

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: Option Care

Physical Address: 2050 S. Finley Rd. Suite 20 Lombard, IL 60148

Mailing Address: PO BOX 377

City: Deerfield State: IL Zip Code: 60015

Telephone: 630-495-2899 Fax: 877-974-4845

Toll Free Number: 877-974-4844 (Required per NAC 639.708)

E-mail: oe-providerenrollandlicense@optioncare.com Website: www.optioncare.com

Managing Pharmacist: Joann Berry-Bedell License Number: 051.038124

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

94536

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

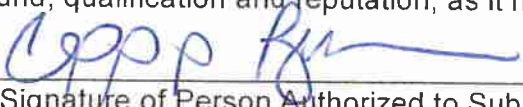
Within the last five (5) years:

- 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

Clifford Berman - Secretary

Print Name of Authorized Person

Date

9/13/16

Page 2

Board Use Only

Date Processed: _____

Amount: \$ 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Walgreens Infusion Services, Inc.

Mailing Address: PO BOX 377

City: Deerfield State: IL Zip: 60015

Telephone: 312-940-2437 Fax: 847-332-0298

Contact Person: Maria Avalos - Licensing Specialist

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) _____
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 8:30 am 5:30 pm Saturday On Call am On Call pm
Sunday On Call am On Call pm 24 Hours On Call

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

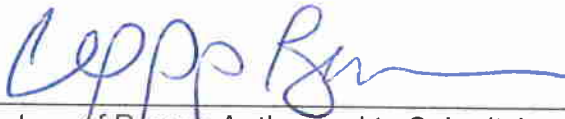
I, Clifford Berman

Responsible Person of Option Care Enterprises, Inc.

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

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

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

Clifford Berman - Secretary

Print Name of Authorized Person

9/13/16

Date



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

Bruce Rauner
Governor

Bryan A. Schneider
Secretary

Daniel Kelber
Acting Director
Division of Professional Regulation

CERTIFICATION OF LICENSURE

HI BOARD OF PHARMACY
DCCA-PVL-LICENSING BRANCH
PO BOX 3469
HONOLULU, HI 96801

Licensee: OPTION CARE ENTERPRISES INC
License Number: 054.016748
Profession: LICENSED PHARMACY
Date of Issuance: 10/20/2009
Expiration Date: 03/31/2018
License Status: ACTIVE
License Method: NON-EXAM
Disciplinary History: Has not been disciplined

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.

SEAL

Daniel Kelber
Acting Director
Division of Professional Regulation

August 26, 2016
Date

Refer to the Department's Web Site at www.idfpr.com to verify professional licenses via License Look-Up.

NEVADA STATE BOARD OF PHARMACY

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

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

☐ Partnership - Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Paragon Healthcare Specialty

Physical Address: 17111 Preston Rd., Ste 100

Mailing Address: 17111 Preston Rd., Ste 100

City: Dallas State: TX Zip Code: 75248-1234

Telephone: 888-588-1072 Fax: 866-388-1488

Toll Free Number: 888-588-1072 (Required per NAC 639.708)

E-mail: eho@paragonhealthcare.com Website: www.paragonspecialty.com

Managing Pharmacist: Eric Dustin Ho License Number: 51668(TX)

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: Hemophilia

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

93711

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

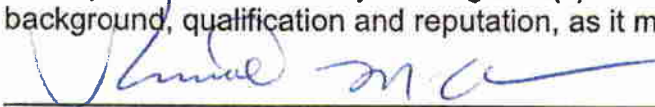
Within the last five (5) years:

- 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

Richard Marvin Allen President, CEO
Print Name of Authorized Person

6/29/2012
Date

Page 2

Board Use Only

Date Processed: 8/4/16

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: Paragon Healthcare Inc.
Mailing Address: 17111 Preston Rd., Ste 100
City: Dallas State: TX Zip: 75248-1234
Telephone: 888-588-1072 Fax: 866-388-1488
Contact Person: Eric Dustin Ho

For any corporation non publicly traded, disclose the following:

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

a) please see attached sheet

Name

Address

b)

Name

Address

c)

Name

Address

d)

Name

Address

- 2) Provide the number of shares issued by the corporation. 1000

- 3) What was the price paid per share? \$ 25,199.00

- 4) What date did the corporation actually receive the cash assets? 8/31/11

- 5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: N/A %:

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm

Sunday on-call 24/7

Saturday on-call 24/7 am pm

24 Hours

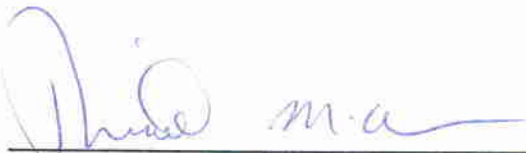
A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number:

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Richard Marvin Allen
Responsible Person of Paragon Healthcare Specialty
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

Richard Marvin Allen, President, CEO
Print Name of Authorized Person

6/20/2012
Date

GASTROENTEROLOGY ORDER FORM



REQUIRED INFORMATION

- ☐ This signed order form from the provider ☐ Patient demographics & insurance information
☐ Clinical/Progress Notes, Labs, Tests supporting primary diagnosis

Patient Name: _____ DOB: _____

Allergies: _____ Patient Phone: _____

Labs: Required labs to be drawn by: ☐ Infusion Clinic ☐ Referring Physician Patient weight: _____ lbs

INFUSION ORDERS

- | | | |
|--|--|---|
| <input type="checkbox"/> Dehydration _____ | <input type="checkbox"/> 1 Liter/ <input type="checkbox"/> 2 Liters D5 .45% NS IV x 1 day | <input type="checkbox"/> Cipro 400mg IV daily x 1 day |
| <input type="checkbox"/> Gastroenteritis _____ | <input type="checkbox"/> 1 Liter/ <input type="checkbox"/> 2 Liters NS IV x 1 day | <input type="checkbox"/> Flagyl 500mg IV daily x 5 days |
| <input type="checkbox"/> Diverticulitis _____ | | <input type="checkbox"/> Invanz 1gm IV daily x 1 day |
| <input type="checkbox"/> Iron Deficiency Anemia | <input type="checkbox"/> Venofer 200mg IV q 3 weeks x 5 doses | |
| | <input type="checkbox"/> Venofer 100 mg IV q week x 7 weeks then every other week x 7 weeks (10 doses total) | |
| <input type="checkbox"/> Iron Deficiency Anemia with CKD not on dialysis | <input type="checkbox"/> Venofer 200mg IV - Administer 5 doses over a 14 day period | |
| | <input type="checkbox"/> Venofer 200mg IV weekly x 5 weeks | |
| Required Recent Labs:
HGB, HCT, TIBC, Ferritin | <input type="checkbox"/> Injectafer 15mg/kg IV - Give 2 doses at least 7 days apart not to exceed 1500mg - if patient weighing less than 50kg (110lbs) | |
| | <input type="checkbox"/> Injectafer 750mg IV - Give 2 doses at least 7 days apart not to exceed 1500mg - if patient weighing 50kg (110lbs) or greater | |
| <input type="checkbox"/> Crohn's Disease
ICD-10 Code _____ | <input type="checkbox"/> Cimzia 400mg Sub-Q at weeks 0, 2, 4 and then every 4 weeks | |
| | <input type="checkbox"/> Cimzia _____ mg Sub-Q every _____ weeks | |
| <input type="checkbox"/> Ulcerative Colitis
ICD-10 Code _____ | <input type="checkbox"/> Tysabri 300mg every 4 weeks <input type="checkbox"/> Patient TOUCH authorization | |
| | Hepatitis B Protocol: Hep B surface antigen & Hep B Core AB total required. | |
| | TB Protocol: Baseline testing: Quantiferon Gold (QFT Gold) or PPD. | |
| | <input type="checkbox"/> Entyvio 300mg IV over 30 minutes at 0, 2, 6 weeks and then Q8weeks | |
| | Required Labs: Baseline liver enzymes | |
| | TB Protocol: Baseline testing: Quantiferon Gold (QFT Gold) or PPD. | |
- TB test:** ☐ TB Test Attached ☐ Perform TB testing

