL Zip Code: 33155

Telephone: 305-740-9744 Fax: 866-301-1364

Toll Free Number: 855-255-5005 (Required per NAC 639.708)

E-mail: DANTES@SMPHARMACY.COM Website: WWW.SMPHARMACY.COM

Managing Pharmacist: JENNY LYNN ALFONSO License Number: PS40236 (FL)

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.

91855

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

ARMANDO BARDISA, PHARM.D.
Print Name of Authorized Person

02/02/2014
Date

Board Use Only	Date Processed: <u>3/2/16</u>	Amount: <u>\$500.00</u>
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: ARMANDO BARDISA

Business Name: SOUTH MIAMI PHARMACY II (d/b/a: SMP PHARMACY SOLUTIONS #2)

Current Business Address: 7425 SW 42 ST

City: MIAMI State: FL Zip Code: 33155

Telephone: 305-740-9744 Fax: 866-301-1364

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 7:00 pm

Saturday 10:00 am 2:00 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: N/A

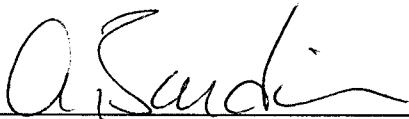
STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, ARMANDO BARDISA

Responsible Person of SOUTH MIAMI PHARMACY II (D/B/A: SMP PHARMACY SOLUTIONS #2)
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

ARMANDO BARDISA, PHARM.

Print Name of Authorized Person

02/02/2016

Date

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: Tailor Made Compounding
Physical Address: 200 Moore Dr Nicholasville, KY 40356
Mailing Address: same as above
City: Nicholasville State: KY Zip Code: 40356
Telephone: 859-887-0013 Fax: 859-406-1242
Toll Free Number: 844-TLRMADE (Required per NAC 639.708)
E-mail: jw@tailormadehealth.com Website: tailor-made-compounding.com
Managing Pharmacist: James Williams License Number: KY 015323

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,

93207

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

James Williams
Print Name of Authorized Person

13 June 2016
Date

Page 2

Board Use Only

Date Processed: 6/28/16

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION LLC

State of Incorporation: Kentucky

Parent Company if any: N/A

Mailing Address: 200 Moore Dr

City: Nicholasville State: KY Zip: 40356

Telephone: 859-887-0013 Fax: 859-406-1242

Contact Person: James Williams

For any corporation non publicly traded, disclose the following:

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

a) Jeremy Delk 160 Hambroick Dr Nicholasville, KY 40356
Name Address

b) _____
Name Address

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: Jeremy Delk %: 100

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 09 am 5 pm Saturday 10 am 4 pm
Sunday Ø am Ø pm 24 Hours Ø

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

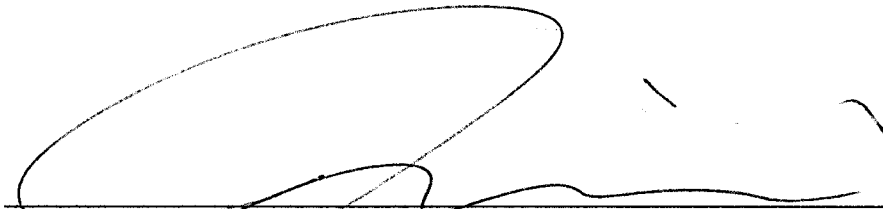
I, James Williams

Responsible Person of Taylor Made 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.



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

James Williams

Print Name of Authorized Person

13 June 2016

Date

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 02133)
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: US Compounding

Physical Address: 1270 Dons Lane Conway, AR 72032

Mailing Address: P.O. Box 2709 Conway, AR 72033

City: Conway State: AR Zip Code: _____

Telephone: 501-327-1222 Fax: 501-499-8383

Toll Free Number: (800) 718-3588 (Required per NAC 639.708)

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

Managing Pharmacist: Eddie Glover License Number: PD06232

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: 503B

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,

no change from previous business model

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

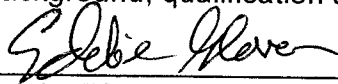
Within the last five (5) years:

- 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

Eddie Glover

Print Name of Authorized Person

5/31/16
Date

Page 2

Board Use Only	Date Processed: _____	Amount: <u>\$500.00</u>
-----------------------	-----------------------	-------------------------

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Arkansas
Parent Company if any: Adamis Pharmaceuticals Corporation
Corporation Name: US Compounding, Inc
Mailing Address: 1270 Don's Lane
City: Conway State: AR Zip: 72032
Telephone: 800-718-3588 Fax: 501-499-8383
Contact Person: Rebecca Mitchell

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: 9/30/2004
Registration number issued: N/A
Stock Exchange: parent company is ADMP

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 5:30 pm Saturday N/A am _____ pm
Sunday N/A am _____ pm 24 Hours _____

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

Must be included with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Eddie Glover

Responsible Person of US 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.



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

Eddie Glover

Print Name of Authorized Person

5/31/16
Date

ARKANSAS STATE BOARD OF PHARMACY

LENORA NEWSOME, P.D.
President, Smackover
 STEPHANIE O'NEAL, P.D.
Vice President, Wynne
 THOMAS WARMACK, P.D.
Secretary, Sheridan
 KEVIN ROBERTSON, Pharm.D.
Member, Little Rock



STEVE BRYANT, P.D.
Member, Batesville
 CHERYL BRYANT, Pharm.D.
Member, Little Rock
 CAROL RADER
Public Member, Fort Smith
 JAMES BURGESS
Public Member, Greenwood

JOHN CLAY KIRTLEY, Pharm.D.
 EXECUTIVE DIRECTOR

VERIFICATION OF LICENSURE

Applicant Name: US Compounding, Inc.
 Address: 1270 Don's Lane
 City: Conway State: AR Zip Code: 72033

LICENSING BOARD OR AGENCY: This is to certify that the above-named was issued:

License #	Type of License	Date issued	Date of expiration
AR20503	Retail Pharmacy	04/11/2005	12/31/2017

Current Status of License: (check all that apply)

Active Inactive Lapsed Probation Restricted Suspended Revoked

Disciplinary Action: (If yes, please attach a copy of the decision and a detailed explanation for the discipline and a copy of the consent agreement(s) or decision & order(s) issued.)

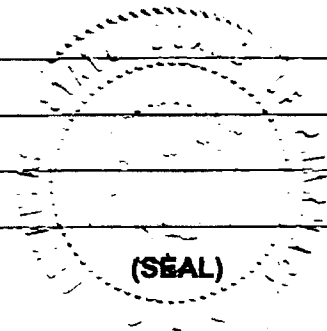
Has this license ever been revoked, suspended, limited, surrendered, restricted, placed on probation, encumbered in any way or is it currently under investigation? Yes No

Nancy Sweet *Nancy Sweet*

Title: Administrative Analyst

State completing this form: Arkansas

Date: 4/7/2016





1270 Don's Lane · Conway, AR 72032 · 800-718-3588

Summary of Disciplinary Actions:

(All information previously submitted to the Board)

Colorado, 2008: The licensing coordinator, who left our company in 2015, was unaware that a "zero report" needed to be submitted to the Colorado Board of Pharmacy indicating we had not dispensed any controlled substances into the state of Colorado.

Hawaii, 2010: Fined because the 2008 Colorado disciplinary action was not reported within the specified timeframe.

Colorado, 2014: A single prescription was dispensed to an unnamed horse at Colorado State University Veterinary Hospital labeled with the patient name "horse". The Colorado Board prohibited dispensing prescriptions not labeled for a specific patient at that time.

Michigan, 2014: Reciprocal fine for the 2014 Colorado fine.

Minnesota, 2015: Disciplined for dispensing veterinary compounded preparations without a specific animal's name for each prescription.

Eddie Glover
5/31/16

hnmitchell@uscompounding.com | Office: 501 336 6006 | Fax: 501 499 8383

"US Compounding serves patients and practitioners nationwide with life-changing and life-saving medications through quality, service, integrity and compassion."



1270 Don's Lane • Conway, AR 72032 • 800-718-3588

April 12, 2016

To Whom It May Concern:

On October 7, 2015, the South Carolina Board of Pharmacy issued an Order temporarily restricting US Compounding, Inc.'s ("USC") Non-Resident Pharmacy License pending further order. The Order provides that the restriction applies only to shipment of sterile compounded preparations into South Carolina and relates to FDA's August 2015 inspection of USC and USC's voluntary recall of sterile products aseptically compounded and packaged by USC.

