

# 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 03251**)  
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: Elwyn Specialty Care

Physical Address: 3070 McCann Farm Drive, Suite 101

Mailing Address: 3070 McCann Farm Drive, Suite 101

City: Garnet Valley State: Pennsylvania Zip Code: 19060

Telephone: 610-545-6040 Fax: 610-545-6030

Toll Free Number: 855-359-9679 (Required per NAC 639.708)

E-mail: rachel@elwynspecialtycare.com Website: www.elwynspecialtycare.com

Managing Pharmacist: Sabine Enright License Number: RP445073

### TYPE OF PHARMACY **AND**

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

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Within the last five (5) years:

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

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

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

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

Joseph A. Ziegler

Print Name of Authorized Person

Date

8/24/17

Page 2

Board Use Only

Date Processed: \_\_\_\_\_

Amount: \$500.00

# APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

## OWNERSHIP IS A PARTNERSHIP

General \_\_\_\_\_

Limited ✓

Partnership Name: K & K Rx Services, L.P.

Mailing Address: 3070 McCann Farm Drive, Suite 101

City: Garnet Valley State: PA Zip Code: 19060

Telephone Number: 610-545-6040 Fax Number: 610-545-6030

Contact Person: Nicholas Karalis

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership  
Use separate sheet if necessary

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
<u>K &amp; K Rx Services GenPar, L.L.C.</u>	<u>G</u>	<u>1%</u>
<u>Elwyn Pharmacy Group, L.L.C.</u>	<u>L</u>	<u>99%</u>

List names of 4 largest partners and percentage of ownership:

Name: K & K Rx Services GenPar, L.L.C. %: 1%

Name: Elwyn Pharmacy Group, L.L.C. %: 99%

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

List any physician shareholders and percentage of ownership.

Name: N/A %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

## Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 8:00 pm

Saturday 9:00 am 5:00 pm

Sunday 9:00 am 2:00 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

Commonwealth of Pennsylvania  
 Department of State  
 Bureau of Professional and Occupational Affairs  
 PO Box 2649 Harrisburg PA 17105-2649

70257685

License Type

Pharmacy

License Status

Active

Initial License Date

04/15/2008

License Number

PP487819

Expiration Date

08/31/2017

ELWYN SPECIALTY CARE  
 SABINE ELIZABETH ENRIGHT  
 3070 MCCANN FARM DRIVE, SUITE 101  
 Garnet Valley PA 19060

Commissioner of Professional and Occupational Affairs

*Sabine Enright*  
 Signature

**Elwyn PHARMACY GROUP**  
ELWYN . ELWYN . MED CENTER . GLEN ROCK  
PHARMACY . SPECIALTY CARE . SPECIALTY PHARMACY . MEDICAL PHARMACY

September 1, 2017

**VIA FEDERAL EXPRESS**

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

Re: K & K Rx Services, L.P. dba Elwyn Specialty Care  
Garnet Valley, Pennsylvania  
Out-of-State Pharmacy License #PH03215

To Whom It May Concern:

On July 24, 2017, a Securities Purchase Agreement was entered into by and among several parties wherein BioMatrix Specialty Pharmacy, LLC, through its wholly-owned subsidiary, Elwyn Pharmacy Group, L.L.C., will indirectly acquire 100% of the equity interests of K & K Rx Services, L.P. ("K&K"). Once the transaction is consummated, K & K Rx Services GenPar, L.L.C. ("K&K GenPar") and Elwyn Pharmacy Group, L.L.C. will be the owning partners of K&K, with K&K GenPar as the General Partner. The contemplated transaction is expected to close on or around September 22, 2017. A chart depicting the post-closing ownership structure is attached.

A completed Application for Out-of-State Pharmacy License – Ownership Change is enclosed along with the required fee and attachments.

**We will notify you of the exact effective date once the transaction has closed.**

Should you have any questions or require additional information, please contact me at 801-942-2968 or via email at [rhansen@rchconsult.com](mailto:rhansen@rchconsult.com).

Respectfully,



Robyn C. Hansen  
Regulatory Compliance

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**The Elwyn Pharmacy Group is comprised of:**