REMICADE INFUSION ORDERS

- Diagnosis:** ☐ Crohn's ☐ Ulcerative Colitis ☐ Other: _____
- Dose:** _____ mg/kg **Frequency:** Every _____ weeks or ☐ 0, 2, 6 - then every 8 weeks
- Pre-Medication orders:** ☐ Tylenol 1000mg
please choose one antihistamine: ☐ Cetirizine 10mg PO ☐ Diphenhydramine 25mg PO ☐ Loratadine 10mg PO
- Additional Pre-Medication Orders:** ☐ Solu-Medrol 62.5mg IVP ☐ Solu-Medrol 125mg IVP
☐ Solu-Cortef _____ mg IVP
- TB test:** ☐ TB Test Attached ☐ Perform TB testing **TB Protocol:** Baseline testing: Quantiferon Gold (QFT Gold) or PPD.
- Hepatitis B Protocol:** Hep B surface antigen and Hep B Core AB total required.
- **Date of last:** ☐ Orencia, ☐ Remicade, ☐ Humira, or ☐ Enbrel dose: _____

Physician Name: _____ Phone: _____ Fax: _____

**Physician Signature: _____ Date: _____

Please check an Infusion Center Location:

- | | | | | | | |
|--|---|--|--|--|---|--|
| <input type="checkbox"/> Arlington
P: 817.200.2530
F: 817.509.0011 | <input type="checkbox"/> Dallas
P: 972.408.2777
F: 469.913.6894 | <input type="checkbox"/> North Hills
P: 817.284.2700
F: 817.284.2701 | <input type="checkbox"/> San Antonio
P: 210.366.4358
F: 210.366.4896 | <input type="checkbox"/> Stone Oak
P: 210.485.3700
F: 210.390.1738 | <input type="checkbox"/> Austin
P: 512.261.4800
F: 512.261.4803 | <input type="checkbox"/> Houston
P: 713.860.1755
F: 713.277.7219 |
|--|---|--|--|--|---|--|

ParagonHealthcare.com

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Paragon Infusion Care, Inc.
Physical Address: 17111 Preston Road, STE 160B
Mailing Address: - See above -
City: Dallas State: TX Zip Code: 75248
Telephone: 972-588-1000 Fax: 972-588-1001
Toll Free Number: 866-972-5888 (Required per NAC 639.708)
E-mail: mfulton@paragonhealthcare.com Website: paragonhealthcare.com
Managing Pharmacist: Matthew Fulton License Number: 53045

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

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☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
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☐ ☒ 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,**

03858

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

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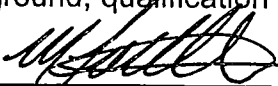
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☒ No ☐
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

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

Matthew Fulton

Print Name of Authorized Person

Date

8/9/16

Page 2

Board Use Only

Date Processed:

8/16/16

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: Paragon Healthcare Inc
Mailing Address: 17111 Preston Road, STE 100
City: Dallas State: TX Zip: 75248
Telephone: 972-588-1000 Fax: 972-588-1001
Contact Person: Matthew Fulton

For any corporation non publicly traded, disclose the following:

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

a) Paragon Healthcare Inc 17111 Preston Road STE 100 Dallas TX 75248
Name Address
b) _____
Name Address
c) _____
Name Address
d) _____
Name Address

- 2) Provide the number of shares issued by the corporation \$57,017.00
3) What was the price paid per share? \$798.09
4) What date did the corporation actually receive the cash assets? 8/31/2011
5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: _____ %: _____
Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday N/A am N/A pm
Sunday N/A am N/A 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

STATEMENT OF RESPONSIBILITY
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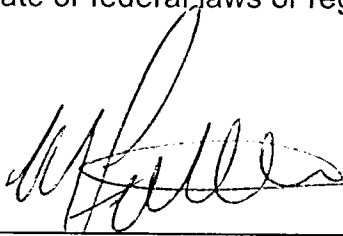
I, Matthew Ryan Fulton

Responsible Person of Paragon Healthcare, Inc.

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

Matthew Ryan Fulton

Print Name of Authorized Person

5/26/16

Date




TEXAS STATE BOARD OF PHARMACY

Re: Paragon Infusion Care, Inc.
Address: 17111 Preston Rd., Ste 160B
Dallas, Texas 75248
License No.: 22975
Date Issued: December 17, 2003
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. Paragon Infusion Care, Inc. (Texas Pharmacy License #22975) 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



July 22, 2016
Date

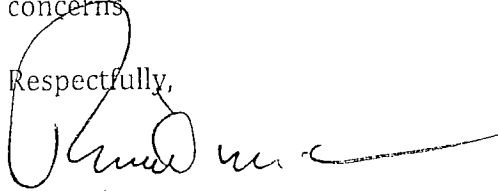
The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas



To Whom It May Concern:

The complaint was filed for failure to pay for retail rental exhibit space in 1989. The contract was actually with North Star Spa, Inc. of which I was a principal and on Certificate of Incorporation. Although there no issues regarding the breach of contract on the part of the complainant, there was no resolution, so the manager of North Star elected not to pay. Since I was an officer of the company, they filed on me, for theft over \$750. Once I became involved, restitution was made and case was dismissed on October 2nd, 1991. I am attaching supporting documentation of such. Please feel free to contact me with any questions or concerns

Respectfully,


Richard Allen, BSPharm, RPh
TX Pharmacist License 18743
President/CEO
Paragon Infusion Care, Inc.
Direct (972-588-1007)
Email: rallen@paragonhealthcare.com

O: 972.588.1000
F: 972.588.1001
17111 Preston Rd. Ste 160
Dallas, TX 75248

ParagonHealthcare.com
Dallas/Ft. Worth • Houston • San Antonio • Corpus Christi
Austin • El Paso • Nashville • Fayetteville • Bowling Green

236-103

MOTION TO DISMISS PROSECUTION.

Form 102

The State of Texas,

No. F91-00560 vs.

Rick Allen

(Defendant)
Life Services

(Plaintiff)

IN THE Criminal
District COURT #5
DALLAS COUNTY, TEXAS

October Term, A.D. 1991

Now comes the District Attorney of Dallas County, Texas and asks the Court to dismiss the above entitled and numbered cause, for the following reasons, to-wit:

on October 2, 1991, the Defendant in this case made full restitution in the amount of \$ 1765.00.

WHEREFORE, PREMISES CONSIDERED, it is respectfully requested that this case be dismissed.

FILED
DEC 2 2:37
CLERK OF DISTRICT COURT
DALLAS COUNTY, TEXAS

[Signature]

DEC 2 1991

Dismissed on Motion of District Attorney

L. B. Moore
Assistant District Attorney of
Dallas County, Texas

John Vance
Highlander
District Attorney of Dallas County, Texas

TRIAL DOCKET - CRIMINAL DISTRICT COURT - DALLAS COUNTY, TEXAS

NSA FSI-60560

三

STATE OF TEXAS	ATTORNEYS	OFFENSE	DATE OF FILING
PICK ALLEN		THEFT OF SERVICE OF THE VALUE OF \$750 OR MORE BUT LESS THAN \$20,000, A 3RD DEGREE FELONY, AS CHARGED IN THE INDICTMENT	MAR 7, 1991
DATE OF ORDER	ORDERS OF COURT		
AUG 13 1991	Def 8-13-91 Court Order - Motion by letter		
AUG 27 1991	passed to 8-27-91 memo - J. P. Shapiro Def		
SEP 13 1991	passed to 9-18-91 memo		
OCT 2 1991	passed to 10-2-91 memo		
OCT 22 1991	passed to 10-22-91 memo		
NOV 5 1991	passed to 11-12-91 memo		
NOV 12 1991	passed to 11-19-91 memo		
NOV 19 1991	passed to 11-25-91 memo		
NOV 27 1991	passed to 12-4-91 memo		
DEC 4 1991			
DEC 2 1991	Disposition of Motion of Attorney		

FD-160 (Rev. 4-15-64)

DEFENDANT ALLEN, RICK WM/6-19-47 CHARGE THEFT 750/SERV
ADDRESS 1709 IROQUOIS, GARLAND LOCATION AT LARGE
FILING AGENCY _____ DATE FILED _____ COURT _____
COMPLAINANT DAVID ARNOLD GJR* ES1-88568 W L
C/O _____

TRUE BILL OF INDICTMENT

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF TEXAS: The Grand Jury of Dallas County,
State of Texas, duly organized at the JANUARY Term, A.D. 19 91 of the
363RD JUDICIAL District Court, Dallas County; In said court at said
Term, do present that one RICK ALLEN, defendant, on or about

on the 15TH day of SEPTEMBER A.D. 19 90 in the County of Dallas and said State, did

then and there with intent to avoid payment for retail rental exhibit
space, a service that the defendant knew was provided by DAVID ARNOLD,
only for compensation, knowingly and intentionally secure performance
of such service, of the value of at least \$750.00 but less than
\$20,000.00, by deception,

against the peace and dignity of the State.
JOHN VANCE

Criminal District Attorney of Dallas County, Texas.

