NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

July 13-14, 2022

Zoom
https://zoom.us/j/5886256671
Meeting ID: 5886256671

Please do not remove the book from the meeting room.

Nevada State Board of Pharmacy

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E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

Date Posted: June 29, 2022

AMENDED AGENDA

◈ PUBLIC NOTICE ◈

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday July 13, 2022, at 9:00 am. The meeting will continue, Thursday, July 14, 2022, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

Hyatt Place
1790 E Plumb Lane
Reno, NV

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

Please Note:

In regulating the practice of pharmacy, the Nevada State Board of Pharmacy has a duty to carry out and enforce the provisions of Nevada law to protect the health, safety, and welfare of the public.

Please note that items on this agenda may be taken out of order, two or more agenda items may be combined for consideration, and/or items may be removed from the agenda or delayed for discussion at any time.

The Board may convene in closed session pursuant to NRS 241.030 to consider the character, alleged misconduct, professional competence or physical or mental health of any of person named on this agenda.

The Board will take public comment on any matters within their jurisdiction, control or advisory power. Public comments may be limited to three minutes person. Public comment may also be submitted to the Board at pharmacy@pharmacy.nv.gov.

The Board may refuse to consider public comment related to a contested case pursuant to NRS 233B.126 until the Board has rendered a decision in the contested case.

1. Call to Order and Roll Call – Establishment of Quorum

2. Public Comment: No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on a future agenda as an item. (NRS 241.020)

◈ CONSENT AGENDA ◈

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

3. Approval of the June 1-2, 2022, Meeting Minutes (**FOR POSSIBLE ACTION)**

4. 4.1 Applications for Out-of-State Medical, Devices, Equipment and Gases License (NAC 639.6944) – Non-appearance **(FOR POSSIBLE ACTION)**

   A. Anderson Medical Supplies, Inc. – Troy, MI
   B. Specialized Medical Services Inc. – New Berlin, WI
   C. United Medical Providers, Inc. – New Orleans, LA

   4.2 Applications for Out-of-State Wholesaler License (NRS 639.233) – Non-appearance (**FOR POSSIBLE ACTION**)

   Background Check Not Required by Law.

   4.2.1 Distributor for Single Manufacturer (NAC 639.593(7)(e))

   4.2.2 Manufacturer (NAC 639.593(7)(d))

   D. Alvogen, Inc. – Morristown, NJ
   E. Datascope Corp. – Fairfield, NJ
   F. Medical Purchasing Solutions, LLC – Scottsdale, AZ
   G. Meridian Medical Technologies, LLC – Saint Louis, MO
   H. Meridian Medical Technologies, LLC – Saint Louis, MO
   I. Viatris Specialty LLC – Greensboro, NC

   4.2.3 Publicly Traded (NAC 639.593(7)(a))

   J. Edwards Lifesciences LLC – Irvine, CA
   K. FedEx Supply Chain, Inc. – Saxonburg, PA
   L. McKesson Medical-Surgical Inc. – Shepherdsville, KY

   4.2.4 VAWD-Accredited (NAC 639.593(7)(c))

   4.2.5 Manufacturer and VAWD-Accredited (NAC 639.593(7)(c) and (d))

4.2.5 Publicly Traded and Manufacturer (NAC 639.593(7)(a) and (d))

M. ChemoCentryx, Inc. – San Carlos, CA
N. CVRx, Inc. – Brooklyn Park, MN
O. Dentsply Sirona Orthodontics Inc. – Sarasota, FL
P. Elite Laboratories, Inc. – Northvale, NJ
Q. International Isotopes Inc. – Idaho Falls, ID
R. LifeCell Corporation – Branchburg, NJ
S. Mirati Therapeutics, Inc. – San Diego, CA
T. PhaseBio Pharmaceuticals, Inc. – Malvern, PA

4.2.6 Publicly Traded and VAWD-Accredited (NAC 639.593(7)(a) and (c))

4.2.7 Background checks completed in compliance with NRS 639.500.

U. HCP Concierge LLC – King of Prussia, PA
V. Omega Pharmacy – Urbandale, IA
W. PMW, Inc. – West Valley City, UT
X. TrillaMed LLC – Bingham Farms, MI

4.3 Application for Nevada Pharmacy License (NRS 639.230) – Non-appearance **(FOR POSSIBLE ACTION)**

Y. ER at Spanish Springs, an Extension of Northern Nevada Medical Center – Sparks, NV
Z. Sahara Pharmacy – Las Vegas, NV

4.4 Application for Nevada Compounding Pharmacy License (NRS 639.230) – Non-appearance **(FOR POSSIBLE ACTION)**

4.5 Application for Out-of-State Pharmacy License (NRS 639.2328) – Non-appearance **(FOR POSSIBLE ACTION)**

AA. Ascension Rx 1303 – Farmington Hills, MI
BB. Edgepark Medical Supplies; Cardinal Health at Home – Twinsburg, OH
CC. vitaCare Prescription Services, Inc. – Boca Raton, FL

4.6 Application for Out-of-State Compounding Pharmacy License (NRS 639.230) – Non-appearance – **(FOR POSSIBLE ACTION)**

DD. Always Rx Pharmacy Inc. – Los Angeles, CA
EE. Complete Care Pharmacy – Folsom, CA

4.7 Applications for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6942) – Non-appearance (**FOR POSSIBLE ACTION**)

◈ REGULAR AGENDA ◈

5. Disciplinary hearings pursuant to NRS 639.247. (**FOR POSSIBLE ACTION**)

A. Thai, Quang, RPH	(21-165-RPH-N)
B. Wrye, Scott, MD	(21-174-PD-N)
C. Nelson, Kaylee, PA	(20-235-CS-N)
D. Stucky, Ashley, DVM	(22-013-CS-N)
E. Martinez, Abigail, PTT	(22-079-PT-N)
F. Vitalcare Health Services	(21-210-MDEG-N)
G. 3M Medical Solutions	(21-211-MDEG-N)
H. 3M Medical Solutions	(21-228-MDEG-N)
I. Pulmonary Solutions LLC	(21-212-MDEG-N)
J. Torch, William, MD	(21-227-CS-N)
K. HRX Pharmacy LLC	(22-018-PH-O)
L. William Clark, DO	(21-048-CS-N)
M. Norco, Inc.	(21-176-MP-N)
N. Nathan Dahl, RPH	(20-170-RPH-N)
O. Ronald Smith, MD	(20-212-CS-S)
P. Sherman Washington, MD	(21-104-CS-N)
Q. Morton Hyson, MD	(22-146-CS-S)

6. Appeal hearing pursuant to NRS 639.2895(2) -Appearance:(**FOR POSSIBLE ACTION**)

A. Randy Lee, RPH	(21-154-N)
B. Laurie Weirton	(22-059-N)

7. Motion to Vacate Order of Default – Appearance (**FOR POSSIBLE ACTION)**

Rajkamal Hansra, MD (21-217-CS-S)

8. Application for Nevada Compounding Pharmacy License (NRS 639.230) – Appearance **(FOR POSSIBLE ACTION)**

   A. Henderson Specialty Pharmacy LLC – Henderson, NV
   B. The Medicine Shoppe LTC Pharmacy – Las Vegas, NV

9. Applications for Out-of-State Pharmacy License (NRS 639.2328) – Appearance (**FOR POSSIBLE ACTION**)

UpScript Pharmacy, LLC – Sandy, UT

10. Application for Out-of-State Compounding Pharmacy License (NRS 639.230) – Appearance – **(FOR POSSIBLE ACTION)**

A. ACA Pharmacy, LLC – Nashville, TN
B. Curexa – Egg Harbor Township, NJ
C. InfuCare Rx, LLC – Aston, PA
D. IgG of America, Inc. – Linthicum Heights, MD
E. Integrity Compounding Pharmacy – Sandy Springs, Ga
F. Mid Valley Health Services – Ceres, CA
G. Optum Infusion Services 550, LLC – Carlsbad, CA
H. Optum Infusion Services 550, LLC – Cincinnati, OH
I. Wickliffe Veterinary Pharmacy – Lexington, KY

11. Applications for Out-of-State Wholesaler License (NRS 639.233) – Appearance (**FOR POSSIBLE ACTION**)

    A. Protega Pharmaceuticals, LLC – Princeton, NJ – Background Check completed in compliance with NRS 639.500.

12. Application for Ambulatory Surgery Center License (NAC 639.4992) - Appearance **(FOR POSSIBLE ACTION)**

    Fort Apache Surgery Center, LLC – Las Vegas, NV

13. Applications for Controlled Substance Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**

    A. Michael Kaplan
    B. Sherman Washington - Iuventus Medical Center – Las Vegas, NV
    C. Sherman Washington - Iuventus Medical Center – Las Vegas, NV

14. Request to Engage in the Practice of Pharmacy at a Site Other than a Licensed Pharmacy – Appearance **(FOR POSSIBLE ACTION)**

    A. Patricia Dieso
    B. Rachael Moliver
    C. Finnella Morgan

15. Election of President and Treasurer pursuant to NRS 639.040.

16. General Counsel Report. Note: The Board may exclude the public for a report on potential or existing litigation pursuant to NRS 241.015(3)(b)(2).

17. Executive Secretary Report:

    A. Financial Report
    B. Issuance of Temporary Licenses and Registrations
    C. Change of Address Business List
    D. Meetings with Other Health Care Regulatory Boards
    E. COVID-19 Response

F. Licensing Software Update
G. Licensing Activities Report
H. PMP Integration
I. Citations & Fines issued pursuant to NRS 632.2895

◈ WORKSHOP ◈

Thursday July 14, 2022 – 9:00 am

18. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2) **(FOR POSSIBLE ACTION):**

A. **Amendment to Nevada Administrative Code (NAC) 639**. The proposed amendments change dispensing requirements for practitioners working in a reproductive healthcare center, when the practitioner is dispensing a drug for contraception or its therapeutic equivalent, or an antibiotic drug for the treatment of a sexually transmitted disease. The changes authorize practitioners working in reproductive healthcare center to maintain a single inventory of dangerous drugs and utilize an automated dispensing device located at the practice site to dispense reproductive health medications to their patients. Furthermore, the changes will allow dispensing technicians in training at all practice sites to be supervised by more than one dispensing practitioner under one registration.

B. **Amendment to Nevada Administrative Code (453).** The proposed amendment to NAC 453.540 will add daridorexant to the controlled substances listed in Schedule IV.

◈ PUBLIC HEARING ◈

Thursday July 14, 2022 – 9:00 am

19. Notice of Proposed Regulation Public Hearing Pursuant to NRS 233B.061(2) **(FOR POSSIBLE ACTION):**

A. **Amendment to Nevada Administrative Code (NAC) 639.** The proposed amendments will require the holder of any certificate, license or permit issued by the State Board of Pharmacy to report certain convictions and administrative actions to the Board. (LCB File R051-22)

B. **Amendment of Nevada Administrative Code (NAC 639).** Establishes languages in which certain pharmacies are required to provide the directions for use of a prescription drug to certain patients. (LCB File R119-21)

20. Date and Location of Next Scheduled Board Meeting:

September 7-8, 2022 – Las Vegas, NV

21. Public Comment: No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on a future agenda as an item. (NRS 241.020)

22. Adjournment

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Nevada State Board of Pharmacy, 985 Damonte Ranch Parkway, Suite 206, Reno, NV, 89521, or call Kristopher Mangosing at (775) 850-1440, as soon as possible.

Supporting materials or additional information regarding the meeting may be obtained from Shirley Hunting at (775) 850-1440, email shunting@pharmacy.nv.gov or 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521.

Continuing Education credit will be given for in person attendance at this Board meeting pursuant to NAC 639.330(1)(b)(2).

This notice has been posted at www.notice.nv.gov and www.bop.nv.gov pursuant to NRS 241.020 (4).