Elwyn Specialty Care & Elwyn Pharmacy are divisions of K&K Rx Services, LP

Med Center Specialty Pharmacy is a division of CMC Pharmacy, LLC

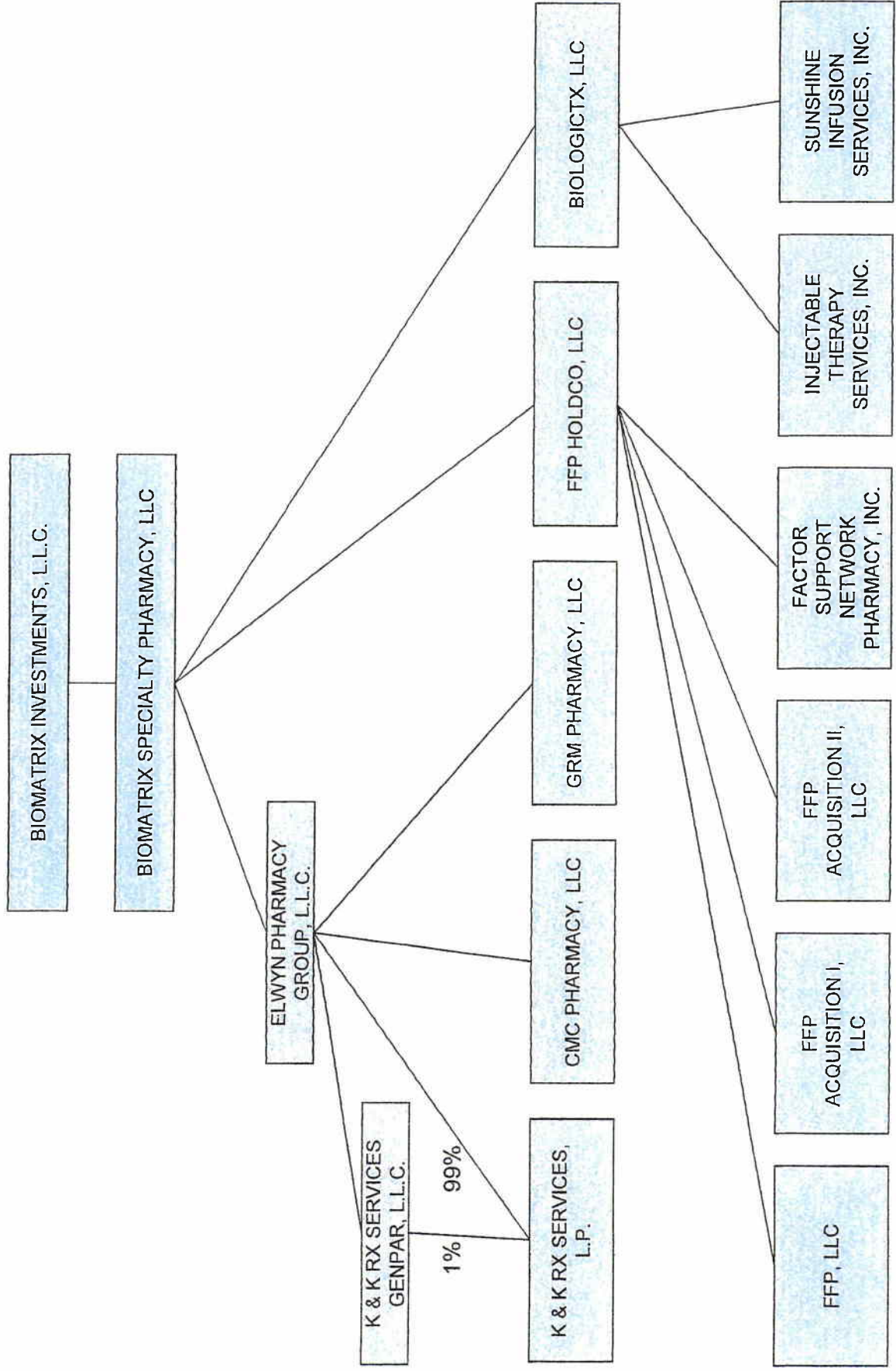
Glen Rock Medical Pharmacy is a division of GRM Pharmacy, LLC

3070 McCann Farm Drive, Suite 101, Garnet Valley, PA 19060-2131

Phone (610) 545-6040 Fax (610) 545-6033



**BIOMATRIX OWNERSHIP STRUCTURE**  
**(post Elwyn Pharmacy Group acquisition)**



# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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

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

Pharmacy Name: Triad Rx, Inc.  
Physical Address: 26258 Pollard Rd, Daphne, AL 36526  
Mailing Address: PO Box 1530  
City: Daphne State: AL Zip Code: 36526  
Telephone: 251-380-7630 Fax: 251-621-9914  
Toll Free Number: 855-288-0134 (Required per NAC 639.708)  
E-mail: rob@triadrx.com Website: www.triadrx.com  
Managing Pharmacist: Robert K. Roberts III License Number: 12683

### TYPE OF PHARMACY

AND

### SERVICES PROVIDED

Yes/No

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

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: \_\_\_\_\_

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## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

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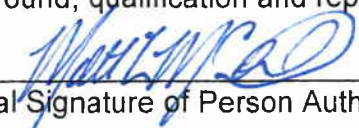
Within the last five (5) years:

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

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

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

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

MATT L. McDONALD  
Print Name of Authorized Person

6/28/17  
Date

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: Alabama  
Parent Company if any: None  
Mailing Address: PO Box 1530  
City: Daphne State: AL Zip: 36526  
Telephone: 251-380-7630 Fax: 251-621-9914  
Contact Person: Robert R. Roberts III

For any corporation non publicly traded, disclose the following:

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

a) Matthew L. McDonald Old County Rd, Daphne, AL 36526  
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? \$1.00

4) What date did the corporation actually receive the cash assets? 2-8-12

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 8:30 am 5:00 pm

Saturday closed am closed pm

Sunday closed am closed 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: Matthew L. McDonald

Business Name: Triad Rx, Inc.