The Order does not affect USC's ability to ship non-sterile compounded preparations into South Carolina. USC has been in contact with Mr. Ray Trotter, and investigator with the South Carolina Board of Pharmacy, and the Board's counsel. All requested information for the investigation has been provided and we are hopeful for a swift resolution to this restriction.

US Compounding welcomes any additional questions you might have about this matter.

Respectfully,

A handwritten signature in black ink, appearing to read "Rebecca Mitchell PharmD".

Rebecca Mitchell, PharmD, FIACP

VP of Regulatory & Quality

cc Licensing Department

rmitchell@uscompounding.com | Office: 501 336 6066

"US Compounding serves patients and practitioners nationwide with life-changing and life-saving medications through quality, service, integrity and compassion."



1270 Don's Lane · Conway, AR 72032 · 800-718-3588

December 8, 2015

To Whom It May Concern:

On November 20, 2015, the Alabama Board of Pharmacy issued a Notice of Emergency Suspension of Permit ("Notice"). The Notice temporarily suspends US Compounding, Inc.'s ("USC") Alabama manufacturer/wholesaler/distributor permit pending a hearing before the Alabama Board of Pharmacy which is scheduled for January 19, 2016. The Notice generally provides that the emergency suspension relates to FDA's recent inspection of USC and USC's voluntary recall of sterile products aseptically compounded and packaged by USC.

The Notice does not affect USC's Alabama pharmacy license, which remains active and in good standing.

US Compounding welcomes any additional questions you might have about this matter.

Respectfully,

A handwritten signature in black ink, appearing to read "Rebecca Mitchell PharmD".

Rebecca Mitchell, PharmD, FIACP
VP of Regulatory & Quality

cc Licensing Department

rmitchell@uscompounding.com | Office 501 336 6006

"US Compounding serves patients and practitioners nationwide with life-changing and life-saving medications through quality, service, integrity and compassion."

STATE OF COLORADO

STATE BOARD OF PHARMACY

Wendy L. Anderson, Program Director

1560 Broadway, Suite 1300
Denver, Colorado 80202-5146
Phone (303) 894-7800
Fax (303) 894-7692
V/TDD: Dial 711 for Relay Colorado
www.dora.state.co.us/pharmacy

Department of Regulatory Agencies

D. Rico Munn
Executive Director

Division of Registrations

Rosemary McCool
Director



Bill Ritter, Jr.
Governor

October 24, 2008

US Compounding, Inc.
Attn: Eddie Glover
2515 College
Conway, AR 72034

**RE: Stipulation and Final Agency Order (Stip/FAO)
Case #2008-2689**

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-
RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF US COMPOUNDING,
INC., REGISTRATION NO. 5611,

Dear Mr. Glover:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order in the above-mentioned matter, which became effective October 22, 2008.

If you have any questions, or require additional information, please contact the Board's office.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint/Licensing Analyst

enclosure

cc: Joanna Lee Kaye, Assistant Attorney General
File

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**BEFORE THE STATE BOARD OF PHARMACY
STATE OF COLORADO**

Case No. 2008-2689

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF **U.S. COMPOUNDING, INC.**, REGISTRATION NO. OSP-5611,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and U.S. Compounding, Inc. ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2008-2689 as follows:

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2008), otherwise known as the Pharmaceuticals and Pharmacists Act.
2. Respondent Pharmacy has been registered by the Board as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.
3. Respondent Pharmacy's address of record with the Board and current location is 2515 College Avenue, Conway, Arkansas 72034.
4. Respondent Pharmacy does not contest these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.
5. On or about October 29, 2007, Board staff sent informational letters to all registered non-resident pharmacies, including Respondent Pharmacy, which detailed the Board's Electronic Prescription Drug Monitoring Program (PDMP) and notified them of the requirement that all non-resident pharmacies provide the Board with copies of their DEA registrations and begin submitting data to the PDMP retroactive to July 1, 2007.
6. As of January 4, 2008, Respondent Pharmacy had not provided a copy of its DEA registration to the Board and had not submitted the required data to the PDMP database.
7. On or about January 4, 2008, Board staff sent a second letter to the pharmacies that had not complied with the October 29, 2007 letter, including Respondent Pharmacy.

8. As of March 3, 2008, after two notices, Respondent Pharmacy had not submitted the required data to the PDMP database for any of the required reporting periods.
9. On March 3, 2008, the Board initiated a complaint against Respondent Pharmacy because Respondent Pharmacy failed to comply with the data submission requirements of the PDMP.
10. Respondent Pharmacy does not contest that the conduct described above constitutes a violation of §12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's non-resident prescription drug outlet registration.

DISPOSITION

\$5,000.00 Fine with Surcharge and Terms

11. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S., Respondent Pharmacy shall pay a fine of Five Thousand Dollars and No Cents (\$5,000.00). Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 15% of this fine. Respondent Pharmacy shall therefore pay a total amount of Five Thousand, Seven Hundred Fifty Dollars and No Cents (\$5,750.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.
12. **Compliance.** Respondent Pharmacy shall at all times be registered with the Board, and shall comply with the data submission requirements of the PDMP.
13. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, whether or not Respondent Pharmacy has consulted with legal counsel. Respondent Pharmacy acknowledges its understanding that it has the following rights:
 - a. To have a formal notice of hearing and charges served upon it;
 - b. To respond to said formal notice of charges;
 - c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
 - d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

14. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, whether or not Respondent Pharmacy has consulted with legal counsel, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the

Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

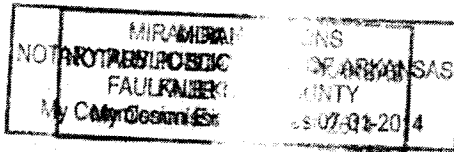
15. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.
16. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.
17. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
18. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Eddie Glover
Authorized Agent of Respondent Pharmacy

Dated: 10-14-08

Subscribed and sworn to before me in the County of Faulkner, State of Arkansas, this 14 day of October, 2008 by Eddie Glover in his her capacity as an authorized agent of U.S. Compounding, Inc.



My commission expires:

Miranda Irons
Notary Public

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 22nd DAY OF October, 2008.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

APPROVED AS TO FORM

JOHN W. SUTHERS
Attorney General

Joanna Lee Kaye
JOANNA LEE KAYE, #20486*
Assistant Attorney General
Business and Licensing Section

Attorneys for State Board of Pharmacy

1525 Sherman Street, 5th Floor
Denver, Colorado 80203
Telephone: (303) 866-6170
FAX: (303) 866-5395
*Counsel of Record

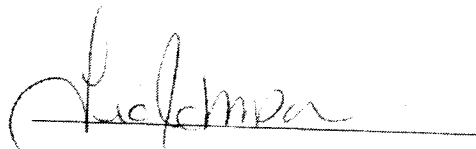
CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 24th day of October 2008, addressed as follows:

U.S. Compounding, Inc.
2515 College Avenue
Conway, Arkansas 72034

And through interagency mail to:

Joanna Lee Kaye
Assistant Attorney General
Colorado Department of Law



BOBBI W.Y. LUM-MEW 6299
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Signed
Notarized
+
Paid
5-24-10

Attorney for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permit of) PHA 2010-26-L
)
US COMPOUNDING, INC.,)
) Respondent.) SETTLEMENT AGREEMENT PRIOR TO
) FILING OF PETITION FOR DISCIPLINARY
) ACTION AND BOARD'S FINAL ORDER;
) EXHIBIT "1"
)
248040108

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS'
REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"),
through its undersigned attorney, and Respondent US COMPOUNDING, INC. (hereinafter
"Respondent"), enter into this Settlement Agreement on the terms and conditions set forth
below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was permitted by the Board of Pharmacy
(hereinafter the "Board") as a pharmacy under Miscellaneous Permit Number PMP 467. Permit
Number PMP 467 was issued on or about May 2, 2006. The permit will expire on or about
December 31, 2011.

2. Respondent's mailing address for purposes of this action is 2515 College Avenue, Conway, AR 72034.

3. Respondent submitted information that it had been disciplined in the State of Colorado on a renewal form received by the Department of Commerce and Consumer Affairs in late November 2009.