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MINUTES

June 1-2, 2022

BOARD MEETING

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday June 1, 2022, at 9:00 am. The meeting will continue, Thursday, June 2, 2022, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or in person at the following location:

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

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

Board Members Present:

Helen Park	Jade Jacobo	Krystal Freitas	Gener Tejero
Wayne Mitchell	Rolf Zakariassen	Richard Tomasso	

Board Staff Present:

Dave Wuest	Yenh Long	Shirley Hunting	Kristopher Mangosing
Brett Kandt	Peter Keegan	Darlene Nases	Courtney Lee
Leo Basch	Ken Scheuber	Luis Curras	Dena McClish
Sophia Long	Kiran Bains	Monica Segedy	

President Park read the mission statement of the Nevada State Board of Pharmacy to reiterate the Board's duty to carry out and enforce the provisions of Nevada Law to protect the health, safety, and welfare of the public.

Dave Wuest stated that this Board Meeting is being held over Zoom and is in compliance with the Governor's directive and Open Meeting Laws for Nevada.

1. Call to Order and Roll Call – Establishment of Quorum

President Park performed the roll call. All Board members were present and a quorum was established.

2. Public Comment June 1, 2022, 9:00 AM

There was no public comment.

◈ CONSENT AGENDA ◈

3. Approval of the April 13-14, 2022, Meeting Minutes (**FOR POSSIBLE ACTION**)

Rolf Zakariassen stated that his vote for John Howse's motion needs to be changed to "Aye".

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve April 13-14, 2022 Board Meeting minutes with proposed changes.

Second: Jade Jacobo

Action: Passed unanimously.

4. 4.1 Applications for Out-of-State Medical, Devices, Equipment and Gases License (NAC 639.6944) – Non-appearance **(FOR POSSIBLE ACTION)**

4.2 Applications for Out-of-State Wholesaler License (NRS 639.233) – Non-appearance (**FOR POSSIBLE ACTION**)

Background Check Not Required by Law.

4.2.1 Distributor for Single Manufacturer (NAC 639.593(7)(e))

4.2.2 Manufacturer (NAC 639.593(7)(d))

A. Arthrex, Inc. – Fort Myers, FL
B. Banner Life Sciences, LLC – High Point, NC
C. Casper Pharma LLC – East Brunswick, NJ
D. Dash Pharmaceuticals LLC – Upper Saddle River, NJ
E. Kaleo, Inc. – Richmond, VA
F. MYCO Medical Supplies, Inc. – Apex, NC
G. Myonex Inc. – Horsham, PA
H. OrthogenRx, Inc – Doylestown, PA

I. Pharma Source Direct, Inc. – Englewood, CO
J. ProVen Pharmaceuticals, LLC – Plymouth Meeting, PA
K. Rising Pharmaceuticals – Somerset, NJ
L. The Hibbert Group – Aurora, CO

4.2.3 Publicly Traded (NAC 639.593(7)(a))

M. Abbott Laboratories, Inc. – Irving, TX
N. Abbott Laboratories, Inc. – Irving, TX
O. Abbott Laboratories, Inc. – North Chicago, IL
P. Abbott Laboratories, Inc. – Plano, TX
Q. Abbott Laboratories, Inc. – Roseville, MN
R. Abbott Laboratories, Inc. – Sylmar, CA
S. Abbott Laboratories, Inc. – Temecula, CA
T. Abbott Rapid Dx North America, LLC – Freehold, NJ
U. Abbott Rapid Dx North America, LLC – San Diego, CA
V. Amylyx Pharmaceuticals, Inc. – Cambridge, MA
W. ANDA #28 – Grand Island, NY
X. Cardinal Health at Home – Portland, OR
Y. Edgepark Medical Supplies; Cardinal Health at Home – Cranbury, NJ
Z. Edgepark Medical Supplies; Cardinal Health at Home – Durham, NC
AA. Edgepark Medical Supplies; Cardinal Health at Home – Fort Worth, TX
BB. Edgepark Medical Supplies; Cardinal Health at Home – Jacksonville, FL
CC. Edgepark Medical Supplies; Cardinal Health at Home – Ontario, CA

4.2.4 VAWD-Accredited (NAC 639.593(7)(c))

DD. Kowa Pharmaceuticals America, Inc. – Montgomery, AL
EE. Medline Industries, LP – Grayslake, IL
FF. Medline Industries, LP – Rialto, CA
GG. Medline Industries, LP – Salt Lake City, UT
HH. Medline Industries, LP – Southaven, MS

4.2.5 Manufacturer and VAWD-Accredited (NAC 639.593(7)(c) and (d))

II. L. Perrigo Company – Allegan, MI
JJ. QPharma, Inc. – Cedar Knolls, NJ

4.2.6 Publicly Traded and Manufacturer (NAC 639.593(7)(a) and (d))

KK. Abbott Molecular, Inc. – Des Plaines, IL
LL. Abbott Molecular, Inc. – Elk Grove Village, IL
MM. Alere San Diego Inc. – Pomona, CA
NN. Axsome Therapeutics, Inc. – Bridgewater, NJ
OO. La Jolla Pharmaceutical Company – Waltham, MA

PP. Linde Gas & Equipment Inc. – Santa Ana, CA
QQ. PROCEPT BioRobotics Corporation – Redwood Shores, CA
RR. Tulsa Dental Products LLC – Johnson City, TN

4.2.6 Publicly Traded and VAWD-Accredited (NAC 639.593(7)(a) and (c))

SS. Edgepark Medical Supplies; Cardinal Health at Home – Elgin, IL
TT. Edgepark Medical Supplies; Cardinal Health at Home – Twinsburg, OH

4.2.7 Background checks completed in compliance with NRS 639.500.

UU. ASD Specialty Healthcare, LLC – Montclair, CA
VV. HemaSource, Inc. – Dallas, TX

4.3 Applications for Nevada Wholesaler License (NRS 639.233) – Non-appearance (**FOR POSSIBLE ACTION**)

4.3.1 Manufacturer (NAC 639.593(7)(d))

4.4 Application for Nevada Pharmacy License (NRS 639.230) – Non-appearance **(FOR POSSIBLE ACTION)**

4.5 Application for Nevada Compounding Pharmacy License (NRS 639.230) – Non-appearance **(FOR POSSIBLE ACTION)**

WW. Henderson Pharmacy LLC – Henderson, NV

4.6 Application for Out-of-State Pharmacy License (NRS 639.2328) – Non-appearance **(FOR POSSIBLE ACTION)**

XX. Avita Pharmacy 1025 – Brea, CA
YY. Covetrus North America, LLC – Fort Worth, TX
ZZ. Covetrus North America, LLC – Houston, TX
AAA. Golden Gate Pharmacy Services, Inc. – Novato, CA
BBB. Roman Health Pharmacy LLC – Englewood, CO
CCC. Roman Health Pharmacy LLC – Long Island City, NY
DDD. Santa Rose Pharmacy – Santa Rosa Beach, FL
EEE. Synergen Rx, LLC – Doraville, GA
FFF. Trinity Health Pharmacy Services – Fort Wayne, IN

4.7 Application for Out-of-State Compounding Pharmacy License (NRS 639.230) – Non-appearance – **(FOR POSSIBLE ACTION)**

GGG. Curexa – Egg Harbor Township, NJ
HHH. F&M Specialty Pharmacy – Flowood, MS

III. Kaizen Compounding Pharmacy – Redding, CA
JJJ. Spectrum Solutions Rx, LLC

4.8 Applications for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6942) – Non-appearance (**FOR POSSIBLE ACTION**)

4.9 Application for Ambulatory Surgery Center License (NAC 639.4992) - Non-appearance **(FOR POSSIBLE ACTION)**

KKK. Box Canyon Surgery Center LLC – Las Vegas, NV
LLL. Coronado Surgical Recovery Suites – Henderson, NV

President Park removed 4GGG from the Consent Agenda due to information provided on their disclosures.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve Consent Agenda items except 4GGG.

Second: Rolf Zakariassen

Action: Passed unanimously.

◈ REGULAR AGENDA ◈

5. Disciplinary hearings pursuant to NRS 639.247. (**FOR POSSIBLE ACTION**)

A. Jahnavi Rao, DDS (21-226-CS-S)

This matter was continued to a future Board meeting.

B. Alan D. Marvin, MD (21-222-CS-S)

Alan Marvin appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan, General Counsel for the Nevada Board of Pharmacy, prosecuted the case regarding Dr. Marvin prescribing controlled substances on an expired controlled substance license.

Mr. Keegan presented a proposed Stipulation and Order for the Board's consideration.

Dr. Marvin provided a statement to the Board.

President Park questioned Dr. Marvin on if he plans to renew his controlled substance license which he replied he does not intend to.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Stipulation and Order as presented by Mr. Keegan.

Second: Wayne Mitchell

Action: Passed unanimously.

C. Ann Kershnar, MD (21-220-CS-S)

Ann Kershnar appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan prosecuted the case regarding Dr. Kershnar prescribing controlled substances on an expired controlled substance license.

Ms. Kershnar provided testimony and exhibits for the Board's review.

Mr. Keegan clarified that information needs to be redacted.

The Board tabled the agenda item so they could appropriately redact exhibits.

D. Kord T. Strebel, MD (19-053-CS-S)
E. Thomas Strebel, RPH (19-053-RPH-S)

Kord Strebel and Thomas Strebel appeared and were sworn in by President Park prior to answering questions and offering testimony.

Joshua Dickey appeared as counsel on behalf of Kord Strebel.

David Merrill appeared as counsel on behalf of Thomas Strebel.

Brett Kandt prosecuted the case and made an opening statement on the charges that Dr. Strebel and Pharmacist Strebel violated Nevada Law in in the course of operating Nevada Obstetrical Charity Clinic.

Mr. Kandt presented a Stipulation and Order for the Board's consideration.

Mr. Kandt, Mr. Dickey, Mr. Merrill and the respondents confirmed that respondents no longer want to maintain a dispensing practice.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order for Dr. Kord Strebel and Thomas Strebel.

Second: Krystal Freitas

Action: Passed unanimously.

F.	Order to Show Cause: Rosa A. Bellota-Rojas, MD	(18-103-CS-A-S)
G.	Order to Show Cause: Anuranjan Bist, MD	(18-103-CS-B-S)
H.	Rosa A. Bellota Rojas, MD	(21-205-A-CS-S)
I.	Anuranjan Bist, MD	(21-205-B-CS-S)
J.	Jeffrey Brown, PA	(21-205-C-CS-S)

Rosa Bellota-Rojas, Anuranjan Bist, and Jeffrey Brown appeared and were sworn in by President Park prior to answering questions and offering testimony.

Crane Pomerantz appeared as counsel on behalf of Dr. Bellota-Rojas, Dr. Bist, and Mr. Brown.

Courtney Lee, General Counsel for the Nevada Board of Pharmacy, prosecuted the case 18-103-S an Order to Show cause for Dr. Bellota-Rojas and Dr. Bist and case 21-205-S regarding Mr. Brown prescribing controlled substance medications to patients without establishing a bona fide therapeutic relationship and Dr. Bellota-Rojas and Dr. Bist for the prescribing or supervising the prescribers of the controlled substance medication.

Ms. Lee provided a proposed Stipulation and Order for the Board's consideration.

Mr. Pomerantz wanted to clarify an extension of probation for the Order to Show in case 18-103-S for an additional 12 months.

Mr. Pomerantz provided his closing statement.

The Board questioned respondents on the events that occurred and what changes have been implemented since this issue.

Mr. Brown, Dr. Bist, Dr. Bellota-Rojas, and Mr. Pomerantz answered the Board's questions.

Board discussion ensued regarding the proposed Stipulation and Order and proposed changes.