Ed Carr
Foreman of the Grand Jury.



TEXAS STATE BOARD OF PHARMACY

Dr. J. D. Thompson, R.Ph.
Chairman

Dr. J. A. Koster, R.Ph.
President

Dr. J. B. White, R.Ph.
Secretary

Dr. J. A. Smith, Sr., R.Ph.
Treasurer

Dr. J. A. Smith, Jr., R.Ph.
Executive Director

Dr. J. A. Smith, R.Ph.
Member

Dr. J. A. Smith, R.Ph.
Member

Dr. J. A. Smith, R.Ph.
Member

Dr. J. A. Smith, R.Ph.
Member

Dr. J. A. Smith, R.Ph.
Member

April 7, 2011

PARAGON INFUSION SERVICES INC
C/O RICHARD M ALLEN RPH
CORPORATE PRESIDENT
17111 PRESTON ROAD SUITE 160
DALLAS TX 75248

RE: In the Matter of Paragon Infusion Services, Inc.

Dear Mr. Allen:

Enclosed is a copy of Agreed Board Order (ABO) #F-11-003 that was entered by the Texas State Board of Pharmacy (TSBP) concerning the above-referenced matter. TSBP entered this Order on March 29, 2011. The requirements and conditions of the enclosed Order and matters relating to the Order are discussed below.

PHARMACY LICENSE GRANTED

As a result of the entering of this Order, TSBP will grant a pharmacy license to Paragon Infusion Services, Inc., 4639 Corona Drive, Suite 26, Corpus Christi, Texas 78411, after successful completion of the requirements for licensure as set forth in the Texas Pharmacy Act, TEX. OCC. CODE ANN. Subtitle J (Vernon 2009) and the Texas Pharmacy Board Rules of Procedure, 22 TEX. ADMIN. CODE (2010).

ADMINISTRATIVE PENALTY (FINE)

Under the terms of this Order, Paragon Infusion Services, Inc. is fined an administrative penalty of \$1,000.00. This administrative penalty is due on or before June 27, 2011. Please make your check or money order payable to the "Texas State Board of Pharmacy" and submit to the TSBP office by the due date. Please include your ABO number (#F-11-003) on the check or money order. Note: TSBP will not accept partial payments. You must submit payment for the full amount by the due date.

Agreed Board Order #K-97-009
Richard Marvin Allen
Page 4

And it is so ORDERED.

SIGNED AND ENTERED ON THIS 10 day of Feb, 199 8

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST.

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Richard Marvin Allen, R.Ph.

General Counsel
Texas State Board of Pharmacy

Agreed Board Order #K-97-009
Richard Marvin Allen
Page 3

illegally prejudice the Board or any of its members from further participation or resolution of these proceedings.

Richard Marvin Allen agrees to the entry of an Order disposing of the need for further disciplinary action in this matter and further agrees that pharmacist license number 18743 held by Richard Marvin Allen be suspended for a period of one (1) year to commence 30 days after the entry of this Order. It was further agreed that such suspension be probated under the condition that Richard Marvin Allen abide by and obey Federal Laws and Laws of the State of Texas with respect to pharmacy, controlled substances, dangerous drugs and rules and regulations adopted pursuant to the above mentioned statutes, and the terms of this Order.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Texas State Board of Pharmacy does hereby ORDER that pharmacist license number 18743 held by Richard Marvin Allen be, and such license is, hereby suspended for a period of one (1) year to commence 30 days after the entry of this Order. It is further ORDERED that such suspension be probated under the condition that Richard Marvin Allen abide by and obey Federal Laws and Laws of the State of Texas with respect to pharmacy, controlled substances, dangerous drugs and rules and regulations adopted pursuant to the above mentioned statutes, and the terms of this Order.

AGREED BOARD ORDER #K-97-009

RE: IN THE MATTER OF BEFORE THE TEXAS STATE
 RICHARD MARVIN ALLEN BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy the matter of pharmacist license number 18743 issued to Richard Marvin Allen, 2217 Shari Lane, Garland, Texas 75043, DOB 06-19-47.