4. RICO alleges Respondent entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy in In the Matter of the Disciplinary Proceeding Regarding the Non-Resident Prescription Drug Outlet Registration of U.S. Compounding, Inc., Registration No. OSP-5611. A true and correct copy of the October 22, 2008 Stipulation and Final Agency Order is attached as Exhibit "1." Although the action was disclosed at the time of renewal, Respondent failed to report the action within thirty (30) days as required by law.

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(15) (failure to report disciplinary action within thirty (30) days) and § 436B-19(13) (disciplinary action in another jurisdiction).

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein permitted as a pharmacy by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of permits and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permit.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2010-26-L.

8. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of TWO THOUSAND FIVE HUNDRED AND NO/100 DOLLARS (\$2,500.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Bobbi W.Y. Lum-Mew,

Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1 above, Respondent's permit shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the permit to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new permit until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for a new permit pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser

remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: _____,
 (CITY) (STATE) (STATE) (DATE)

US COMPOUNDING, INC.

By: Eddie Grove
 Its _____

DATED: Honolulu, Hawaii, _____

BOBBI W.Y. LUM-MEW
Attorney for Department of Commerce and
Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF US COMPOUNDING, INC.;
SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY
ACTION AND BOARD'S FINAL ORDER: CASE NO. PHA 2010-26-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ELWIN D.H. GOO
Chairperson

DATE

MARK E. BROWN
Vice-Chairperson

LAURIE H. Y. KAWAMURA

GARRETT A. LAU

KARL H. MIYAMOTO

PATRICK ADAMS

STANLEY M. CHOW

PVL 07/01/09

STATE OF Arkansas)
COUNTY OF Faulkner) SS.
)

On this 24th day of May, 2010, before me personally appeared Eddie Glover, to me known to be the person described, and who executed the foregoing instrument on behalf of U.S. Compounding as President, and acknowledged that he/she executed the same as his/her free act and deed.

AMBER B. EVANS
NOTARY PUBLIC-STATE OF ARKANSAS
FAULKNER COUNTY
My Commission Expires 08-06-2011

Amber Evans
Name:
Notary Public, State of

My Commission expires: 8-6-2011

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2014-254

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF US COMPOUNDING, INC., REGISTRATION NO. OSP 5611,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and US Compounding, Inc. ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2014-254, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2013).
2. Respondent Pharmacy was originally registered in the State of Colorado on or about February 24, 2006, being issued registration number OSP 5611, and has been so registered at all times relevant to this disciplinary action.
3. Respondent Pharmacy's address of record with the Board and current location is 1270 Dons Lane, P.O. Box 2709, Conway, Arkansas 72033.
4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.
5. In or about December 2012, the Board mailed an affidavit to Respondent Pharmacy and requested that Respondent Pharmacy sign the affidavit to confirm that Respondent Pharmacy is aware of Colorado law and that it will not distribute prescription drugs into Colorado without valid, patient-specific prescription orders. The affidavit was signed by Respondent Pharmacy on December 27, 2012.
6. On or about November 1, 2013, Respondent Pharmacy distributed a prescription drug into Colorado pursuant to a prescription order that was not patient-specific.

7. Respondent Pharmacy admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Rules and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this Article, including commission of an act declared unlawful in section 12-42.5-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

(k) Has failed to meet generally accepted standards of pharmacy practice.

12-42.5-124. Disciplinary actions. (1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that the applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

12-42.5-130. Nonresident prescription drug outlet—registration.

(2) The registration requirements of this section apply only to a nonresident prescription drug outlet that only ships, mails, or delivers, in any manner, drugs and devices into this state pursuant to a prescription order.

8. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

9. **Fine with Surcharge.** Pursuant to §12-42.5-124(5)(a)(I), C.R.S., Respondent Pharmacy shall pay a fine of One Thousand Dollars and No Cents (\$1,000.00). Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-

108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of One Thousand One Hundred Dollars and No Cents (\$1,000.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

10. **Compliance.** Respondent Pharmacy shall only dispense and deliver prescriptions into Colorado pursuant to valid, patient-specific prescription orders.
11. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:
 - a. promptly pay all its own fees and costs associated with this Final Agency Order;
 - b. comply fully with this Final Agency Order; and
 - c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.
12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.
13. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:
 - a. To have a formal notice of hearing and charges served upon it;
 - b. To respond to said formal notice of charges;
 - c. to have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and

d. . To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

14. **Acknowledgments.** The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.
15. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.
16. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
17. **Board Order.** This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.
18. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record with the Board. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

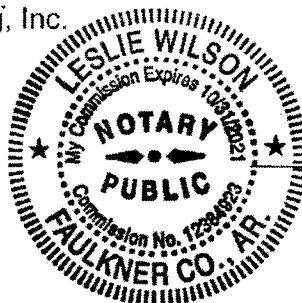
ACCEPTED AND AGREED BY

Respondent Pharmacy

Eddie Glover Dated: 2/27/14
Authorized Representative / Title

Subscribed and sworn to before me in the County of Faulkner, State
of _____, this 26 day of February, 2014 by
Eddie Glover, in his/her capacity as an
authorized agent of US Compounding, Inc.

Eddie Glover



Leslie Wilson

Notary Public

My commission expires: 10-31-21

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved,
accepted, and hereby made an Order of the Board.

Done and effective this 12th day of March, 2014.

State Board of Pharmacy

BY: Chris Gassen

Chris Gassen
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within fully executed **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 12th day of March 2014, addressed as follows:

US Compounding, Inc.
Attn: Eddie Glover
1270 Dons Ln
P.O. Box 2709
Conway, AR 72033


Agent of the Board

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

RECEIVED
OCT 21 2014
LARA
BHCS
ENFORCEMENT DIVISION

In the Matter of

US COMPOUNDING INC.
License Number: 53-01-008596

File Number: 53-14-132457
CONSENT ORDER AND STIPULATION

CONSENT ORDER

An Administrative Complaint, hereafter Complaint, was executed on July 30, 2014, charging US Compounding Inc., hereafter Respondent Pharmacy, with having violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

Respondent Pharmacy has admitted, by Stipulation submitted herewith, that the facts alleged in the Complaint are true and constitute a violation of the Public Health Code; and

The Disciplinary Subcommittee of the Michigan Board of Pharmacy, hereafter Disciplinary Subcommittee, has reviewed the Stipulation and, based upon the matters asserted therein, agrees that the public interest is best served by resolution of the outstanding Complaint; therefore,

IT IS FOUND that the facts alleged in the Complaint are true and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

Accordingly,

IT IS ORDERED that for the cited violation of the Public Health Code, Respondent Pharmacy is FINED in the amount of \$500.00 to be paid to the State of Michigan within 60 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the Department of Licensing and Regulatory Affairs, Enforcement Division, Sanction Monitoring, P.O. Box 30189, Lansing, MI 48909. The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display file number 53-14-132457.

IT IS FURTHER ORDERED that in the event Respondent Pharmacy violates any provision of this Order, the Disciplinary Subcommittee may proceed to take disciplinary action pursuant to 1996 AACR, R 338.1632 and section 16221(h) of the Public Health Code, supra.

CONTINUED ON NEXT PAGE

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

Dated: 12-10-14

MICHIGAN BOARD OF PHARMACY

By: Kathleen Brown
Chairperson, Disciplinary Subcommittee

STIPULATION

1. The facts alleged in the Complaint are true and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.
2. Respondent Pharmacy understands and intends that by signing this Stipulation Respondent Pharmacy is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq. to require the Department of Licensing and Regulatory Affairs, hereafter Department, to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent Pharmacy is waiving the right to appear with an attorney and such witnesses as Respondent Pharmacy may desire to present a defense to the charges.
3. Respondent Pharmacy and the Department further agree that this matter is a public record required to be published and made available to the public pursuant to section 11(1)(a) of the Michigan Freedom of Information Act, 1976 PA 442,

as amended; MCL 15.241(1)(a); and this action will be reported to the National Practitioner's Data Bank, and any other entity as required by state or federal law, in accordance with 42 USC 11101-11152.

4. Patricia A. Smeelink, R.Ph., a member of the Michigan Board of Pharmacy who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in the Consent Order.