Ms. Lee presented a Stipulation and Order for 21-103-S to include changes that the fine for Dr. Bellota-Rojas and Dr. Bist be $10,000 each, and Mr. Brown complete a Prescription Monitoring Program (PMP) prescriber training.

Ms. Lee provided the Stipulation and Order for 18-103-S to include changes that Dr. Bellota-Rojas' and Dr. Bist's controlled substance registrations are revoked. The revocations are stayed, and Dr. Bellota-Rojas' and Dr. Bist's probation shall be extended for 24 months.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order for 21-103-S and 18-103-S with proposed changes as discussed.

Second: President Park

Action: Passed unanimously.

C. Ann Kershnar, MD (21-220-CS-S)

President Park reminded Dr. Ann Kershnar that she is still sworn in.

Peter Keegan requested Exhibits 1-6 be entered into the record.

President Park entered Exhibits 1-6 into the record.

Mr. Keegan called Dr. Kershnar as a witness.

Mr. Keegan questioned Dr. Kershnar about her expired controlled substance license.

The Board questioned Dr. Kershnar about what she has been doing since this issue.

Dr. Kershnar answered questions to the Board's satisfaction.

Mr. Keegan requested the Board to find the Factual Allegations consistent with paragraphs 1-3 of the Notice of Intended Action and Accusation and find Applicable Law consistent with paragraphs 4-11 of the Accusation.

Board Action:

Motion: Jade Jacobo moved to make Findings of Fact consistent with paragraphs 1-11 of the Notice of Intended Action and Accusation.

Second: Wayne Mitchell

Action: Passed unanimously.

Mr. Keegan requested the Board find Conclusions of Law consistent with paragraphs 12-16 of the Accusation.

Board Action:

Motion: Jade Jacobo moved to make Conclusions of Law consistent with paragraphs 12-16 of the Notice of Intended Action and Accusation.

Second: Wayne Mitchell

Action: Passed unanimously.

Mr. Keegan called Kristopher Mangosing as a witness.

Kristopher Mangosing appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Keegan questioned Mr. Mangosing on his job position and timesheet submitted for this case.

Mr. Mangosing confirmed that the timesheet submitted should be for Dr. Kershnar and not for Dr. Sherman Washington.

Mr. Keegan requested the Board to find that the attorney's fees and cost of $649.30 were reasonable, necessary and actually incurred.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to find that the attorney's fees and cost of $649.30 were reasonable, necessary and actually incurred.

Second: Wayne Mitchell

Action: Passed unanimously.

Board discussion ensued on the penalties for Dr. Kershnar.

Dr. Kershnar requested a payment plan of five months.

Board Action:

Motion: Richard Tomasso moved to approve the following penalties for Dr. Ann Kershnar: 1) a fine of $5,000 payable within a five-month payment plan as determined by the Board; and 2) attorney's fees and cost of $649.30 payable within 30 days of this Order.

Second: Rolf Zakariassen

Action: Passed unanimously.

K. Michael Burkintas, RPH (22-063-RPH-S)

Krystal Freitas recused herself as she works for the same company as Michael Burkintas.

Michael Burkintas appeared and was sworn in by President Park prior to answering questions and offering testimony.

Courtney Lee prosecuted the case regarding Mr. Burkintas testing positive for amphetamines.

Mr. Burkintas requested a continuance as he would like to retain counsel on this matter.

President Park wanted confirmation that Mr. Burkintas will not practice until his hearing.

Mr. Burkintas agreed.

President Park tabled hearing at Mr. Burkintas' request.

Q. Airtec Gases, LLC (22-080-MP-S)

Chandon Alexander appeared as counsel on behalf of Airtec Gases, LLC.

Peter Keegan prosecuted the case regarding Airtec Gases practicing without a proper license for the Sparks location. In addition, it should be licensed as a wholesaler in addition to its Medical Devices, Equipment, and Gases (MDEG) license.

Mr. Keegan presented a proposed Stipulation and Order for the Board's consideration.

Mr. Alexander agreed to the proposed Stipulation and Order.

Mr. Keegan commented that the proposed Stipulation and Order has the incorrect case number which he will amend.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the proposed Stipulation and Order for Airtec Gases, LLC.

Second: Rolf Zakariassen

Action: Passed unanimously.

12. Applications for Nevada Wholesaler License (NRS 639.233) – Appearance (**FOR POSSIBLE ACTION**)

A. Airtec Gases, LLC – Las Vegas, NV – Background Check Not Required – Manufacturer (NAC 639.593 (7)(d)) – Disclosure
B. Airtec Gases, LLC – Sparks, NV - Background Check Not Required – Manufacturer (NAC 639.593 (7)(d)) – Disclosure

Chandon Alexander appeared as counsel on behalf of Airtec Gases, LLC.

Peter Keegan provided background on the application and disclosures regarding charges of battery and embezzlement.

The Board requested Maury Anderson to be present as they have questions regarding his disclosures.

Mr. Alexander requested that the application be tabled until this afternoon, so he can contact Mr. Anderson and have him appear in-person.

President Park tabled the applications at Mr. Alexander's request.

21. General Counsel Report. Note: The Board may exclude the public for a report on potential or existing litigation pursuant to NRS 241.015(3)(b)(2).

Dave Wuest, Executive Secretary for the Nevada Board of Pharmacy, requested a closed session to discuss pending litigation.

Board Action:

Motion: President Park moved to go into closed session to discuss pending litigation.

Second: Jade Jacobo

Action: Passed unanimously.

Board Action:

Motion: President Park moved to open session.

Second: Rolf Zakariassen

Action: Passed unanimously.

President Park clarified that no deliberation or motions were made during closed session.

12. Applications for Nevada Wholesaler License (NRS 639.233) – Appearance (**FOR POSSIBLE ACTION**)

A. Airtec Gases, LLC – Las Vegas, NV – Background Check Not Required – Manufacturer (NAC 639.593 (7)(d)) – Disclosure
B. Airtec Gases, LLC – Sparks, NV - Background Check Not Required – Manufacturer (NAC 639.593 (7)(d)) – Disclosure

Chandon Alexander appeared as counsel on behalf of Airtec Gases, LLC.

Maury Anderson, Chief Operating Officer, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan provided background on the application and disclosures regarding charges of battery and embezzlement.

Mr. Keegan questioned Mr. Anderson on the events that occurred with his disclosures.

The Board questioned Mr. Anderson on his disclosures, the business model of Airtec Gases, and if he is the designated representative of the location.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Airtec Gases, LLC's Wholesaler license for Las Vegas and Sparks location.

Second: Rolf Zakariassen

Action: Passed unanimously.

5. Disciplinary hearings pursuant to NRS 639.247. (**FOR POSSIBLE ACTION**)

L. Stephen Dubin, MD (20-020-CS-S)

This matter was continued to a future Board Meeting.

M. Sherman Washington, MD (21-104-CS-N)

Agenda item 5(M) was taken together with agenda items 6(B) and 6(C), applications for registration pursuant to NRS 453.226 submitted by Sherman Washington – Luventus Medical Center – Las Vegas, NV.

Sherman Washington appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt requested the Board continue the hearing and any consideration of Dr. Washington's applications for controlled substance registrations as he was just informed by Dr. Washington that Dr. Washington was represented by counsel – Michael Mee.

Dr. Washington confirmed that he would agree to continue the hearing and consideration of his applications for registration.

President Park continued the hearing and consideration of the applications at Dr. Washington's request.

5. Disciplinary hearings pursuant to NRS 639.247. (**FOR POSSIBLE ACTION**)

N. Las Vegas Scripts Rx (19-243-PH-S)
O. Nathan Edouard, RPH (19-243-RPH-S)
P. Sherman Washington, MD (19-243-CS-S)

These matters were continued to a future Board meeting.

19. Discussion and possible action to amend, revise and/or approve proposed FY23 budget. **(FOR POSSIBLE ACTION)**

Kiran Bains, Administrative Services Officer, and Dave Wuest presented a proposed Fiscal Year 2023 Budget to the Board, including a proposed pay increase for eligible employees

Board discussion ensued, including a proposed pay increase of $3 per hour for eligible employees. Staff clarified that personnel complying with NRS 281.123 will continue to have those salaries align with any revisions to the Governor's salary.

Board Action:

Motion: President Park moved to approve the FY23 budget and proposed pay increase of $3 per hour for eligible employees, complying with NRS 281.123 will continue to have those salaries align with any revisions to the Governor's salary.

Second: Jade Jacobo

Action: Passed unanimously.

15. Approval of Revised Pharmacist Registration Application **(FOR POSSIBLE ACTION)**

Yenh Long, Deputy Secretary of the Nevada Board of Pharmacy, presented the proposed changes for the Pharmacist Registration Application to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve Pharmacist Application with proposed changes by Ms. Long.

Second: Jade Jacobo

Action: Passed unanimously.

16. Approval of Revised Dispensing Practitioner Registration Application, Advanced Practitioner Registered Nurse Dispensing Registration Application, and Physician Assistant Dispensing Registration Application **(FOR POSSIBLE ACTION)**

Yenh Long presented the proposed changes for the Dispensing Practitioner Registration Application, Advanced Practitioner Registered Nurse Dispensing Registration Application, and Physician Assistant Dispensing Registration to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Dispensing Practitioner Registration Application, Advanced Practitioner Registered Nurse Dispensing Registration Application, and Physician Assistant Dispensing Registration with proposed changes by Ms. Long.

Second: Wayne Mitchell

Action: Passed unanimously.

17. Approval of Physician Assistant Prescribe/Controlled Substance Registration Application **(FOR POSSIBLE ACTION)**

Yenh Long, Deputy Secretary of the Nevada Board of Pharmacy, provided the proposed changes for the Physician Assistant Prescribe/Controlled Substance Registration Application to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: President Park moved to approve Physician Assistant Prescribe/Controlled Substance Registration Application with proposed changes by Ms. Long.

Second: Krystal Freitas

Action: Passed unanimously.

18. Election of President and Treasurer pursuant to NRS 639.040.

This matter was continued to a future Board meeting.

22. Executive Secretary Report:

A. Financial Report
B. Issuance of Temporary Licenses and Registrations
C. Change of Address Business List
D. Meetings with Other Health Care Regulatory Boards
E. COVID-19 Response
F. Licensing Software Update
G. Licensing Activities Report
H. PMP Integration

Dave Wuest provided the Executive Secretary Report to the Board's satisfaction.

Board discussion ensued.

21. General Counsel Report. Note: The Board may exclude the public for a report on potential or existing litigation pursuant to NRS 241.015(3)(b)(2).

There was no General Counsel Report.

Public Comment June 1, 2022, 3:20 PM

There was no public comment.

President Park recessed the meeting for the night and reconvened the meeting the next morning and performed the roll call. All Board members were present and a quorum was established.

Board Members Present:

Helen Park	Jade Jacobo	Krystal Freitas	Gener Tejero
Wayne Mitchell	Rolf Zakariassen	Richard Tomasso	

Board Staff Present:

Dave Wuest	Yenh Long	Shirley Hunting	Kristopher Mangosing
Brett Kandt	Peter Keegan	Darlene Nases	Courtney Lee
Leo Basch	Ken Scheuber	Dena McClish	Kiran Bains

President Park read the mission statement of the Nevada State Board of Pharmacy to reiterate the Board's duty to carry out and enforce the provisions of Nevada Law to protect the health, safety, and welfare of the public.

Dave Wuest stated that this Board Meeting is being held over Zoom and is in compliance with the Governor's directive and Open Meeting Laws for Nevada.

Call to Order and Roll Call – Establishment of Quorum

President Park performed the roll call. All Board members were present and a quorum was established.

Public Comment June 2, 2022, 9:00 AM

There was no public comment.