By letter dated October 27, 1997, the Texas State Board of Pharmacy gave preliminary notice to Richard Marvin Allen of its intent to take disciplinary action with respect to pharmacist license number 18743 held by Richard Marvin Allen as a result of information received by the board and a subsequent investigation which produced evidence indicating that Richard Marvin Allen may have violated Section 19(a), Section 24(h), and Section 26(a)(1), (2), (12), and (13) of the Texas Pharmacy Act, Tex. Rev. Civ. Stat. Ann. art. 4542a-1 (Vernon Supp. 1997); and Section 281.24(a)(13), Section 295.3(b), and Section 295.7(1), (2), and (3)(A) of the Texas Pharmacy Rules of Procedure, Tex. Admin. Code Ann. tit. 22 (1997), in that allegedly:

PREVIOUS HISTORY

On or about July 8, 1996, the Texas State Board of Pharmacy issued a Warning Letter to Richard Marvin Allen regarding his pharmacist license renewal application after the check submitted by Richard Marvin Allen to pay for his pharmacist license renewal fee was returned for insufficient funds. Because the pharmacist license renewal fee was not received by the Board, Richard Marvin Allen's pharmacist license was not renewed. The pharmacist license held by Richard Marvin Allen expired on June 30, 1996. In the Warning Letter, the Board notified Richard Marvin Allen that engaging in the practice of pharmacy with a delinquent license was a violation of the Texas Pharmacy Act and constituted grounds for disciplinary action. Richard Marvin Allen was instructed

Agreed Board Order #K-97-009

Richard Marvin Allen

Page 2

that he needed to pay the pharmacist license renewal fee and delinquent penalty by July 29, 1996 in order to renew his license. Richard Marvin Allen failed to respond by that date. On or about August 21, 1996, Richard Marvin Allen renewed his pharmacist license by submitting the required renewal fee and delinquent penalty to the Texas State Board of Pharmacy.

COUNT

On or about July 1, 1996 through on or about July 21, 1996, Richard Marvin Allen, while acting as an employee (staff pharmacist) at Rockwell Drug, 407 D South Goliad, Rockwall, Texas 75087, was unlawfully engaged in the practice of pharmacy with a delinquent license. On or about August 30, 1997, a compliance officer for the Texas State Board of Pharmacy conducted an inspection of Rockwell Drug and found that Richard Marvin Allen had practiced pharmacy with a delinquent license at Rockwell Drug from July 1, 1996 through July 21, 1996. On or about August 21, 1996, Richard Marvin Allen renewed his pharmacist license.

By letter dated October 27, 1997, Richard Marvin Allen was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal Administrative Hearing. By his signature on this Order, Richard Marvin Allen neither admits nor denies the truth of the matters previously set out in this Order, agrees that the Texas State Board of Pharmacy has jurisdiction in this matter and waives his right to informal conference, to Notice of Hearing, to a formal Administrative Hearing, and to judicial review of this Order.

Richard Marvin Allen understands that any failure to comply with the terms of this Order is a basis for discipline under the Texas Pharmacy Act.

Should this Order not be accepted by the Board, it is agreed that presentation to and consideration of this Order by the Board shall not unfairly or

Paragon Infusion Services, Inc.
April 7, 2011
Page 2

LICENSE RENEWAL APPLICATIONS

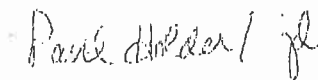
Upon licensure, and prior to the subsequent expiration date of the pharmacy license to be issued to Paragon Infusion Services, Inc., the pharmacy will receive a license renewal application to complete and to return to the Texas State Board of Pharmacy. This application will require a pharmacy representative to answer the question:

"Has the PHARMACY, THE PHARMACY'S owner or any officer or partner (if the pharmacy is owned by a corporation or partnership) been the subject of any professional disciplinary action or are any such actions pending against you by a regulatory authority within the last 36 months?..."

As a result of the entry of ABO #F-11-008, Paragon Infusion Services, Inc. must answer "yes" to this question for 36 months from the date of the termination of all sanctions. Consequently, a Paragon Infusion Services, Inc. representative must answer "yes" to this question on any renewal applications submitted beginning March 20, 2011, and ending June 27, 2014.