Current Business Address: 26258 Pollard Rd.

City: Daphne State: AL Zip Code: 36526

Telephone: 257-380-7630 Fax: 257-621-9914

List any physician shareholders and percentage of ownership.

Name: N/A %: \_\_\_\_\_  
Name: N/A %: \_\_\_\_\_  
Name: N/A %: \_\_\_\_\_  
Name: N/A %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday 8:30 am 5:00 pm

Saturday closed am closed pm

Sunday closed am closed 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  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, MATTHEW L. McDONALD

Responsible Person of TRIAD RX, 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.

MATTHEW L. McDONALD

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

MATT L. McDONALD

Print Name of Authorized Person

6/28/17

Date



26258 Pollard Rd  
Daphne, AL 36526  
251-380-7630

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

**RE: Triad Rx, Inc. – License/Permit No. PH02913  
Notice of Stock Sale**

Dear Sir or Madam:

Please be advised that, effective May 26, 2017, Bradley A. Vinke resigned as Vice President of Triad Rx, Inc. ("Triad") and transferred all of his ownership interest (exactly 50% of Triad's stock shares) to Triad's President and only other stockholder, Matthew L. McDonald, who now serves as Triad's sole officer and 100% owner. Mr. Vinke will no longer be affiliated with Triad in any way.

This was a stock sale, so (i) no new owners have been added; (ii) no merger has taken place; (iii) no change has occurred relative to the pharmacists responsible for Triad's operations (Mr. Vinke is not a pharmacist); and (iv) the pharmacy will continue to be owned and operated by the same entity (with the same FEIN) and personnel as before, and in the same location.

Please be advised our Home state Board of Pharmacy, Alabama, did not change our permit number. All remains the same with our Home State Board.

If you have questions or concerns, or need additional information, please do not hesitate to email me at [rob@triadrx.com](mailto:rob@triadrx.com) or call my direct line at 251-380-7643.

Sincerely,

Triad Rx, Inc.





Triad Rx, Inc. (Corporation) Officers

Matt McDonald 100%  
President  
Home Address/Phone#:  
Old County Road  
Daphne, AL 36526

Work Address/Phone#:  
26258 Pollard Rd  
Daphne, AL 36526  
251-380-7630  
[matt@triadrx.com](mailto:matt@triadrx.com)  
447845102  
DOB: 10-24-74

# Alabama State Board of Pharmacy



## 2018

*This is to Certify*

**TRIAD RX INC.**  
28258 POLLARD ROAD  
DAPHNE, AL 36526

*Permit No.*  
**113869**

*Supervising Pharmacist*  
**ROBERT REYBURN ROBERTS**  
**12683**

*Is duly licensed as a*

**Pharmacy / Parenteral**

IN CONFORMITY WITH THE PROVISIONS OF ACT #205, GENERAL ACTS OF ALABAMA, 1966 SPECIAL SESSION, AND RULES AND REGULATIONS OF THE BOARD, THIS CERTIFICATE EXPIRES ON THE LAST DAY OF **December 2018** AND MUST BE CONSPICUOUSLY DISPLAYED.

*Alabama State Board of Pharmacy*

This is Your Receipt For Fee Paid As Required By Law  
**THIS PERMIT IS NOT TRANSFERABLE**

*Susan F. Alonson*

Secretary

Alabama State Board of Pharmacy  
111 Village Street  
Birmingham, AL 35242  
Phone 205-981-2280  
Fax 205-981-2330  
[www.albop.com](http://www.albop.com)

Complete application for changes of name,  
ownership, address or supervising pharmacist  
at our website:  
**[www.albop.com](http://www.albop.com)**

## CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE ALABAMA STATE BOARD OF PHARMACY

## 2018

The Controlled Substances Act of 1971 reads in part as follows:  
Section 304. (Revocation and Suspension of Registration.)