5. This Consent Order is approved as to form and substance by Respondent Pharmacy and the Department and may be entered as the final order of the Disciplinary Subcommittee in this cause.


CONTINUED ON NEXT PAGE

6. This proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent Pharmacy and the Department expressly reserving the right to further proceedings without prejudice should the Consent Order be rejected.

AGREED TO BY:

AGREED TO BY:


Carole H. Engle, Director
Bureau of Health Care Services
Department of Licensing and
Regulatory Affairs


Eddie Glover
Authorized Representative
for Respondent Pharmacy

Dated: 10-25-14

Dated: 10/20/14

This is the final page of a Consent Order and Stipulation in the matter of US Compounding Inc., File Number 53-14-132457, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of five pages, this page included

SDM

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

US COMPOUNDING INC.
License Number: 53-01-008506

File Number: 53-14-132457

ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs, hereafter Complainant, by Carole H. Engle, Director, Bureau of Health Care Services, files this Complaint against US Compounding Inc., hereafter Respondent Pharmacy, as follows:

1. The Michigan Board of Pharmacy, hereafter Board, is an administrative agency established by the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq. Pursuant to section 17768 of the Public Health Code, supra, the Board's Disciplinary Subcommittee is empowered to discipline licensees for violations of the Public Health Code.

2. Respondent is currently licensed to practice as a pharmacy in the state of Michigan and has an address of record with Complainant of Conway, Arkansas.

3. On October 22, 2008, the Colorado State Board of Pharmacy, hereafter Colorado Board, executed a Stipulation and Final Agency Order against Respondent Pharmacy which assessed a fine of \$5,750.00. The Colorado Board's action was based on Respondent Pharmacy's failure to provide the Colorado Board with

a copy of its Drug Enforcement Administration registration and failure to submit data to the Prescription Drug Monitoring Program. A copy of the Stipulation and Final Agency Order, marked Exhibit A, is attached and incorporated.

4. On March 12, 2014, the Colorado Board executed a Stipulation and Final Agency Order against Respondent Pharmacy which assessed a fine of \$1,100.00. The Colorado Board's action was based on Respondent Pharmacy distributing prescription drugs without obtaining valid patient-specific prescription orders. A copy of the Stipulation and Final Agency Order, marked Exhibit B, is attached and incorporated.

COUNT 1

The foregoing action of the Colorado Board, as set forth above in paragraphs 3 and 4, evidences a pharmacy, manufacturer, or wholesale distributor which has had its license or federal registration limited, suspended, or revoked, or been subject to any other criminal, civil, or administrative penalty, and constitutes a violation of section 17768(2)(d) of the Public Health Code, supra.


Complainant requests that this Complaint be served upon Respondent Pharmacy and that Respondent Pharmacy be offered an opportunity to show compliance with all lawful requirements for retention of the license. If compliance is not shown, Complainant further requests that formal proceedings be commenced pursuant to the Public Health Code, rules promulgated thereunder, and the Administrative Procedures Act of 1969, MCL 24.201 et seq.

Pursuant to section 16231(7) of the Public Health Code, supra, Respondent Pharmacy has 30 days from the date of receipt of this Complaint to submit a written response to the allegations contained herein. The written response shall be submitted to Complainant, Carole H. Engle, Director, Bureau of Health Care Services, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, MI 48909.

Pursuant to section 16231(8) of the Public Health Code, supra, Respondent Pharmacy's failure to submit a written response within 30 days, as noted above, shall be treated as an admission of the allegations contained herein and shall result in transmittal of this complaint directly to the Board's Disciplinary Subcommittee for imposition of an appropriate sanction.

DATED:

7-30-14


Carole H. Engle, Director
Bureau of Health Care Services

Attachments

This is the final page of an Administrative Complaint in the matter of US Compounding Inc., File Number 53-14-132457, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of three pages, this page included.

SM

MINNESOTA BOARD OF PHARMACY



An Equal Opportunity Employer

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MN RELAY SERVICE FOR HEARING/SPEECH IMPAIRED ONLY:
Metro and Non-Metro: 800-627-3529
E-Mail Address: Pharmacy.Board@state.mn.us
Web Site: www.pharmacy.state.mn.us

PERSONAL & CONFIDENTIAL

May 28, 2015

Gabriel D. Mallard, Esq.
The Health Law Firm
One Cantrell Center
2800 Cantrell Road, Suite, 200
Little Rock, AR 72202

**Re: In the Matter of US Compounding Inc.
License No. 264411**

Dear Mr. Mallard:

Enclosed and served upon you in the above-referenced matter is the fully executed Stipulation and Consent Order issued by the Board of Pharmacy.

Sincerely,

A handwritten signature in cursive script that reads "Beth Ferguson".

Beth Ferguson, Pharm D, BCPS
Deputy Director

Enclosure

cc: Hans Anderson, Assistant Attorney General,
Attorney for Board of Pharmacy

**BEFORE THE MINNESOTA
BOARD OF PHARMACY**

In the Matter of
US Compounding, Inc.
License Number 264411

**STIPULATION AND
CONSENT ORDER**

STIPULATION

US Compounding, Inc. ("Licensee"), and the Minnesota Board of Pharmacy Complaint Review Panel ("Panel") agree the above-referenced matter may be resolved without trial of any issue or fact as follows:

I.

JURISDICTION

1. The Minnesota Board of Pharmacy ("Board") is authorized pursuant to Minnesota Statutes chapter 151 to license and regulate pharmacies and to take disciplinary action as appropriate.
2. Licensee holds a pharmacy license from the Board and is subject to the jurisdiction of the Board with respect to the matters referred to in this Stipulation and Consent Order.

II.

CONFERENCE

3. Licensee met with the Panel on February 12, 2015. The Panel was composed of Board member Bob Goetz. After a thorough review of the facts the Panel and Licensee have agreed this matter may be resolved with a Stipulation and Consent Order.

4. Licensee was represented by Gabriel D. Mallard, Esq. Hans A. Anderson, Assistant Attorney General, represented the Panel.

III.

FACTS

5. On August 2, 2002, the Board licensed Licensee as a non-resident pharmacy and on July 23, 2014, the Board licensed Licensee as a Wholesale Distributor.

6. On June 5, 2013, the Board sent Licensee a letter stating that licensure in Minnesota only allows Licensee to compound and dispense drug products pursuant to patient-specific prescriptions and that Licensee cannot provide compounded drugs to prescribers for office use.

7. From approximately April 2013 to September 2014, Licensee compounded and dispensed drug products into Minnesota without first obtaining patient-specific prescriptions. Licensee asserts it was acting in a good-faith effort.

IV.

LAWS

8. The Board asserts that Licensee's conduct described in section III. above constitutes a violation of Minn. Stat. § 151.071, subd. 2(9) (Minn. Stat. § 151.06, subd. 1(a)(7)(v) for conduct prior to July 1, 2014), Minn. Stat. § 151.071, subd. 2(7) (Minn. Stat. § 151.06, subd. 1(a)(7)(ix) for conduct prior to July 1, 2014), Minn. Stat. § 151.01, subd. 16a and subd. 35 (Minn. Stat. § 151.01, subd. 16 for conduct prior to July 1, 2014) and Minn. Stat. § 151.34(11). For purposes of the settlement of this matter only, and for no other purposes civil, administrative, or criminal, Licensee agrees that the disciplinary action described below may be imposed by the Board.

V.

DISCIPLINARY ACTION

The parties agree the Board may take the following disciplinary action and require compliance with the following terms:

9. The Board **REPRIMANDS** Licensee and imposes a **CIVIL PENALTY** in the amount of \$10,000.00. The civil penalty shall be paid by cashier's check or money order made payable to the Minnesota Board of Pharmacy, c/o Cody Wiberg, Executive Director, 2829 University Avenue S.E., Suite 530, Minneapolis, Minnesota 55414, within 60 days of the date of this Order.

10. The Board **CONDITIONS** Licensee's license as follows:

a. **Policies and Procedures.** Within 120 days of the date of this Order, Licensee shall submit to the Board a copy of its Policies and Procedures for compounding and dispensing drug products into Minnesota pursuant to patient-specific prescriptions.

11. Upon Licensee's complete payment of the Civil Penalty described in Paragraph 9 above as well as Licensee's successful submission to the Board of its Policies and Procedures as described in Paragraph 10 above, the Board will administratively remove the Conditions from Licensee's license.