If you have any questions about this Order, please contact me at 512-305-8029

Sincerely,



E. Paul Holder, R.Ph., MSc, Pharm.D.
Assistant Director of Enforcement

PH.nt

Enclosure: Agreed Board Order #F-11-008

c: Paragon Infusion Services, Inc.
c/o Cuong A. Nguyen, R.Ph.
Pharmacist-In-Charge
4638 Corona Drive, Suite 20
Corpus Christi Tx 78411

Misty Whitcomb
TSBP Licensing Specialist

RE. IN THE MATTER OF PARAGON INFUSION SERVICES, INC.
(APPLICANT FOR PHARMACY LICENSE)

On this day came on to be considered by the Texas State Board of Pharmacy the matter of the pharmacy license application submitted by Paragon Infusion Services, Inc., 4539 Corona Drive, Suite 26, Corpus Christi, Texas 78411.

By letter dated March 11, 2011, the Texas State Board of Pharmacy gave preliminary notice to Paragon Infusion Services, Inc. of its intent to consider denial of the pharmacy license application. This action was taken as a result of information received by the Board which produced evidence indicating that Paragon Infusion Services, Inc. may have violated:

Section 565.002(a)(3) and (16) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Subtitle J (2009); and

Section 281.8(c) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2010), in that, allegedly;

COUNT

On or about September 14, 2010, Paragon Infusion Services, Inc. submitted a fraudulent application for Texas pharmacy licensure to the Texas State Board of Pharmacy. On the original application, it was falsely indicated that no corporate officers had been arrested for any criminal offense, when Richard Marvin Allen, corporate president of Paragon Infusion Services, Inc., had been arrested for the felony offense of Theft of Service, for which he was indicted in 1991. On or about December 20, 2010, Paragon Infusion Services, Inc. submitted a second application, which disclosed Mr. Allen's arrest on Theft of Service.

By letter dated March 11, 2011, Paragon Infusion Services, Inc. was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal Administrative Hearing. By his signature on this Order, Richard M. Allen, Corporate President of Paragon Infusion Services, Inc., neither admits nor denies the truth of the matters previously set out in this Order, agrees that the Texas

*Agreed Board Order HF-11-008
Paragon Infusion Services, Inc.
Page 2*

State Board of Pharmacy has jurisdiction in this matter and waives the right to informal conference, to notice of hearing, to a formal administrative hearing, and to judicial review of this Order.

Richard M. Allen understands that any failure to comply with the terms of this Order is a basis for discipline under the Texas Pharmacy Act.

Should this Order not be accepted by the Board, it is agreed that neither the presentation of the Order to the Board nor the Board's consideration of the Order, will be deemed to have unfairly or illegally prejudiced the Board or its individual members and, therefore, will not be grounds for precluding the Board or any individual member of the Board from further participation in proceedings related to the matters set forth in the Order.

Richard M. Allen agrees to the entry of an Order disposing with the need for further disciplinary action in this matter and agrees to comply with the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Texas State Board of Pharmacy does hereby ORDER that Paragon Infusion Services, Inc. (hereinafter referred to as "Applicant") shall be granted a Texas Pharmacy License after it successfully completes the requirements for licensure as set forth in the Texas Pharmacy Act, TEX. OCC. CODE ANN. Subtitle J (2009) and the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2011).

It is further ORDERED that Applicant shall pay an administrative penalty of one thousand dollars (\$1,000.00) due ninety (90) days after the entry of this Order.

It is further ORDERED that Applicant shall allow the staff of the Texas State Board of Pharmacy, Enforcement Division, to directly contact Applicant on any matter regarding the enforcement of this Order.

*Agreed Board Order HF-11-008
Paragon Infusion Services, Inc.
Page 3*

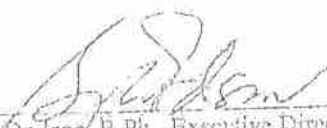
It is finally ORDERED that failure to comply with any of the terms and conditions in this Order constitutes a violation and shall be grounds for further disciplinary action against the Texas pharmacy license held by Applicant.

Agreea Board Order 11-11-008
Paragon Infusion Services, Inc.
Page 4

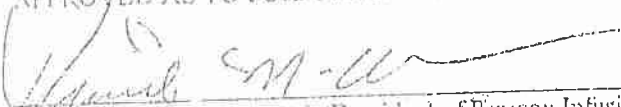
And it is so Ordered

THIS ORDER IS A PUBLIC RECORD.

Signed and entered by the Executive Director on behalf of the Texas State Board of Pharmacy on
this 29th day of March 2011


Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:


Richard M. Allen, Corporate President of Paragon Infusion Services, Inc.

APPROVED AS TO FORM:


Kerstin E. Knight, General Counsel
Texas State Board of Pharmacy