◈ WORKSHOP ◈

Thursday June 2, 2022 – 9:00 am

23. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2) **(FOR POSSIBLE ACTION):**

B. **Amendment to Nevada Administrative Code (NAC) 639**. The proposed amendments authorize a practitioner working in a hospital to dispense medications related to Medication Assisted Treatment (MAT) for a limited time without obtaining a dispensing license from the Board of Pharmacy.

Dave Wuest provided background on the proposed regulation.

Brett Kandt read the proposed language into the record.
President Park opened public comment for this workshop item.

Senator Joe Hardy is in favor of the proposed regulation.

Liz MacMenamin from the Retail Association of Nevada is in favor of the proposed regulation.

Lea Case from the Nevada Psychiatric Association is in support of the proposed regulation.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve proposed regulation for Amendment to Nevada Administrative Code (NAC) 639 and move to public hearing.

Second: Wayne Mitchell

Action: Passed unanimously.

◈ PUBLIC HEARING ◈

Thursday June 2, 2022 – 9:00 am

24. Notice of Proposed Regulation Public Hearing Pursuant to NRS 233B.061(2) **(FOR POSSIBLE ACTION):**

A. **Amendment of Nevada Administrative Code (NAC) 639.742, 639.743, 639.744. and 639.745: Dispensing Practitioners.** The proposed amendments establish requirements for an oncology group practice to obtain a certificate of registration to maintain a single inventory of dangerous drugs received at a site of practice, prescribe the procedure for renewing such a certificate, and prescribe certain powers and duties of the dispensing practitioners of such a registered oncology group practice. (LCB File R007-21)

Dave Wuest provided background on public hearing item.

Yenh Long read proposed language into the record.

President Park opened public comment for this public hearing item.

Anthony Nguyen, Oncologist, from Comprehensive Cancer Center expressed support of the proposed amendments. He believes that this language will provide timely patient care for cancer patients.

John Bilstein, Executive Director, from Comprehensive Cancer Center read oncology patient Guadalupe Martinez written testimony into the record. The patient expressed support of the proposed amendments.

Kelly Knight provided testimony on behalf of her father who is an oncology patient. They are in favor of the proposed public hearing item.

Wes Falconer, Chief Operating Officer, from Cancer Care Specialist's is in favor of the proposed amendments.

Liz MacMenamin from the Retail Association of Nevada expressed opposition to the proposed amendments.

Board discussion ensued.

Board Action:

Motion: Richard Tomasso moved to adopt the proposed Amendment of Nevada Administrative Code (NAC) 639.742, 639.743, 639.744. and 639.745: Dispensing Practitioners. (LCB File R007-21)

Second: President Park

Action: Passed unanimously.

Richard Tomasso was excused from the meeting at 10:45 AM.

B. **Amendment of Nevada Administrative Code (NAC) 639.240, and 639.242 639.256.** The proposed amendment to NAC 639.240, and 639.242 will amend the requirements necessary for an applicant to obtain a registration as a pharmaceutical technician and pharmaceutical technician in training. (LCB File R041-21)

Yenh Long provided background on the proposed regulation and language changes.

Richard Tomasso returned to the meeting at 10:49 AM.

President Park opened public comment for this public hearing item.

Ken Kunke, Pharmacist, is in favor of the proposed amendments.

Liz MacMenamin from the Retail Association of Nevada appeared and was sworn in by President Park prior to answering questions and offering testimony. They are in support of the proposed public hearing item.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt the proposed Amendment of Nevada Administrative Code (NAC) 639.240, and 639.242 639.256. (LCB File R041-21)

Second: Wayne Mitchell

Action: Passed unanimously.

C. **Amendment of Nevada Administrative Code (NAC) 639.360**: The proposed amendments revise certain requirements governing continuing education for pharmacists; eliminating the Advisory Committee on Continuing Education which advises the Board concerning the accreditation of CE. (LCB File R 120-21)

Yenh Long provided background on the proposed regulation and language changes.

President Park opened public comment for this public hearing item.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to adopt the proposed Amendment of Nevada Administrative Code (NAC) 639.360. (LCB File R 120-21)

Second: Krystal Freitas

Action: Passed unanimously.

◈ WORKSHOP ◈

Thursday June 2, 2022 – 9:00 am

23. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2) **(FOR POSSIBLE ACTION):**

A. **Amendment to Nevada Administrative Code (NAC) 639**. The proposed amendments relate to licensing and regulation of Medical Products Wholesalers as Wholesalers in order to conform the requirements of existing law

Peter Keegan provided background on proposed regulation.

Dave Wuest commented that page 4635 has the $1000 renewal fee for a manufacturer or wholesaler as blue but should be green.

Yenh Long commented that the wholesaler/manufacturer renewal fee was changed as of April 11, 2022 per LCB File R 025-21.

President Park opened public comment for this workshop item.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve proposed regulation for Amendment to Nevada Administrative Code (NAC) 639.

Second: Rolf Zakariassen

Action: Passed unanimously.

C. **Amendment to Nevada Administrative Code (NAC) 639.870**. The proposed amendment removes the requirement that an advanced practice registered nurse must appear at a Board Meeting prior to obtaining a dispensing license from the Board of Pharmacy. Changes the language to may be required to appear.

Dave Wuest provided background on proposed regulation language.

President Park opened public comment for this workshop item.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Richard Tomasso moved to approve proposed regulation for Amendment to Nevada Administrative Code (NAC) 639.870 with changes to require Board staff to conduct live interviews with sterile compounding pharmacies in lieu of an appearance.

Second: Gener Tejero

Action: Passed unanimously.

6. Applications for Controlled Substance Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**

A. Ivan Goldsmith

Jade Jacobo was excused from the meeting at 11:37 AM.

Gener Tejero disclosed that he knows Ivan Goldsmith but can participate in this matter fairly and without bias.

Ivan Goldsmith appeared and was sworn in by President Park prior to answering questions and offering testimony.

Brett Kandt provided background on Dr. Goldsmith's application and his prior discipline for the unlawful use of PMP data and related discipline by the Nevada State Board of Medical Examiners and boards in California and New York.

Jade Jacobo returned to the meeting at 11:50 AM.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve controlled substance registration for Ivan Goldsmith with conditions that he contacts and completes the PMP training within 60 days, and that he shall not have PMP delegates.

Second: Richard Tomasso

Action: Passed unanimously.

7. Application for Pharmacist Registration by Reciprocation NRS 639.134) – Appearance (**FOR POSSIBLE ACTION**)

Christina Chalikias

Christina Chalikias appeared and was sworn in by President Park prior to answering questions and offering testimony.

Courtney Lee provided background on disclosure regarding unlicensed compounding and compounding of a commercially available product.

Board discussion ensued.

Board Action:

Motion: Gener Tejero moved to approve Pharmacist Registration by Reciprocation for Christina Chalikias with the conditions that her probation mirror California Board of Pharmacy's Order and shall notify the Nevada Board of Pharmacy if she is granted early termination of her probation in California.

Second: Wayne Mitchell

Action: Passed unanimously.

20. Board Discussion of (i) American Pharmacist Association (APhA), March 2022 State Report for State Boards of Pharmacy – NABP District Eight States; and (ii) Journal of the American Pharmacist Association, June 2020 – Ability of the Well-Being Index to identify pharmacist in distress.

    Public Comment concerning (i) American Pharmacist Association (APhA), March 2022 State Report for State Boards of Pharmacy – NABP District Eight States; and (ii) Journal of the American Pharmacist Association, June 2020 – Ability of the Well-Being Index to identify pharmacist in distress.

    Members of the Public are invited to provide public comment. No action will be taken regarding public comments made on this agenda item. Public comment may be limited to three (3) minutes at the discretion of the Board President.

    Direction to Board Staff regarding (i) American Pharmacist Association (APhA), March 2022 State Report for State Boards of Pharmacy – NABP District Eight States; and (ii) Journal of the American Pharmacist Association, June 2020 – Ability of the Well-Being Index to identify pharmacist in distress. - **(FOR POSSIBLE ACTION)**

Dave Wuest provided background on item to Board.

Mr. Wuest commented that they are operating on limited data as they are unable to confirm how many people participated in the survey.

President Park opened public comment for this item.

Ken Kunke from the Nevada Pharmacy Alliance suggested forming taskforce to address pharmacy conditions. He cited several publications into the record as a reference guide for the Board.

- Pharmacist Fundamental Responsibilities and Rights
- 2021 APhA Pharmacy Workplace Survey
- Policy Solutions to Address Community Pharmacy Working Conditions

- APhA Community Pharmacy Workplace Summit
- Michigan State Pharmacist Association – 2021 Study

Liz MacMenamin from the Retail Association of Nevada suggested a group meeting with pharmacists to discuss what issues they want to improve.

Lorri Walmsley from Walgreen's expressed support of a taskforce to address these issues.

Vasudha Gupta from Nevada Pharmacy Alliance is requesting Board to help with conversations to address working conditions within the pharmacies and expressed support of a taskforce to help address these issues.

Michelle Han from Nevada Pharmacy Alliance read a written public comment into the record from a pharmacist who wants to remain anonymous.

Brett Kandt advised that if a taskforce was formed, it would be subject to the Nevada Open Meeting Law.

Board discussion ensued.

Joe Kellog, Pharmacist, commented that many pharmacies issues stem from pressure of meeting metrics.

Liz MacMenamin is willing to start taskforce to address this issue, but she suggests that the Nevada Board of Pharmacy attends.

Ken Kunke is requesting the Board's help to work together and address these issues.

This discussion will be continued to a future Board meeting.

14. Request to Engage in the Practice of Pharmacy at a Site Other than a Licensed Pharmacy – Appearance **(FOR POSSIBLE ACTION)**

A. KayLynn Bowman
B. Remmington Junior

KayLynn Bowman and Remmington Junior appeared and were sworn in by President Park prior to answering questions and offering testimony.

Yenh Long provided background on Ms. Bowman's and Ms. Junior's request to engage in the practice of pharmacy at a site other than a licensed pharmacy.

Ms. Bowman wanted to clarify that Ms. Junior is not a subordinate under her, but they may be working on some projects together.

Ms. Bowman and Ms. Junior summarized what services they would be providing.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve KayLynn Bowman's and Remmington Junior's request to engage in the practice of pharmacy at a site other than a licensed pharmacy.

Second: President Park

Action: Passed unanimously.

12. Applications for Nevada Wholesaler License (NRS 639.233) – Appearance (**FOR POSSIBLE ACTION**)

C. Medidenta – Las Vegas, NV – Background checks completed in compliance with NRS 639.500.

Rolf Zakariassen and Wayne Mitchell were excused from the meeting at 2:59 PM.

Sean Ryan, Chief Marketing Officer, and Alfred Perez, Vice President of Operations appeared and were sworn in by President Park prior to answering questions and offering testimony.

Courtney Lee provided background on application and disclosures regarding Daniel Wang's intellectual property claim which was dismissed and Medidenta's unlicensed wholesaling.

Mr. Ryan provided his testimony and was not aware that they needed to be licensed in Nevada. He apologized for his error and is working to get licensed in Nevada.

Board discussion ensued.

Board Action:

Motion: Richard Tomasso moved to approve Nevada wholesaler license for Medidenta.

Second: Krystal Freitas

Action: Passed unanimously (Zakariassen and Mitchell excused).

8. Application for Pharmaceutical Technician in Training Registration (NAC 639.242) – Appearance. **(FOR POSSIBLE ACTION)**

Karen Price

Karen Price appeared and was sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest provided background on disclosure regarding Ms. Price's DUI.

Mr. Wuest questioned Ms. Price on the events that occurred with her disclosure and her history with alcohol and drugs after her DUI.

Ms. Price provided her testimony and commented that she does not remember the events that occurred with her disclosure. She did voluntarily go to rehab and sees psychologist regularly to keep her sober.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Pharmaceutical Technician in Training registration for Karen Price pending favorable substance abuse disorder evaluation.