VI.

CONSEQUENCES FOR NONCOMPLIANCE OR ADDITIONAL VIOLATIONS

12. If Licensee fails to comply with or violates this Stipulation and Consent Order, the Panel may, in its discretion, seek additional discipline either by initiating a contested case proceeding pursuant to Minnesota Statutes chapter 14 or by bringing the matter directly to the Board pursuant to the following procedure:

a. The Panel shall schedule a hearing before the Board. At least 20 days before the hearing, the Panel must mail Licensee a notice of the violation(s) alleged by the Panel. In addition, the notice must designate the time and place of the hearing. Within ten days after the notice is mailed, Licensee shall submit a written response to the allegations. If Licensee does not submit a timely response to the Board, the allegations may be deemed admitted.

b. The Panel, in its discretion, may schedule a conference with Licensee prior to the hearing before the Board to discuss the allegations and to attempt to resolve the allegations through agreement.

c. Prior to the hearing before the Board, the Panel and Licensee may submit affidavits and written argument in support of their positions. At the hearing, the Panel and Licensee may present oral argument. Argument may not refer to matters outside the record. The evidentiary record must be limited to the affidavits submitted prior to the hearing and this Stipulation and Consent Order. The Panel will have the burden of proving by a preponderance of the evidence that a violation has occurred. If Licensee has failed to submit a timely response to the allegations, Licensee may not contest the allegations, but may present argument concerning the appropriateness of additional discipline. Pursuant to this process, Licensee waives a hearing before an administrative law judge, discovery, cross-examination of adverse witnesses, and other procedures governing hearings pursuant to Minnesota Statutes chapter 14.

d. Licensee's correction of a violation before the conference, hearing, or meeting of the Board may be taken into account by the Board but does not limit the Board's authority to impose discipline for the violation. A decision by the Panel not to seek discipline when it first learns of a violation does not waive the Panel's right to later seek discipline for that violation, either alone or in combination with other violations, at any time while Licensee's license is in a suspended status.

e. Following the hearing, the Board will deliberate confidentially. If the allegations are not proved, the Board must dismiss the allegations. If a violation is proved, the Board may impose additional discipline, including conditions or limitations on Licensee's license, a period of suspension, conditions of reinstatement, or revocation of Licensee's license.

f. Nothing herein limits the Panel's or the Board's right to temporarily suspend Licensee's license as provided in Minnesota Statutes chapters 151 and 214, based on a violation of this Stipulation and Consent Order or based on conduct of Licensee not specifically referred to herein.

VII.

ADDITIONAL INFORMATION

13. Licensee waives the contested case hearing and all other procedures before the Board to which Licensee may be entitled under the Minnesota and United States constitutions, statutes, or rules.

14. Licensee waives any claims against the Board, the Minnesota Attorney General, the State of Minnesota, and their agents, employees, and representatives related to the investigation of the conduct herein, or the negotiation or execution of this Stipulation and Consent Order, which may otherwise be available to Licensee.

15. This Stipulation and Consent Order, the files, records, and proceedings associated with this matter shall constitute the entire record and may be reviewed by the Board in its consideration of this matter.

16. Either party may seek enforcement of this Stipulation and Consent Order in any appropriate civil court.

17. Licensee has read, understands, and agrees to this Stipulation and Consent Order and has voluntarily signed the Stipulation and Consent Order. Licensee is aware this Stipulation and Consent Order must be approved by the Board before it goes into effect. The Board may either approve the Stipulation and Consent Order as proposed, approve it subject to specified change, or reject it. If the changes are acceptable to Licensee, the Stipulation and Consent Order will take effect and the order as modified will be issued. If the changes are unacceptable to Licensee or the Board rejects the Stipulation and Consent Order, it will be of no effect except as specified in the following paragraph.

18. Licensee agrees that if the Board rejects this Stipulation and Consent Order or a lesser remedy than indicated in this settlement, and this case comes again before the Board, Licensee will assert no claim that the Board was prejudiced by its review and discussion of this Stipulation and Consent Order or of any records relating to it.

19. This Stipulation and Consent Order does not limit the Board's authority to proceed against Licensee by initiating a contested case hearing or by other appropriate means on the basis of any act, conduct, or admission of Licensee which constitutes grounds for disciplinary action and which is not directly related to the specific facts and circumstances set forth in this document.

VIII.

DATA PRACTICES NOTICES

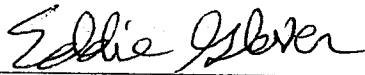
20. This Stipulation and Consent Order constitutes disciplinary action by the Board and is classified as public data pursuant to Minnesota Statutes section 13.41, subdivision 5. Data regarding this action will be provided to data banks as required by Federal law or consistent with Board policy. While this Stipulation and Consent Order is in effect, information obtained by the

Board pursuant to this Order is considered active investigative data on a licensed health professional, and as such, is classified as confidential data pursuant to Minnesota Statutes section 13.41, subdivision 4.

21. This Stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies this Stipulation.

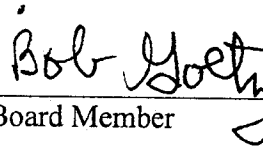
CONSENT:

MINNESOTA BOARD OF PHARMACY
COMPLAINT REVIEW PANEL



US COMPOUNDING, INC.
Licensee

Dated: 4/8/15




Board Member

Dated: 5-27-15

ORDER

Upon consideration of the Stipulation, the Board **REPRIMANDS** Licensee, imposes a **CIVIL PENALTY**, places **CONDITIONS** on Licensee's license, and adopts all of the terms described above on this 27th day of May, 2015.

MINNESOTA BOARD OF PHARMACY



CODY WIBERG
Executive Director

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 02032)
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: 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		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 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 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,

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

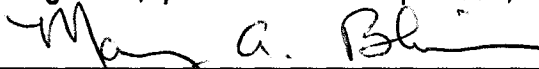
Within the last five (5) years:

- 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

Marcy A. Bliss
Print Name of Authorized Person
Date 04/08/16

Board Use Only	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

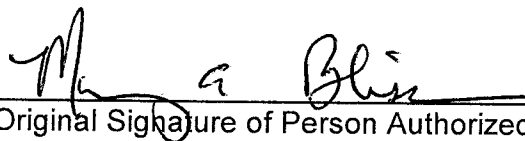
I, Marcy Ann Bliss

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.

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

 Marcy Ann Bliss

Print Name of Authorized Person

 4/8/16
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, 6th Floor, Newark, NJ 07102



ROBERT LOUGY
Acting Attorney General

STEVE C. LEE
Acting Director

April 19, 2016

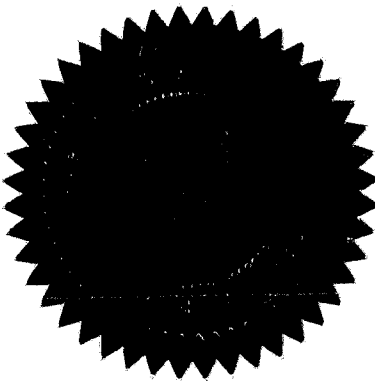
Mailing Address:
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

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

APR 25 2016

Statement of Explanation:

Acting on a reasonable and good-faith interpretation of Minnesota law, Wedgewood dispensed compounds to licensed veterinarians in Minnesota pursuant to a veterinarian's order for office use. The Minnesota Board of Pharmacy asserted that Wedgewood needed a wholesaler license to dispense into Minnesota in this manner. For the purposed of settlement only, Wedgewood entered into a stipulation and consent order with the Board in which it agreed to a \$10,000 civil penalty. Wedgewood paid the \$10,000 civil penalty and received the signed consent order from the Minnesota Board on March 19, 2015.