- (a) A registration under Section 303 to manufacture, distribute, or dispense a controlled substance may be suspended or revoked by the Certifying Boards upon a finding that the registrant:
- (1) has furnished false or fraudulent material information in any application filed under this Act;
  - (2) has been convicted of a felony under any State or Federal law relating to any controlled substance; or
  - (3) has had his Federal registration suspended or revoked to manufacture, distribute, or dispense controlled substances.
- (4) Has violated the provisions Act 205, 1966 Special Session of Alabama Legislature (Title 46B 257 (a)-a32) Code of Alabama 1940 (Recomp. 1958)

CONTROLLED SUBSTANCES  
REGISTRATION NUMBER

**113869**

SCHEDULES

**II III IV V**

THIS REGISTRATION  
EXPIRES

**12/31/2018**

BUSINESS ACTIVITY

**Pharmacy / Parenteral**

FEE  
PAID

**\$300.00**

DATE ISSUED

**01/01/2017**

**TRIAD RX INC.**  
28258 POLLARD ROAD  
DAPHNE, AL 36526

**CERTIFICATE MUST BE PROMINENTLY DISPLAYED AT ALL TIMES**  
THIS REGISTRATION IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY

**This matter was rescheduled to the December 2017 Board Meeting at the applicants request.**

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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☒ 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: Challenge Care Pharmacy LLC DBA Vital Care of  
Physical Address: 1125 Cypress Station F-2 North Houston

Mailing Address: same

City: Houston State: TX Zip Code: 77090

Telephone: 832 487-9746 Fax: 832-487-9753

Toll Free Number: 877-740-4986 (Required per NAC 639.708)

E-mail: pharmacylicensing@gmail.com Website: www.vitalcareinc.com

Managing Pharmacist: Marvin Henry License Number: 42887

#### TYPE OF PHARMACY

AND

#### SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds \_\_\_\_\_)

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☒ ☐ Community

☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

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☐ ☒ Parenteral \*\*

☐ ☒ Parenteral (outpatient)

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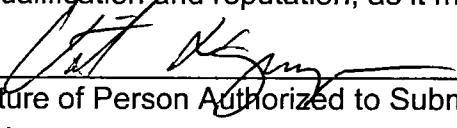
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Original Signature of Person Authorized to Submit Application, no copies or stamps

Viet Nguyen  
Print Name of Authorized Person

Date

8/8/17

Page 2

Board Use Only

Date Processed: \_\_\_\_\_

Amount: \$ 500.00

**Must be included with the application for a non 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

Viet Nguyen 99%

Nam Nguyen 1%

# APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

## OWNERSHIP IS A PARTNERSHIP

General \_\_\_\_\_

Limited ✓

Partnership Name: Challenge Care Pharmacy LLC

Mailing Address: 1125 Cypress Station F-2

City: Houston State: TX Zip Code: 77090

Telephone Number: 877-740-4986 Fax Number: \_\_\_\_\_

Contact Person: Mary McKinney 281-664-0084

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership  
Use separate sheet if necessary

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
<u>Viet Nguyen</u>	<u>L</u>	<u>99%</u>
<u>Nam Nguyen</u>	<u>L</u>	<u>1%</u>

List names of 4 largest partners and percentage of ownership:

Name: N/A %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

List any physician shareholders and percentage of ownership.

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Saturday by appt  
9 am 2 pm

Sunday \_\_\_\_\_ am \_\_\_\_\_ pm

24 Hours \_\_\_\_\_

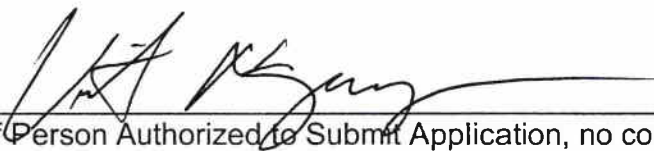
A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Viet Nguyen  
Responsible Person of Challenge Care 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

Viet Nguyen  
Print Name of Authorized Person

8/8/17  
Date



# TEXAS STATE BOARD OF PHARMACY

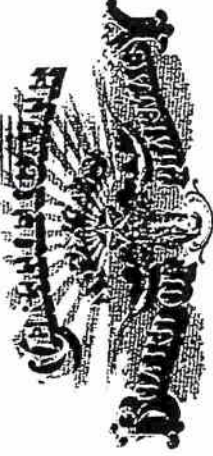
License No.  
42887

Expiration Date  
9/30/2018

**MARVIN CLEVELAND HENRY**  
**HENRY, MARVIN CLEVELAND**  
**REGISTERED PHARMACIST**



Gay Dodson, R.Ph.  
Executive Director/Secretary



This certifies that the pharmacy named below is hereby licensed to operate as a  
Class **AS** pharmacy.

License No. **26914**

Expiration Date: **5/31/2018**

Balances: 1

**VITAL CARE OF NORTH HOUSTON  
1125 CYPRESS STATION F-2  
HOUSTON TX 77090**



  
Gay Dodson, R.Ph.  
Executive Director/Secretary

**MUST BE DISPLAYED IN FULL PUBLIC VIEW**