Second: Krystal Freitas

Action: Passed unanimously (Zakariassen and Mitchell excused).

9. Application for Nevada Pharmacy License (NRS 639.230) – Appearance (**FOR POSSIBLE ACTION**)

A. First Class Rx Pharmacy LLC – Las Vegas, NV

Trinh Luu, Managing Pharmacist, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest provided background on application and questioned Mr. Luu regarding the change of ownership.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Nevada pharmacy license for First Class Rx Pharmacy LLC pending a favorable inspection.

Second: Krystal Freitas

Action: Passed unanimously (Zakariassen and Mitchell excused).

B. NOWRX – North Las Vegas, NV

Jorge Ramirez-Silva (Managing Pharmacist), Sumeet Sheokand (Chief Technology Officer and President), and Melissa Bostock (Director of Pharmacy) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Jade Jacobo was excused at 3:37 PM.

Jade Jacobo returned to the meeting at 3:40 PM.

Courtney Lee provided background on application.

The Board questioned NOWRX on Mr. Ramirez-Silva's experience, their business model, the role of Ms. Bostock, and the support that the company will provide Mr. Ramirez-Silva in opening this new pharmacy.

Mr. Ramirez-Silva and Ms. Bostock answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Nevada pharmacy license for NOWRX pending favorable inspection.

Second: Krystal Freitas

Action: Passed unanimously (Zakariassen and Mitchell excused).

13. Application for Out-of-State Outsourcing Facility (NRS 639.100) – Appearance (**FOR POSSIBLE ACTION**)

Medivant Health – Chandler, AZ

Brian Oran appeared and was sworn in by President Park prior to answering questions and offering testimony.

Richard Tomasso was excused from the meeting 3:51 PM.

Dave Wuest provided background on application and disclosure regarding a pharmacy technician practicing without a license.

Mr. Wuest questioned Mr. Oran on their disclosure, the FDA results of their inspection, the products being shipped into Nevada, and their last inspection results with Arizona Board of Pharmacy.

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

Board discussion ensued.

Board Action:

Motion: Gener Tejero moved to approve out-of-state outsourcing facility for Medivant Health pending submission of a legible copy of Arizona Board of Pharmacy inspection.

Second: Jade Jacobo

Action: Passed unanimously (Zakariassen and Mitchell excused).

11. Application for Out-of-State Compounding Pharmacy License (NRS 639.230) – Appearance – **(FOR POSSIBLE ACTION)**

H. Village Lane Apothecary – Colleyville, TX

Natalie Patten, Managing Pharmacist, appeared and was sworn in by President Park prior to answering questions and offering testimony.

President Park requested a Letter of Authorization allowing Ms. Patten to speak behalf of the company.

Dave Wuest questioned Ms. Patten on whether she would like to remove the affidavit in the application regarding not shipping sterile compounded products into Nevada.

Ms. Patten requested that the affidavit be removed.

Mr. Wuest questioned Ms. Patten on the products being shipped into Nevada, their sterile compounding process, and their disclosure regarding the managing pharmacist not identifying themself as the person in charge.

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

Board discussion ensued.

Board Action:

Motion: Gener Tejero moved to approve out-of-state compounding pharmacy for Village Lane Apothecary pending letter of authorization.

Second: Krystal Freitas

Action: Passed unanimously (Zakariassen and Mitchell excused).

G. Pentec Health, Inc. – Boothwyn, PA

Lisa Scannapieco, Vice President, appeared and was sworn in by President Park prior to answering questions and offering testimony.

The Board questioned Ms. Scannapieco on the ownership change of the company and if there are any changes to the products or processes.

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

Laura Reichl, Managing Pharmacist, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest questioned Ms. Reichl on the business model and products and services being provided.

Mr. Wuest commented that Nevada law does not allow white bagging which Board staff will follow up on if this application is approved.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve out-of-state compounding pharmacy for Pentec Health, Inc.

Second: Krystal Freitas

Action: Passed unanimously (Zakariassen and Mitchell excused).

10. Applications for Out-of-State Pharmacy License (NRS 639.2328) – Appearance (**FOR POSSIBLE ACTION**)

UpScript Pharmacy, LLC – Sandy, UT

This matter was continued to a future Board meeting.

11. Application for Out-of-State Compounding Pharmacy License (NRS 639.230) – Appearance – **(FOR POSSIBLE ACTION)**

A. ACA Pharmacy, LLC – Nashville, TN
B. IgG of America, Inc. – Linthicum Heights, MD
C. Integrity Compounding Pharmacy – Sandy Springs, Ga
D. Mid Valley Health Services – Ceres, CA
E. Optum Infusion Services 550, LLC – Carlsbad, CA
F. Optum Infusion Services 550, LLC – Cincinnati, OH
I. Wickliffe Veterinary Pharmacy – Lexington, KY

There matters were continued to a future Board meeting.

26. Public Comment June 2, 2022, 5:00 PM

Dave Wuest commented that people who were not seen on today's agenda will be moved to the July Board meeting.

25. Date and Location of Next Scheduled Board Meeting:

July 13-14, 2022 – Reno, NV

27. Adjournment

4

4A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (06/08/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☒ New MDEG		☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*	* If making a change, provide current license number:	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Anderson Medical Supplies, Inc.

MDEG Physical Address: 4893 Rochester Road, Suite A

City: Troy State: Michigan Zip: 48085

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 248-509-7666 Website: AndersonMedSupplies.com

Email: kanderson@andersonmedsupplies.com

Name of MDEG Administrator (NAC 639.694): Kent Anderson

Type of MDEG products that will be sold (check all applicable)

☐ Medical Gases**	☒ Assistive Equipment
☐ Respiratory Equipment**	☐ Diabetic Supplies
☐ Life-sustaining equipment**	☐ Orthotics and Prosthetics
☐ Parenteral and Enteral Equipment**	☒ Others:

** If providing these products, you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):

Name: _____ Telephone: _____

Days and Hours of Operation

Mon:	8:00 AM to 5:00 PM
Tues	8:00 AM to 5:00 PM
Wed:	8:00 AM to 5:00 PM
Thurs:	8:00 AM to 5:00 PM
Fri:	8:00 AM to 5:00 PM
Sat:	Closed
Sun:	Closed
Holidays:	Closed

Section 2: History of Company	Yes	No
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)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
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?		✔
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)?		✔
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
See attached

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:

   a) A practicing health professional; or

   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.

2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

ANDERSON
MEDICAL SUPPLIES INC.

March 23, 2022

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

To Whom it May Concern:

Anderson Medical Supplies, Inc. is a provider of Intermittent Cold Compression Therapy (ICCT) and Pulsated Electromagnet Frequency (PEMF) therapy Devices to Worker' Compensation and Personal Injury patients for recovery in their homes. We do not currently service nor bill under the Medicare population, therefore we do not need, do not have, a Medicare PTAN.

Thank you for your consideration.

Regards,

Kent Anderson
President

Anderson Medical Supplies, Inc,
4893 Rochester Road, Suite A
Troy, MI. 48085
www.AndersonMedSupplies.com

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: Kent Anderson

Business Name: Anderson Medical Supplies, Inc.

Business Address: 4893 Rochester Road, Suite A

City: Troy State: Michigan Zip: 48085

Telephone: 248-509-7666 Email: kanderson@andersonmedsupplies.com

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kent Anderson

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

3/4/22

Date

Board Use Only	Date Received: _____	Amount: 500 cc ✓

UNITED STATES OF AMERICA

The State of Michigan

Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

ANDERSON MEDICAL SUPPLIES INC

was validly incorporated on September 11 , 2012 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

LICENSING AND REGULATORY AFFAIRS ★ Corporations, Securities & Commercial Licensing Bureau ★

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 23rd day of March , 2022.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 22030694701

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/29/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
VGM Insurance Services, Inc.
1111 W. San Marnan Dr.
Waterloo IA 50701

CONTACT NAME: Nick Rohle
PHONE (A/C, No, Ext): (866) 999-7978 **FAX (A/C, No):**
E-MAIL ADDRESS: Nick.Rohle@vgm.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : BENCHMARK INSURANCE COMPANY	41394
INSURER B : BENCHMARK INSURANCE COMPANY	41394
INSURER C : HARTFORD STEAM BOILER	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Anderson Medical Supplies Inc
2851 Lansdowne Rd
Waterford MI 48329

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			R1021 G1200-6	05/1/2022	05/1/2023	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	100,000
	X Professional Liability						MED EXP (Any one person)	$	10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$	2,000,000
	X POLICY PRO-JECT LOC						GENERAL AGGREGATE	$	4,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$	4,000,000
								$	
B	AUTOMOBILE LIABILITY			R1021 G1200-6	05/1/2022	05/1/2023	COMBINED SINGLE LIMIT (Ea accident)	$	1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$	
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$	
								$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	
	DED RETENTION $							$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	
							E.L. DISEASE - POLICY LIMIT	$	
C	Cyber Liability			CYR1021 G1200-6	05/1/2022	05/1/2023	Aggregate		100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is listed as Additional Insured per written contract.
Location: 4893 Rochester Road, Troy, MI 48085

CERTIFICATE HOLDER

King Office Plaza LLC
4897 Rochester Rd
Troy MI 48085

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



© 1988-2014 ACORD CORPORATION. All rights reserved.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed. This form has been approved by the Forms Management Center.

CERTIFICATION OF INSURANCE

SUPPORTING DOCUMENT

HME-INS

APPLICANT: ***Complete the applicant section of this form, then have your authorized insurance agent complete the remainder of the form. The completed form must be submitted WITH your application for licensure. This is the only form which you need to submit if you are certifying to current insurance coverage after the expiration of a previously held policy.***

1. NAME OF INSURED HOME MEDICAL EQUIPMENT & SERVICES PROVIDER BUSINESS (Must be exactly as it appears on application, renewal form or license.)
   Anderson Medical Supplies, Inc.

2. FEIN (If applicable)
   46-0962075

3. SOCIAL SECURITY NUMBER (If individual owner)
   ___-___-____

4. ADDRESS STREET, CITY, STATE, ZIP CODE (Specific Address of insured's location covered by insurance policy.)
   4893 Rochester Road Suite A Troy, MI 48085

5. NEW APPLICANTS ONLY
   REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.
   Home Medical Equipment & Services Provider (Profession Name) **203** (Profession Code)

6. TELEPHONE NUMBER (Where you can be reached during the day)
   Area Code (248) 509 - 7666

7. RENEWAL APPLICANTS AND PERSONS VERIFYING CURRENT INSURANCE ONLY.
   INDIVIDUAL LICENSE NUMBER - RECORD THE LICENSE NUMBER YOU HOLD (IF APPLICABLE).
   203 - _____

I hold commercial general liability insurance in at least the minimum amount of $1,000,000 including, but not limited to coverage for product liability and professional liability. Under penalties of perjury, I declare that I have examined this form, and to the best of my knowledge, it is true, correct, and complete.

Kent Anderson
Type or Print Name of Owner or Person Designated to Sign for Firm

Signature of Owner or Person Designated to Sign for Firm

President
Type or Print Title of Owner or Person Designated to Sign for Firm

9/13/21
Date

INSURANCE COMPANY: Complete the following information and return this form to the insured party.

A. NAME OF INSURANCE COMPANY
Benchmark Insurance Co

B. NAME OF AUTHORIZED AGENCY
VGM Insurance Services, Inc. &
Larkin Group of Traverse City

C. INSURANCE COMPANY HOME ADDRESS: STREET, CITY, STATE, ZIP CODE
150 Lake St West
Wayzata, MN 55391

D. AGENT'S ADDRESS: STREET, CITY, STATE, ZIP CODE
13900 S West Bay Shore Drive
Traverse City, MI 49684

E. INSURED'S POLICY NUMBER
R1019G1200-45

F. AGENT'S BUSINESS TELEPHONE NUMBER
Area Code (231) 947-8800

G. EFFECTIVE DATE OF POLICY
05 / 01 / 2021
Month Day Year

H. EXPIRATION DATE OF POLICY
05 / 01 / 2022
Month Day Year

If this Policy is terminated prior to its expiration, the Company agrees to give written notice to the Department of Financial and Professional Regulation, Division of Professional Regulation, at least thirty (30) days prior to the effective date of cancellation.