Marcy Ann Bliss / Owner

MINNESOTA BOARD OF PHARMACY



An Equal Opportunity Employer

2829 University Ave. SE., #530 • Minneapolis, MN 55414-3251 • Telephone: (651) 201-2825 • FAX: (651) 201-2837
MN RELAY SERVICE FOR HEARING/SPEECH IMPAIRED ONLY:

Metro and Non-Metro; 800-627-3529

E-Mail Address: Pharmacy.Board@state.mn.us

Web Site: www.pharmacy.state.mn.us

MAR 19 2015

PERSONAL & CONFIDENTIAL

March 16, 2015

Gregory P. Bulinski
Attorney
Bassford Remele
33 South Sixth Street, Suite 3800
Minneapolis, MN 55402-3707

Re: In the Matter of Wedgewood Pharmacy
License No. 262173

Dear Mr. Bulinski,

Enclosed and served upon you in the above-referenced matter is the fully executed Stipulation and Consent issued by the Board of Pharmacy.

Sincerely,

A handwritten signature in black ink that reads "Cody Wiberg". The signature is written in a cursive style.

Cody Wiberg, Pharm D, MS, RPh
Executive Director

BEFORE THE MINNESOTA

BOARD OF PHARMACY

In the Matter of
Wedgewood Pharmacy, Non-Resident Pharmacy
License Number: 262173

STIPULATION AND
CONSENT ORDER

STIPULATION

Wedgewood Pharmacy ("Pharmacy" or "Licensee") and the Minnesota Board of Pharmacy Complaint Review Panel ("Review Panel") agree the above-referenced matter may be resolved without trial of any issue or fact as follows:

I.

JURISDICTION

1. The Minnesota Board of Pharmacy ("Board") is authorized pursuant to Minnesota Statutes chapter 151 to register and regulate pharmacies and to take disciplinary action as appropriate.

2. Wedgewood has been licensed as a non-resident pharmacy in Minnesota since October 22, 2002. As such, Wedgewood is subject to the jurisdiction of the Board with respect to the matters referred to in this Stipulation and Consent Order.

II.

CONFERENCE

3. On December 4, 2013, Wedgewood representatives attended a conference with the Review Panel to discuss the allegations described in a Notice of Conference. The Review Panel was composed of Board members Karen Bergrud and Bob Goetz. Bryan D. Huffman, Assistant Attorney General, represented the Review Panel in this matter. Wedgewood was represented by Greg Bulinski, Esq., of Bassford Remole and Rachael G. Pontikes, Esq., of Duane Morris.

III.

FACTS

4. Licensee is not, nor has it ever been, licensed as a drug wholesaler by the Board.
5. Licensee shipped drugs to licensed veterinarians in Minnesota without patient-specific prescriptions.
6. Beginning January 7, 2013, Licensee dispensed drugs only pursuant to patient-specific prescriptions.

IV.

ISSUES

7. Licensee asserts it was acting on a good-faith interpretation of Minnesota law when it shipped drugs to licensed veterinarians in Minnesota without patient-specific prescriptions. Minn. Stat. § 151.01, subd. 30 (2012) defined "dispense or dispensing," in part, as meaning "the preparation or delivery of a drug pursuant to a lawful order. . . ." Licensee asserts that it reasonably and in good faith interpreted "lawful order" to include an order by a veterinarian for office use.
8. The Board asserts that Licensee's conduct described in section III. above constitutes violations of Minn. Stat. §§ 151.06, subd. 1(a)(7)(x) and 151.47, subd. 1(b). The Board asserts that Minnesota law at all times relevant hereto prohibited Licensee from shipping drugs for office use without being licensed as a wholesaler.
9. For purposes of the settlement of this matter only, and for no other purposes civil, administrative or criminal, Licensee agrees that the disciplinary action described below may be imposed by the Board.

V.

DISCIPLINARY ACTION

The parties agree the Board may take the following disciplinary action and require compliance with the following terms:

10. The Board imposes a **CIVIL PENALTY** in the amount of \$10,000 for the conduct described in section III above. The civil penalty must be paid by cashier's check or money order made payable to the Minnesota Board of Pharmacy, c/o Cody Wiberg, Executive Director, 2829 University Avenue S.E., Suite 530, Minneapolis, Minnesota 55414, within 60 days of the date of this Order.

VI.

CONSEQUENCES FOR NONCOMPLIANCE OR ADDITIONAL VIOLATIONS

11. If Licensee fails to comply with or violates this Stipulation and Consent Order, the Review Panel may, in its discretion, seek additional discipline either by initiating a contested case proceeding pursuant to Minnesota Statutes chapter 14 or by bringing the matter directly to the Board pursuant to the following procedure:

a. The Review Panel must schedule a hearing before the Board. At least 20 days before the hearing, the Review Panel must mail Licensee a notice of the violation(s) alleged by the Review Panel. In addition, the notice must designate the time and place of the hearing. Within ten days after the notice is mailed, Licensee must submit a written response to the allegations. If Licensee does not submit a timely response to the Board, the allegations may be deemed admitted.

b. The Review Panel, in its discretion, may schedule a conference with Licensee prior to the hearing before the Board to discuss the allegations and to attempt to resolve the allegations through agreement.

c. Prior to the hearing before the Board, the Review Panel and Licensee may submit affidavits and written argument in support of their positions. At the hearing, the Review Panel and Licensee may present oral argument. Argument may not refer to matters outside the record. The evidentiary record must be limited to the affidavits submitted prior to the hearing and this Stipulation and Consent Order. The Review Panel will have the burden of proving by a preponderance of the evidence that a violation has occurred. If Licensee has failed to submit a timely response to the allegations, Licensee may not contest the allegations but may present argument concerning the appropriateness of additional discipline. Licensee waives a hearing before an administrative law judge, discovery, cross-examination of adverse witnesses, and other procedures governing hearings pursuant to Minnesota Statutes chapter 14.

d. Licensee's correction of a violation before the conference, hearing, or meeting of the Board may be taken into account by the Board but will not limit the Board's authority to impose discipline for the violation. A decision by the Review Panel not to seek discipline when it first learns of a violation shall not waive the Review Panel's right to later seek discipline for that violation, either alone or in combination with other violations, at any time while Licensee's registration is in a conditional status.

e. Following the hearing, the Board will deliberate confidentially. If the allegations are not proved, the Board must dismiss the allegations. If a violation is proved, the Board may impose additional discipline, including conditions or limitations on Licensee's future practice or suspension or revocation of Licensee's registration.

f. Nothing herein limits the Review Panel's or the Board's right to temporarily suspend Licensee's license pursuant to Minnesota Statutes section 151.06, subdivision 1(b), based on a violation of this Stipulation and Consent Order or based on conduct of Licensee not specifically referred to herein.

VII.

ADDITIONAL INFORMATION

12. Licensee waives the contested case hearing and all other procedures before the Board to which Licensee may be entitled under the Minnesota and United States constitutions, statutes, or rules.

13. Licensee waives any claims against the Board, the Minnesota Attorney General, the State of Minnesota, and their agents, employees, and representatives related to the investigation of the conduct herein, or the negotiation or execution of this Stipulation and Consent Order, which may otherwise be available to Licensee.

14. This Stipulation and Consent Order, the files, records, and proceedings associated with this matter will constitute the entire record and may be reviewed by the Board in its consideration of this matter.

15. Either party may seek enforcement of this Stipulation and Consent Order in any appropriate civil court.

16. Licensee has read, understands, and agrees to this Stipulation and Consent Order and has voluntarily signed the Stipulation and Consent Order. Licensee is aware this Stipulation and Consent Order must be approved by the Board before it goes into effect. The Board may either approve the Stipulation and Consent Order as proposed, approve it subject to specified change, or reject it. If the changes are acceptable to Licensee, the Stipulation and Consent Order

will take effect and the order as modified will be issued. If the changes are unacceptable to Licensee or the Board rejects the Stipulation and Consent Order, it will be of no effect except as specified in the following paragraph.

17. Licensee agrees that if the Board rejects this Stipulation and Consent Order or a lesser remedy than indicated in this settlement, and this case comes again before the Board, Licensee will assert no claim that the Board was prejudiced by its review and discussion of this Stipulation and Consent Order or of any records relating to it.

18. This Stipulation and Consent Order does not limit the Board's authority to proceed against Licensee by initiating a contested case hearing or by other appropriate means on the basis of any act, conduct, or admission of Licensee which constitutes grounds for disciplinary action and which is not directly related to the specific facts and circumstances set forth in this document.

VIII.

DATA PRACTICES NOTICES

19. This Stipulation and Consent Order constitutes disciplinary action by the Board and is classified as public data pursuant to Minnesota Statutes section 13.41, subdivision 5. Data regarding this action will be provided to data banks as required by Federal law or consistent with Board policy. While this Stipulation and Consent Order is in effect, information obtained by the Board pursuant to this Order is considered active investigative data on a licensed person, and as such, is classified as protected nonpublic data pursuant to Minnesota Statutes sections 13.39, subdivision 2, and 13.02, subdivision 13.

20. This Stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies this Stipulation.

CONSENT:

BOARD OF PHARMACY
COMPLAINT REVIEW PANEL

M. Bl
MARCY BLISS, PRESIDENT
Wedgewood

Karen Berglund
KAREN BERGRUD
Board Member

Dated: 1/13/15

Dated: 1/21/2015

ORDER

Upon consideration of the Stipulation, the Board imposes a CIVIL PENALTY, and adopts all of the terms described above on this 21st day of January, 2015.

MINNESOTA BOARD
OF PHARMACY

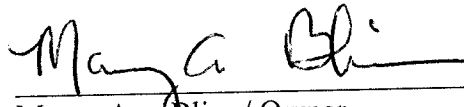
Cody Wiberg
CODY WIBERG
Executive Director

Statement of Explanation:

Wedgewood Village Pharmacy, Inc. ("Wedgewood") is disclosing the complaint currently pending against the business. Currently, there is a pending administrative action filed against Wedgewood by the Michigan Department of Licensing and Regulatory Affairs.

Specifically, on July 28, 2015 the Michigan Department of Licensing and Regulatory Affairs filed an administrative complaint against Wedgewood (File No. 53-15-137238) (hereinafter "*Administrative Complaint*"). A copy of the Administrative Complaint is attached hereto.

The Administrative Complaint asserts that Wedgewood violated Section 17768(2)(d) of the Michigan Public Health Code because Wedgewood "has had its license or federal registration limited, suspended, or revoked, or been subject to any other criminal, civil, or administrative penalty." The basis for that assertion is that Wedgewood entered into a consent order with the Minnesota Board of Pharmacy on January 21, 2015. A copy of the Minnesota consent order is attached to this application.



Marcy Ann Bliss / Owner



RICK SYNDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MIKE ZIMMER
DIRECTOR

Date: July 28, 2015

Wedgewood Village Pharmacy, INC
405 Heron Dr., Ste 200
Swedesboro, NJ 08085

Re: 53-15-137238

To Daniel Page :

Enclosed is a copy of an Administrative Complaint alleging that you have violated the Public Health Code. **YOU MUST RESPOND TO THE COMPLAINT WITHIN 30 DAYS FROM THE DATE YOU RECEIVED THE COMPLAINT.** Failure to submit a timely written response will result in the Complaint being transmitted directly to your board's Disciplinary Subcommittee (DSC) for imposition of a sanction.

At the time of your written response to the Complaint, you may:

- Request that a Board conferee be contacted for a proposed settlement in resolution of this matter; or
- Attend a compliance conference. This is an informal opportunity to meet with me to present evidence demonstrating compliance with the Public Health Code, or present mitigating information not contained in your written response for purposes of settlement. (Please use the enclosed form to request a compliance conference.); or
- Proceed to a formal administrative hearing before an administrative law judge. After taking testimony, the administrative law judge will determine if a violation of the Public Health Code occurred. The hearing record will be forwarded to the DSC for consideration.

In order to exercise any of these options, you must respond to the Complaint in writing within 30 days of the date you received this information. You may obtain legal representation at your expense. If you have any questions regarding this matter, please contact me, during normal business hours, at the direct line listed below.

Sincerely,

Debra Wright-Chambers
Regulation Section
Bureau of Professional Licensing
Telephone: (517) 335-6524

Enclosures

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the matter of

WEDGEWOOD VILLAGE PHARMACY INC.

License Number: 53-01-008041

File Number: 53-15-137238

ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs (Complainant) by Kim Gaedeke, Acting Director, Bureau of Health Care Services, files this Complaint against Wedgewood Village Pharmacy Inc. (Respondent Pharmacy) as follows:

1. The Michigan Board of Pharmacy (Board) is an administrative agency established by the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq. Pursuant to section 17768 of the Public Health Code, supra, the Board's Disciplinary Subcommittee is empowered to discipline licensees for violations of the Public Health Code.

2. Respondent Pharmacy is licensed to practice as a pharmacy in the state of Michigan and has an address of record with Complainant of Swedesboro, New Jersey.

3. On January 21, 2015, the Minnesota Board of Pharmacy (Minnesota Board) executed a Stipulation and Consent Order which ordered Respondent Pharmacy

to pay a \$10,000.00 civil penalty. The action was based on Respondent Pharmacy not being licensed as a drug wholesaler by the Minnesota Board and shipping drugs to licensed veterinarians in Minnesota without patient-specific prescriptions. A copy of the Stipulation and Consent Order, marked Exhibit A, is attached and incorporated

COUNT I

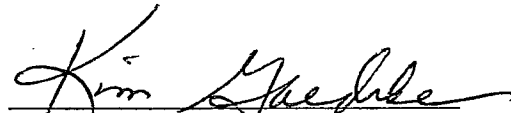
The action by the Minnesota Board, as set forth above evidence a pharmacy, manufacturer, or wholesale distributor which has had its license or federal registration limited, suspended, or revoked, or been subject to any other criminal, civil, or administrative penalty and constitutes a violation of section 17768(2)(d) of the Public Health Code, supra.

Complainant requests that this Complaint be served upon Respondent Pharmacy and that Respondent Pharmacy be offered an opportunity to show compliance with all lawful requirements for retention of the license. If compliance is not shown, Complainant further requests that formal proceedings be commenced pursuant to the Public Health Code, rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq.

Pursuant to section 16231(8) of the Public Health Code, supra, Respondent Pharmacy has 30 days from the date of receipt of this Complaint to submit a written response to the allegations contained herein. The written response shall be submitted to Complainant, Kim Gaedeke, Acting Director, Bureau of Health Care Services, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, MI 48909.

Pursuant to section 16231(9) of the Public Health Code, supra, Respondent Pharmacy's failure to submit a written response within 30 days, as noted above, shall be treated as an admission of the allegations contained herein and shall result in transmittal of this Complaint directly to the Board's Disciplinary Subcommittee for imposition of an appropriate sanction.

DATED: 07/24/2015


Kim Gaedeke, Acting Director
Bureau of Health Care Services

Attachment

This is the final page of an Administrative Complaint in the matter of Wedgewood Village Pharmacy Inc., File Number 53-15-137238, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of three pages, this page included.

DWC

BEFORE THE MINNESOTA
BOARD OF PHARMACY

In the Matter of
Wedgewood Pharmacy, Non-Resident Pharmacy
License Number: 262173

STIPULATION AND
CONSENT ORDER

STIPULATION

Wedgewood Pharmacy ("Pharmacy" or "Licensee") and the Minnesota Board of Pharmacy Complaint Review Panel ("Review Panel") agree the above-referenced matter may be resolved without trial of any issue or fact as follows:

I.

JURISDICTION

1. The Minnesota Board of Pharmacy ("Board") is authorized pursuant to Minnesota Statutes chapter 151 to register and regulate pharmacies and to take disciplinary action as appropriate.

2. Wedgewood has been licensed as a non-resident pharmacy in Minnesota since October 22, 2002. As such, Wedgewood is subject to the jurisdiction of the Board with respect to the matters referred to in this Stipulation and Consent Order.

II.

CONFERENCE

3. On December 4, 2013, Wedgewood representatives attended a conference with the Review Panel to discuss the allegations described in a Notice of Conference. The Review Panel was composed of Board members Karen Bergrud and Bob Goetz. Bryan D. Huffman, Assistant Attorney General, represented the Review Panel in this matter. Wedgewood was represented by Greg Bulinski, Esq., of Bassford Remele and Rachael G. Pontikes, Esq., of Duane Morris.

III.

FACTS

4. Licensee is not, nor has it ever been, licensed as a drug wholesaler by the Board.
5. Licensee shipped drugs to licensed veterinarians in Minnesota without patient-specific prescriptions.
6. Beginning January 7, 2013, Licensee dispensed drugs only pursuant to patient-specific prescriptions.

IV.