Nick Rohle
Signature of Authorized Agent

09/10/2021
Date

IL486-1858 12/04 (HME)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Anderson Medical Supplies

Physical Address 4893 Rochester Road, Suite A

City Troy State MI Zip 48085

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 248-509-7666 Website www.andersonmedsupplies.com

Licensing Company Email kanderson@andersonmedsupplies.com

Section 2: Personal Information

First Kent Middle _____ Last Anderson

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Lansdowne Road

City Waterford State MI Zip 48329

Telephone [redacted] Email kanderson@andersonmedsupplies.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials KA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Waterford Kettering High School		08/1979-05/1982	
Address	**City**	**State**	**Zip**
2800 Kettering Dr	Waterford	MI	48329
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Western Michigan University			
Address	**City**	**State**	**Zip**
1903 W Michigan Ave	Kalamazoo	MI	49008
Diploma/Degree obtained, if any			
Sociology BA, Business Minor			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/19-Present	[redacted] Lansdowne Road	Waterford	MI	48329
01/18-03/19	[redacted] Trillium Village Lane, Unit 13	Clarkston	MI	48346
05/14-01/18	[redacted] View Dr	White Lake	MI	48386
01/96-05/14	[redacted] Northcrest Village Dr	Clarkston	MI	48346
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials KA

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Anderson Medical Supplies, Inc			01/2017-Present
Business Address	**City**	**State**	**Zip**
4893 Rochester Road, suite A	Troy	MI	48085
Phone	**Title**		
248-509-7666	Owner/President		
Description of Duties			
Oversee daily operations of the company			

Business Name			From - To (MM/YY – MM/YY)
Pinnacle, Inc.			01/2011-4/2019
Business Address	**City**	**State**	**Zip**
1880 Birchwood Dr	Troy	MI	48083
Phone	**Title**		
248-591-4977	Territory Manager		
Description of Duties			
Operating room support and orthopedic sales			

Business Name			From - To (MM/YY – MM/YY)
DePuy Mitek Sports Medicine			2005/2011
Business Address	**City**	**State**	**Zip**
	Detroit	MI	
Phone	**Title**		
	Sales Representative		
Description of Duties			
DME Sales			

Business Name			From - To (MM/YY – MM/YY)
Mohawk Enterprises, Inc			1998-2005
Business Address	**City**	**State**	**Zip**
18884 Norborne	Redford	MI	48240
Phone	**Title**		
	VP Finance		
Description of Duties			
Oversight of Financials			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials KA

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

3/9/22
Date

Applicant's initials KA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kent Anderson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/4/22

Date

Please have this section completed in the presence of a Notary Public.

State of Michigan, ss. County of Oakland

I, Tammy Kittridge, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3.9.2022

Date

Subscribed and Sworn to before me this 9 day of 2022.

Notary Public Signature



Applicant's initials _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Anderson Medical Supplies, Inc. MDEG License # (if applicable) _____

Physical Address 4893 Rochester Road, Suite A

City Troy State MI Zip 48085

Mailing Address (if different from physical address) N/A

City _____ State _____ Zip _____

Telephone 248-509-7666 Website www.AndersonMedSupplies.com

Licensing Company Email kanderson@andersonmedsupplies.com

Section 2: Personal Information

First Kent Middle _____ Last Anderson

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Lansdowne Road

City Waterford State MI Zip 48329

Telephone [redacted] Email kanderson@andersonmedsupplies.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Waterford Kettering High School		08/1979-05/1982	
Address	City	State	Zip
2800 Kettering Drive	Waterford	MI	48329
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Western Michigan University		08/1982-05/1986	
Address	City	State	Zip
1903 W. Michigan Ave	Kalamazoo	MI	49008
Diploma/Degree obtained, if any			
Sociology BA / Business Minor			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/19-present	[redacted] Lansdowne Road	Waterford	MI	48329
From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/18-03/19	[redacted] Trillium Village Lane, Unit13	Clarkston	MI	48346
From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/14-01/18	[redacted]View Drive	White lake	MI	48386
From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/96-05/14	[redacted] Northcrest Village Dr	Clarkston	MI	48346
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Anderson Medical Supplies, Inc.			01/2017-Present	
Business Address		**City**	**State**	**Zip**
4893 Rochester Road, Suite A		Troy	MI	48085
Phone	**Title**		**Number of Employed Hours**	
248-509-7666	Owner/President		10,000+	
Description of Duties				
Oversee all daily operations of the company				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

3/23/22
Date

I, Kent Anderson, **certify that as the MDEG Administrator for**

Anderson Medical Supplies, Inc.,

that I (initial that you have read and meet the following requirements):

1. KA Have a high school diploma or its equivalent;
2. KA Have
   a. At least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. KA Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. KA Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kent Anderson
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/25/22
Date

Board Use Only	Date Received:

5306005759APP19

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
P.O. BOX 30670
LANSING, MI 48909

ANDERSON MEDICAL SUPPLIES INC
2851 LANSDOWNE RD
WATERFORD, MI 48329

COMPLAINT INFORMATION:
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE CONSTRUED AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO ANY COMPLAINTS OR VIOLATIONS PENDING AGAINST THE LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BY EMAILING BPLHELP@MICHIGAN.GOV OR CALL (517) 241-0199

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY

WHOLESALE DISTRIBUTOR LICENSE

ANDERSON MEDICAL SUPPLIES INC
2851 LANSDOWNE RD
WATERFORD, MI 48329

LICENSE NO.
5306005759

EXPIRATION DATE
7/24/2022

20192080726

THIS DOCUMENT IS DULY ISSUED UNDER THE LAWS OF THE STATE OF MICHIGAN

Fwd: Nevada MDEG Application - Anderson Medical Supplies Inc, Troy, MI - Need more information

Kent Anderson <kanderson@andersonmedsupplies.com>
Fri 3/18/2022 12:54 AM
To: Andrea Walsh <awalsh@andersonmedsupplies.com>

Kent Anderson
President
248-974-5692
Kanderson@andersonmedsupplies.com

From: Olivia Mora <o.mora@pharmacy.nv.gov>
Sent: Thursday, March 17, 2022 5:55 PM
To: Kent Anderson <kanderson@andersonmedsupplies.com>
Subject: Nevada MDEG Application - Anderson Medical Supplies Inc, Troy, MI - Need more information

To whom it may concern:

We received your MDEG Application for Anderson Medical Supplies Inc – Troy, MI. Please be advised that we are missing the below documentation -

- Current proof of Insurance
- Certificate of Corporate Status (within 6 month)
- Copy of MDEG license with current address ← AMS DOES NOT HAVE/ WE ARE APPLYING FOR?
- Page 2, section 3 – List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(l)
- MDEG Administrator Application

NAC 639.694 Administrator required. (NRS 639.070)
1. Except as otherwise provided in subsection 4, each medical products provider or medical products wholesaler shall employ an administrator at all times. The administrator must:
(a) Be a natural person;
(b) Have a high school diploma or its equivalent;
(c) Have:
(1) At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
(2) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
(d) Be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
(e) Be approved by the Board.
2. The administrator shall ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.
3. A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business days after the beginning of the employment.
4. A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.
(Added to NAC by Bd. of Pharmacy by R008-01, eff. 11-1-2001; A by R033-09, 10-15-2010)

Can you please provide? We can attach it to your application and work to process this request.

Regards,
Olivia Mora
Licensing Specialist
Nevada State Board of Pharmacy
(775) 850-1440
o.mora@pharmacy.nv.gov



This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

Olivia Mora

From: Andrea Walsh <awalsh@andersonmedsupplies.com>
Sent: Tuesday, May 10, 2022 1:27 PM
To: Olivia Mora
Cc: Kent Anderson
Subject: NV MDEG Application for Anderson Medical Supplies - Additional Information
Attachments: 2022AMS - General Liability Standard Certificate.pdf

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good afternoon, Olivia.

I hope that this email finds you well.

Kent asked me to follow up with you regarding the missing information / inquiries.

1. Liability Insurance: I have attached AMS's current policy. You will note that AMS exceeds the minimum of one million dollars.
2.
3. Shipping directly to patients: AMS will ship the device(s) directly to the patient unless the patient would like the device(s) delivered at the time of their fitting & training by an AMS Clinical Specialist. **Some patients prefer to have their prescribed device(s) delivered rather than left on their front porch/mail area that is not convenient following surgery/injury.*

I hope the above information is helpful.
Please let me/us know if you are in need of any other information.

Thank you.
Have a lovely day!

Andi Walsh, Licensing & Marketing Manager
Anderson Medical Supplies
248-229-3009

4893 Rochester Rd., Suite A, Troy MI 48085

ANDERSON MEDICAL SUPPLIES INC

CERTIFIED NMSDC MBE 2021

RECEIVED
MAR 15 2022
NEVADA STATE BOARD
OF PHARMACY

ANDERSON
MEDICAL SUPPLIES INC.

February 18, 2022

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

Via Certified Mail:

Re: Anderson Medical Supplies, Inc.
New Out-of-State Application for Nevada Medical Products Provider

Dear Board,

Please find enclosed our Application for a Supplier Medical Equipment, Legend Devices, and/or Medical Gas Permit. Anderson Medical Supplies, Inc. is a Durable Medical Supplier that provides Intermittent Cold Compression Therapy and Pulsated Electromagnet Frequency devices to the patient in their home. We have enclosed payment in the amount of $500.00 and a copy of our current Michigan State license, alongside all other required documentation.

I trust that this letter and Application will meet your needs, should you have any questions or need additional information, please contact Michael Breslin, Consultant at 772-261-3307 or myself directly.

Regards,

Kent Anderson
President

Enclosures

KA/MB

Western Surety Company

SURETY BOND
SUPPLIERS OF DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS AND SUPPLIES MEDICARE PROGRAM

Supplier Information
Address: 4893 Rochester Rd., Suite A
Troy, MI 48085
Taxpayer Identification Number: 46-0962075
National Provider Identifier (NPI): 1699298307
NSC/PTAN Number: _____

Effective Date: February 23rd, 2021

Bond No. 65404693

KNOW ALL PERSONS BY THESE PRESENTS, that subject to the terms, conditions and limitations of this Bond, Anderson Medical Supplies Inc. _____,
as Principal, and WESTERN SURETY COMPANY, P. O. Box 5077, Sioux Falls, SD 57117-5077, a corporation organized and existing under the laws of the State of South Dakota, as Surety, are held and firmly bound unto the Centers for Medicare & Medicaid Services, an agency of the United States Department of Health and Human Services ("CMS"), as Obligee, in the penal sum of _____
Fifty Thousand and 00/100 DOLLARS ($50,000.00),
for the payment of which Principal and Surety bind themselves, their heirs, executors, administrators and assigns, jointly and severally, by these presents.

WHEREAS, Principal is enrolled in or is seeking to be enrolled in the Medicare Program as a supplier of durable medical equipment, prosthetics, orthotics and supplies ("DMEPOS"); and

WHEREAS, pursuant to Section 4312(a) of the Balanced Budget Act of 1997 (Pub. L. 105-33, 42 U.S.C. 1395m(a)(16)) and 42 CFR § 424.57, the Principal is required to provide a surety bond as a condition of participation in the Medicare Program, and this Bond is provided in compliance with the supplier's obligations as set forth in those authorities.

NOW THEREFORE, the condition of this Bond is that if the Principal shall pay the Obligee any unpaid claims, civil money penalties, and assessments (as such terms are defined by 42 CFR § 424.57(a)) then this Bond shall be null and void, otherwise to remain in full force and effect, subject, however, to the following:

1. Principal and Surety are liable under this Bond for only the amount of any unpaid claim, civil money penalty, or assessment imposed by CMS or the Office of Inspector General, plus accrued interest, for which the Principal is responsible and for which, subject to Paragraph 7, the Obligee first demands payment from the Surety during the term of this Bond; provided, however, that any claim under this Bond must be related to overpayments or other events that occurred on or after March 3, 2009.
2. Surety agrees to pay a claim within 30 days of receiving written notice of the claim and sufficient evidence (as such term is defined by 42 CFR § 424.57(a)) to establish Surety's liability under this Bond.
3. CMS is the sole Obligee of this Bond, and no action may be brought on it by, or for the use or benefit of, any person or entity other than CMS or its contractors.
4. Regardless of the number of years this Bond is in effect, the number of premiums paid, or the number of claims made, the Surety's aggregate liability shall not be more than the penal sum of this Bond.

5. Subject to Paragraph 7, the Surety's liability under this Bond shall terminate and the Surety shall have no further liability upon the effective date of cancellation or expiration of this Bond by the Surety or Principal in accordance with Paragraph 6 of this Bond.
6. The Surety or Principal may cancel this Bond by providing written notice of such cancellation to the Obligee. Cancellation or expiration shall be effective 30 days after notice of cancellation or expiration is sent to the Obligee's contractor, the National Supplier Clearinghouse, provided such notice is actually received.
7. In the event this Bond is cancelled or expires, and the Principal fails to submit a new bond to the Obligee, the Surety remains liable for unpaid claims, civil money penalties, or assessments that were imposed or assessed by CMS or the Office of Inspector General during the 2 years following the effective date of cancellation or expiration of this Bond.

In witness whereof, the undersigned Principal and Surety have set their hands and seals on this 23rd day of February, 2021.

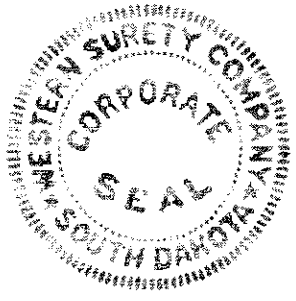
Anderson Medical Supplies Inc., Principal

By _____
Name and Title

WESTERN SURETY COMPANY

By _____
Paul T. Bruflat, Vice President

Western Surety Company
P. O. Box 5077
Sioux Falls, SD 57117-5077
TIN #: 46-0204900



Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Paul T. Bruflat of Sioux Falls,
State of South Dakota, its regularly elected Vice President,
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One Medicare Dmepos

bond with bond number 65404693

for Anderson Medical Supplies Inc.
as Principal in the penalty amount not to exceed: $ 50,000.00.

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its Vice President with the corporate seal affixed this 23rd day of February, 2021.

ATTEST

L. Nelson

L. Nelson, Assistant Secretary

WESTERN SURETY COMPANY

By Paul T. Bruflat

Paul T. Bruflat, Vice President

STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss

On this 23rd day of February, 2021, before me, a Notary Public, personally appeared Paul T. Bruflat and L. Nelson who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Vice President and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.

M. BENT
NOTARY PUBLIC
SOUTH DAKOTA

M. Bent

Notary Public

My Commission Expires March 2, 2026

To validate bond authenticity, go to www.cnasurety.com > Owner/Obligee Services > Validate Bond Coverage.

Form F1975-11-2020

SECTION 5: COMPREHENSIVE LIABILITY INSURANCE INFORMATION

As required in 42 CFR § 424.57(c)(10), all DMEPOS suppliers must have comprehensive liability insurance in the amount of at least $300,000 per occurrence and the insurance must remain in force at all times. The NSC MAC, with full mailing address as shown on page 3, must be listed on the policy as a Certificate Holder. You must submit a copy of the liability insurance policy or evidence of self-insurance with this application. Failure to maintain the required insurance at all times will result in revocation of your Medicare supplier billing number retroactive to the date the insurance lapsed, and/or overpayment collection.

Malpractice Insurance is not the same as Comprehensive Liability Insurance and does not meet compliance for this requirement.

If you are changing your comprehensive liability insurance information, check the box below and furnish the effective date.

☐ **Change** **Effective Date** *(mm/dd/yyyy)*: _____

Name of Insurance Company

Insurance Policy Number	Date Policy Issued *(mm/dd/yyyy)*	Expiration Date of Policy *(mm/dd/yyyy)*
Benchmark Insurance Company	5/1/2020	5/1/2021

Insurance Agent's First Name	Middle Initial	Last Name	Jr., Sr., M.D., etc.
Nancy	A	Carlson	

Agent's Telephone Number	Agent's Fax Number *(if applicable)*	Agent's E-mail Address *(if applicable)*
231-932-0265		ncarlson@larkingrp.com

Underwriter's Company Name

VGM Insurance Services

Underwriter's Telephone Number	Underwriter's Fax Number *(if applicable)*	Underwriter's E-mail Address *(if applicable)*
800-362-3363		Nick.Rohle@vgm.com

SECTION 6: SURETY BOND INFORMATION

As required in 42 CFR § 424.57(d), DMEPOS suppliers who are required to obtain a surety bond must complete this section. Furnish all requested information about the surety bond company and the surety bond. Submit a copy of the original surety bond, signed by a Delegated or Authorized Official, with this application.

☐ Check here if this supplier is not required to obtain a surety bond and skip to Section 7.

A. NAME AND ADDRESS OF SURETY BOND COMPANY

If you are changing your surety bond information, check the box below and furnish the effective date.

☐ **Change** **Effective Date** *(mm/dd/yyyy)*: _____

Legal Business Name of Surety Bond Company as Reported to the IRS	Tax Identification Number
WESTERN SURETY COMPANY	46-0204900

Business Address Line 1 *(Street Name and Number)*

101 S. Reid St.

Business Address Line 2 *(Suite, Room, Apt. #, etc.)*

Ste. 300

City/Town	State	ZIP Code + 4
Sioux Falls	South Dakota	57103-7046

Telephone Number	Fax Number *(if applicable)*	E-mail Address *(if applicable)*
(605) 336-0850	(605) 335-0357	info@cnasurety.com

B. SURETY BOND INFORMATION

☐ **Change** **Effective Date** *(mm/dd/yyyy)*: _____

Amount of Surety Bond	Surety Bond Number
$ 50,000.00	65404693

Effective Date of Surety Bond *(mm/dd/yyyy)*	If reporting a new bond, give cancellation date of the current bond *(mm/dd/yyyy)*
02/23/2021	

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206 – Reno, NV 89521 – (775) 850-1440

Send to State Board of Pharmacy for completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

LICENSE VERIFICATION

Name: Anderson Medical Supplies, Inc.

Address: 4893 Rochester Road, Suite A

City: Troy State: MI Zip: 48085

I hereby authorize the _____ to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant _____

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
5306005759	Active	7/25/2020	7/24/2022

Has this license been encumbered in any way?	Type of Encumbrance: (if any)
☐ Yes ☒ No	☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☒ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☒ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☐ Yes ☒ No
Has applicant met all licensing requirements of your state? (If no, please explain)	☒ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal

4B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (06/08/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☒ New MDEG		☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*	* If making a change, provide current license number:	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Specialized Medical Services Inc.

MDEG Physical Address: 2875 S. 171st Street

City: New Berlin State: WI Zip: 53151

Mailing Address (if different from physical address): PO Box 9004 ATTN: Licensing Dept.

City: Clearwater State: FL Zip: 33758-9004

Telephone: 800-786-3656 Website: www.specializedmed.com

Email: CWaller1@lincare.com

Name of MDEG Administrator (NAC 639.694): Sarah Kowalski

Type of MDEG products that will be sold (check all applicable)

☐ Medical Gases**	☐ Assistive Equipment
☒ Respiratory Equipment**	☐ Diabetic Supplies
☐ Life-sustaining equipment**	☐ Orthotics and Prosthetics
☐ Parenteral and Enteral Equipment**	☐ Others:

** If providing these products, you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):

Name: Specialized Medical Services Inc. Telephone: 800-786-3656

Days and Hours of Operation

Mon:	8:00 AM - 4:30 PM
Tues	8:00 AM - 4:30 PM
Wed:	8:00 AM - 4:30 PM
Thurs:	8:00 AM - 4:30 PM
Fri:	8:00 AM - 4:30 PM
Sat:	On call
Sun:	On call
Holidays:	On call

Section 2: History of Company	Yes	No
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)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
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?		✓
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)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
1992846836

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

CSW
5/31/22

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Wisconsin

Parent Company (if any): Specialized Medical Services, Inc.

Corporation/Organization Name: SMS Holdings Inc.

Mailing Address: PO Box 9004 ATTN: Licensing Dept.

City: Clearwater State: FL Zip: 33758-9004

Telephone: 1-800-284-2006 Ext. 18226 Email: Licensing@lincare.com

Contact Person Name: Collin Waller

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located** outside of this State **must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gregory McCarthy

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/26/22

Date

Board Use Only	Date Received: _____	Amount: 500	Check# 19027834 ✓

SMS
SPECIALIZED MEDICAL SERVICES

CORPORATE OFFICERS

CHIEF EXECUTIVE OFFICER
0% Controlling Interest

Crispin Teufel
19387 US Highway 19 North
Clearwater, FL 33764
(727) 530-7700

CHIEF OPERATIONS OFFICER
0% Controlling Interest

Gregory G. McCarthy
19387 US Highway 19 North
Clearwater, FL 33764
(727) 530-7700

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, Michelle Y. Knuese, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

SPECIALIZED MEDICAL SERVICES, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is July 13, 1992.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on April 14, 2022.

MICHELLE Y. KNUESE, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code: **328849-CDE38AC1**

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/2/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Phone No.: (212) 488-0200
Fax No.: (212) 488-0220

EPIC Insurance Brokers & Consultants
350 Hudson Street – 4th Floor
New York, NY 10014

CONTACT NAME: Haendel Conil
PHONE (A/C, No, Ext): 212.488.0445
FAX (A/C, No):
E-MAIL ADDRESS: Haendel.Conil@epicbrokers.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: ALLIANZ GLOBAL RISKS US INSURANCE CO.	35300
INSURER B: TRAVELERS PROPERTY CASUALTY CO. OF AMERICA	25674
INSURER C: TRAVELERS INDEMNITY COMPANY	25658
INSURER D: ALLIANZ UNDERWRITERS INSURANCE CO	36420
INSURER E:	
INSURER F:	

INSURED
Specialized Medical Services, Inc.
19387 US 19 North
Clearwater, FL 33764

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			USL00157021	10/01/2021	10/01/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG 	$ 1,000,000 $ 1,000,000 $ Excluded $ 1,000,000 $ 2,000,000 $ 1,000,000 $
B	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS			CAP-7440L676	01/01/2022	01/01/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	$ 2,000,000 $ $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			USL00157121	10/01/2021	10/01/2022	EACH OCCURRENCE AGGREGATE 	$ 5,000,000 $ 5,000,000 $
C C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N / A		UB-1R81742A-22-51-K UB-1R614596-22-51-R	01/01/2022 01/01/2022	01/01/2023 01/01/2023	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
D	PROFESSIONAL LIABILITY			U5F00031621	10/01/2021	10/01/2022	$1,000,000 Each Act / $3,000,000 Aggregate	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate issued as evidence of the above insurance for Any and All Named Insured occupied locations anywhere in the United States.