ISSUES

7. Licensee asserts it was acting on a good-faith interpretation of Minnesota law when it shipped drugs to licensed veterinarians in Minnesota without patient-specific prescriptions. Minn. Stat. § 151.01, subd. 30 (2012) defined "dispense or dispensing," in part, as meaning "the preparation or delivery of a drug pursuant to a lawful order. . . ." Licensee asserts that it reasonably and in good faith interpreted "lawful order" to include an order by a veterinarian for office use.

8. The Board asserts that Licensee's conduct described in section III. above constitutes violations of Minn. Stat. §§ 151.06, subd. 1(a)(7)(ix) and 151.47, subd. 1(b). The Board asserts that Minnesota law at all times relevant hereto prohibited Licensee from shipping drugs for office use without being licensed as a wholesaler.

9. For purposes of the settlement of this matter only, and for no other purposes civil, administrative or criminal, Licensee agrees that the disciplinary action described below may be imposed by the Board.

V.

DISCIPLINARY ACTION

The parties agree the Board may take the following disciplinary action and require compliance with the following terms:

10. The Board imposes a **CIVIL PENALTY** in the amount of \$10,000 for the conduct described in section III above. The civil penalty must be paid by cashier's check or money order made payable to the Minnesota Board of Pharmacy, c/o Cody Wiberg, Executive Director, 2829 University Avenue S.E., Suite 530, Minneapolis, Minnesota 55414, within 60 days of the date of this Order.

VI.

CONSEQUENCES FOR NONCOMPLIANCE OR ADDITIONAL VIOLATIONS

11. If Licensee fails to comply with or violates this Stipulation and Consent Order, the Review Panel may, in its discretion, seek additional discipline either by initiating a contested case proceeding pursuant to Minnesota Statutes chapter 14 or by bringing the matter directly to the Board pursuant to the following procedure:

a. The Review Panel must schedule a hearing before the Board. At least 20 days before the hearing, the Review Panel must mail Licensee a notice of the violation(s) alleged by the Review Panel. In addition, the notice must designate the time and place of the hearing. Within ten days after the notice is mailed, Licensee must submit a written response to the allegations. If Licensee does not submit a timely response to the Board, the allegations may be deemed admitted.

b. The Review Panel, in its discretion, may schedule a conference with Licensee prior to the hearing before the Board to discuss the allegations and to attempt to resolve the allegations through agreement.

c. Prior to the hearing before the Board, the Review Panel and Licensee may submit affidavits and written argument in support of their positions. At the hearing, the Review Panel and Licensee may present oral argument. Argument may not refer to matters outside the record. The evidentiary record must be limited to the affidavits submitted prior to the hearing and this Stipulation and Consent Order. The Review Panel will have the burden of proving by a preponderance of the evidence that a violation has occurred. If Licensee has failed to submit a timely response to the allegations, Licensee may not contest the allegations but may present argument concerning the appropriateness of additional discipline. Licensee waives a hearing before an administrative law judge, discovery, cross-examination of adverse witnesses, and other procedures governing hearings pursuant to Minnesota Statutes chapter 14.

d. Licensee's correction of a violation before the conference, hearing, or meeting of the Board may be taken into account by the Board but will not limit the Board's authority to impose discipline for the violation. A decision by the Review Panel not to seek discipline when it first learns of a violation shall not waive the Review Panel's right to later seek discipline for that violation, either alone or in combination with other violations, at any time while Licensee's registration is in a conditional status.

e. Following the hearing, the Board will deliberate confidentially. If the allegations are not proved, the Board must dismiss the allegations. If a violation is proved, the Board may impose additional discipline, including conditions or limitations on Licensee's future practice or suspension or revocation of Licensee's registration.

f. Nothing herein limits the Review Panel's or the Board's right to temporarily suspend Licensee's license pursuant to Minnesota Statutes section 151.06, subdivision 1(b), based on a violation of this Stipulation and Consent Order or based on conduct of Licensee not specifically referred to herein.

VII.

ADDITIONAL INFORMATION

12. Licensee waives the contested case hearing and all other procedures before the Board to which Licensee may be entitled under the Minnesota and United States constitutions, statutes, or rules.

13. Licensee waives any claims against the Board, the Minnesota Attorney General, the State of Minnesota, and their agents, employees, and representatives related to the investigation of the conduct herein, or the negotiation or execution of this Stipulation and Consent Order, which may otherwise be available to Licensee.

14. This Stipulation and Consent Order, the files, records, and proceedings associated with this matter will constitute the entire record and may be reviewed by the Board in its consideration of this matter.

15. Either party may seek enforcement of this Stipulation and Consent Order in any appropriate civil court.

16. Licensee has read, understands, and agrees to this Stipulation and Consent Order and has voluntarily signed the Stipulation and Consent Order. Licensee is aware this Stipulation and Consent Order must be approved by the Board before it goes into effect. The Board may either approve the Stipulation and Consent Order as proposed, approve it subject to specified change, or reject it. If the changes are acceptable to Licensee, the Stipulation and Consent Order

will take effect and the order as modified will be issued. If the changes are unacceptable to Licensee or the Board rejects the Stipulation and Consent Order, it will be of no effect except as specified in the following paragraph.

17. Licensee agrees that if the Board rejects this Stipulation and Consent Order or a lesser remedy than indicated in this settlement, and this case comes again before the Board, Licensee will assert no claim that the Board was prejudiced by its review and discussion of this Stipulation and Consent Order or of any records relating to it.

18. This Stipulation and Consent Order does not limit the Board's authority to proceed against Licensee by initiating a contested case hearing or by other appropriate means on the basis of any act, conduct, or admission of Licensee which constitutes grounds for disciplinary action and which is not directly related to the specific facts and circumstances set forth in this document.

VIII.

DATA PRACTICES NOTICES

19. This Stipulation and Consent Order constitutes disciplinary action by the Board and is classified as public data pursuant to Minnesota Statutes section 13.41, subdivision 5. Data regarding this action will be provided to data banks as required by Federal law or consistent with Board policy. While this Stipulation and Consent Order is in effect, information obtained by the Board pursuant to this Order is considered active investigative data on a licensed person, and as such, is classified as protected nonpublic data pursuant to Minnesota Statutes sections 13.39, subdivision 2, and 13.02, subdivision 13.

20. This Stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies this Stipulation.

CONSENT:

BOARD OF PHARMACY
COMPLAINT REVIEW PANEL

Marcy Bliss
MARCY BLISS, PRESIDENT
Wedgewood

Karen Bergrud
KAREN BERGRUD
Board Member

Dated: 1/13/15

Dated: 1/21/2015

ORDER

Upon consideration of the Stipulation, the Board imposes a CIVIL PENALTY, and adopts all of the terms described above on this 21st day of January, 2015.

MINNESOTA BOARD
OF PHARMACY

Cody Wiberg

CODY WIBERG
Executive Director

Cert. of Corp. Status

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WEDGEWOOD VILLAGE PHARMACY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WEDGEWOOD VILLAGE PHARMACY, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



5944344 8300

SR# 20161713242

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JWB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202001334

Date: 03-17-16

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "WEDGEWOOD VILLAGE PHARMACY, LLC", FILED IN THIS OFFICE ON THE TWENTY-SECOND DAY OF JANUARY, A.D. 2016, AT 1:18 O`CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

5944344 8100
SR# 20160355658

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 201721684
Date: 01-25-16

CERTIFICATE OF FORMATION

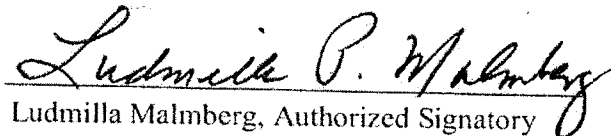
OF

WEDGEWOOD VILLAGE PHARMACY, LLC

In compliance with the requirements of Section 18-201 of the Delaware Limited Liability Company Act, relating to the formation of a limited liability company, the undersigned, desiring to form a limited liability company, hereby certifies that:

1. The name of the limited liability company is Wedgewood Village Pharmacy, LLC.
2. The address of the limited liability company's registered office is 2711 Centerville Road, Suite 400, Wilmington, New Castle County, Delaware 19808. Its registered agent at such address is Corporation Service Company.

IN TESTIMONY WHEREOF, the undersigned has executed this Certificate of Formation this 22nd day of January, 2016.


Ludmilla Malmberg, Authorized Signatory