CERTIFICATE HOLDER

EVIDENCE OF INSURANCE COVERAGE

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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EXPIRES: 05/31/2024

NO. 26 - 48

The State of Wisconsin
Department of Safety and Professional Services
PHARMACY EXAMINING BOARD

Hereby certifies that

SPECIALIZED MEDICAL SERVICES INC

was granted a license to practice as a

HOME MEDICAL OXYGEN PROVIDER

in the State of Wisconsin in accordance with Wisconsin Law
on the 21st day of April in the year 2015.
The authority granted herein must be renewed each biennium by the granting authority.
In witness thereof, the State of Wisconsin
Pharmacy Examining Board,
has caused this certificate to be issued under
the seal of the Department of Safety and Professional Services

DSPS Secretary

Chairperson

Secretary

This certificate was printed on the 29th day of April in the year 2022

(http://dsps.wi.gov/)

Wisconsin Department of Safety and Professional Services

Credential/Licensing Search

Organization Search Results - Detail

Credential/License Summary for 26

Name: SPECIALIZED MEDICAL SERVICES INC
Profession: HOME MEDICAL OXYGEN PROVIDER (48)
Credential/License Number: 26-48
Location: NEW BERLIN WI
Credential/License Type: regular
Status: License is current (Active)
Eligible To Practice: credential license is current

Credential/License current through: 5/31/2024
Granted date: 4/21/2015
Multi-state: N/A
Orders: NONE
Specialties: NONE
Other Names: NONE

Wis. Stat. § 227.51(2) When a licensee has made timely and sufficient application for the renewal of a license or a new license with reference to any activity of a continuing nature, the existing license does not expire until the application has been finally acted upon by the agency, and, if the application is denied or the terms of the new license are limited, until the last day for seeking review of the agency decision or a later date fixed by order of the reviewing court.

Requirement Code Description (https://dsps.wi.gov/Documents/LicenseRequirementAcronyms.pdf)

Return to Search Results (/OrganizationLicense/SearchResults)

Consistent with The Joint Commission and NCQA standards for primary source verification. Data on this page is refreshed hourly.
Send questions or comments to dsps@wisconsin.gov (mailto:dsps@wisconsin.gov).

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Specialized Medical Services Inc. MDEG License # (if applicable) _____

Physical Address 2875 S. 171st Street

City New Berlin State WI Zip 53151

Mailing Address (if different from physical address) PO Box 9004 ATTN: Licensing Dept.

City Clearwater State FL Zip 33758-9004

Telephone 800-786-3656 Website www.specializedmed.com

Licensing Company Email CWaller1@lincare.com

Section 2: Personal Information

First Sarah Middle Jean Last Kowalski

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] S. 171st Street

City New Berlin State WI Zip 53151

Telephone [redacted] Email sgrindel@lincare.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin - Milwaukee		09/10 - 05/14	
Address	City	State	Zip
2200 E. Kenwood Blvd.	Milwaukee	WI	53212
Diploma/Degree obtained, if any			
B.S. in Biology			
School Name		From - To (MM/YY – MM/YY)	
Brookfield East High School		09/06 - 06/10	
Address	City	State	Zip
3305 Lilly Road	Brookfield	WI	53005
Diploma/Degree obtained, if any			
College prep.			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/21 - current	[redacted] Thomas Trail	Oconomowoc	WI	53066
05/14 - 04/21	[redacted] S. Ravinia Dr.	Greenfield	WI	53221
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Specialized Medical Services			04/10 - current
Business Address	**City**	**State**	**Zip**
2875 S. 171st Street	New Berlin	WI	53066
Phone	**Title**		**Number of Employed Hours**
800-786-3656	Manager, Inside Sales LTC		22,880+
Description of Duties			
Manage the customer service department - take orders from customers and dispatch to the local driver; serve as a point of contact for service issue			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Sarah J. Kowalski
Original Signature (electronic, copies or stamps not accepted)

4/15/22
Date

I, Sarah Kowalski, certify that as the MDEG Administrator for Specialized Medical Services,

that I (initial that you have read and meet the following requirements):

1. SK Have a high school diploma or its equivalent;
2. SK Have
   a. At least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. SK Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. SK Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sarah, Kowalski
Print Name (First, Last)

Sarah J Kowalski
Original Signature (electronic, copies or stamps not accepted)

4/15/22
Date

Board Use Only	Date Received: _____

4C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (06/08/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☐ New MDEG		☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☒ Ownership Change*	* If making a change, provide current license number:	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M P01630	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: United Medical Providers, Inc.

MDEG Physical Address: 8010 Crowder Blvd

City: New Orleans State: LA Zip: 70127

Mailing Address (if different from physical address): 8010 Crowder Blvd

City: New Orleans State: LA Zip: 70127

Telephone: 504-520-8372 Website: www.umponline.com

Email: mickey@umponline.com

Name of MDEG Administrator (NAC 639.694): Mickey Whittle

Type of MDEG products that will be sold (check all applicable)

☐ Medical Gases**	☐ Assistive Equipment
☐ Respiratory Equipment**	☐ Diabetic Supplies
☐ Life-sustaining equipment**	☐ Orthotics and Prosthetics
☐ Parenteral and Enteral Equipment**	☒ Others: mail order disposable medical supplies

** If providing these products, you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):

Name: _____ Telephone: _____

Days and Hours of Operation

Mon:	9am-3pm CST
Tues	9am-3pm CST
Wed:	9am-3pm CST
Thurs:	9am-3pmCST
Fri:	9am-3pm CST
Sat:	Closed
Sun:	Closed
Holidays:	Closed

Section 2: History of Company	Yes	No
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)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
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?		✓
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)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
Medicare 1101420001 and 1101420002; LA Medicaid 1678767; AR Medicaid 152439716; PA Medicaid 1025788260001
ID Medicaid 808380400; IL Medicaid 721321625001; IN Medicaid 20086630; TN Medicaid 4582477
KY Medicaid 7100051810; NJ Medicaid 0483729; OH Medicaid 2966134; NC Medicaid 1811966443;
Texas Medicaid 184298101; Virginia Medicaid 1811966443

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:

   a) A practicing health professional; or

   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.

2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Louisiana

Parent Company (if any): HCD Intermediate Holdings, LLC

Corporation/Organization Name: United Medical Providers, Inc.

Mailing Address: 8010 Crowder Blvd

City: New Orleans State: LA Zip: 70127

Telephone: 504-520-8372 Email: mickey@umponline.com

Contact Person Name: Michelle "Mickey" Whittle

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mickey Whittle

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

05/19/2022

Date

Board Use Only	Date Received: _____	Amount: 500 Check # 12184

United Medical Providers
UROLOGICALS

United Medical Providers, Inc. Ownership

HCD Intermediate Holdings LLC

Title: Owner (member-managed)

131 South Dearborn
Suite 2800
Chicago, IL 60603
TIN: 86-2140911
312-435-0300
% of controlling interest: 100%

Officers

Matthew Troy Phillips* – Vice President

Timothy Wheeler – Vice President and Secretary

Gordon L. Fox, Jr. – Chief Executive Officer

Daniel Monahan – President

United Medical Providers, Inc. Board Members

Matthew Troy Phillips, Board Member
[redacted] S Kenmore Elmhurst, IL 60126-3515

Timothy Wheeler, Board Member
[redacted] W. Fullerton Ave Chicago IL 60614

Gordon L. Fox, Jr., Chief Executive Officer and Chairman
[redacted] Bud Lane Glen Allen, VA 23059

Stephen Meyer, Board Member
[redacted] Sugar Mill Drive Okatie, SC 29909

Karen Semone Neuman, Board Member
[redacted] Davies Road Bluffton, SC 29910

Charles Reeves Wayland, Board Member
[redacted] Sweetbriar Richmond, VA 23229

Kurt Dieck, Board Member
[redacted] Lake Trail Drive Westerville, OH 43082

United Medial Providers, Inc. Officers

Gordon Fox, Jr., Chief Executive Officer and Chairman
[redacted] Bud Lane Glen Allen, VA 23059
Email: gfox@hcd.com

Lisa Wong, General Counsel and Corporate Compliance Officer, and Secretary
[redacted] E. Ash Cove Circle, New Harmony, UT 84757
Email: lwong@hcd.com

Jeffrey Elgin, Chief Technology Officer
[redacted] Riverside Drive, Richmond, VA 23225
Email: jelgin@hcd.com

Sean Riley, Chief Experience Officer
[redacted] Old Fort Place, Midlothian, VA 23113
Email: sriley@hcd.com

Daniel Monahan, President, Chief Operating Officer and Assistant Secretary
[redacted] Moncroft Way, Midlothian, VA 23112
Email: dmonahan@hcd.com

Veronica Hinckle, Corporate Controller and Treasurer
[redacted] Grayash, Richmond , VA 23238
Email: vhinckle@hcd.com

Christopher Hammond, Senior Vice President of Operations
[redacted] Alsdell Road, Midlothian, VA 23112
Email: chammond@hcd.com

Elizabeth Veliz, Senior Vice President of Human Resources
[redacted] Ellendale Drive, Mechanicsville, VA 23116
Email: eveliz@hcd.com

Benjamin Price III, Chief Growth Officer/Senior Vice President of Business Development
[redacted] Stuart Circle, Richmond, VA 23220
Email: lprice@hcd.com

UNITED STATES OF AMERICA

State of Louisiana

R. Kyle Ardoin

SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

UNITED MEDICAL PROVIDERS, INC.

A corporation domiciled in BATON ROUGE, LOUISIANA,

Filed charter and qualified to do business in this State on June 06, 1996,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

April 28, 2022

Secretary of State

Web 34529310D

Certificate ID: 11563439#FTL73

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov

The Louisiana Board of Pharmacy certifies that it maintains the information for the credential verification function of this website, and further, performs daily updates to the website. Therefore, the website is a secure and primary source for credential verification, as authentic as a direct inquiry to the Board.

Lookup Detail View

Name and Address

Name	PublicAddress
United Medical Providers, Inc.	8010 Crowder Blvd New Orleans, LA 70127-1063

Credential Information

License	License Type	Issue Date	Expiration Date	Status
DME.001247	Durable Medical Equipment (DME) Provider	05/09/2022	08/31/2022	Current, without restriction or limitation

Generated on: 5/19/2022 5:39:25 PM

POLICY NUMBER: D1020 G1956-18

COMMERCIAL GENERAL LIABILITY
CG DS 01 10 01

COMMERCIAL GENERAL LIABILITY DECLARATIONS

Benchmark Insurance Company 150 Lake St West Wayzata, MN 55391	VGM Insurance Services, Inc. PO Box 1328 Waterloo, IA 507041328

NAMED INSURED: United Medical Providers Inc.

MAILING ADDRESS: 8010 Crowder Blvd.
New Orleans, LA 70127

POLICY PERIOD: FROM 08/19/2021 TO 08/19/2022 AT 12:01 A.M. TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT	$ 1,000,000	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	$ 100,000	Any one premises
MEDICAL EXPENSE LIMIT	$ 10,000	Any one person
PERSONAL & ADVERTISING INJURY LIMIT	$ 1,000,000	Any one person or organization
GENERAL AGGREGATE LIMIT	$ 3,000,000	
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	$ 3,000,000	

RETROACTIVE DATE (CG 00 02 ONLY)

THIS INSURANCE DOES NOT APPLY TO "BODILY INJURY", "PROPERTY DAMAGE" OR "PERSONAL AND ADVERTISING INJURY" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.

RETROACTIVE DATE: None
(ENTER DATE OR "NONE" IF NO RETROACTIVE DATE APPLIES)

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

☐ INDIVIDUAL ☐ PARTNERSHIP ☐ JOINT VENTURE ☐ TRUST

☐ LIMITED LIABILITY COMPANY ☒ ORGANIZATION, INCLUDING A CORPORATION (BUT NOT INCLUDING A PARTNERSHIP, JOINT VENTURE OR LIMITED LIABILITY COMPANY)

BUSINESS DESCRIPTION: Home Medical Equipment

© ISO Properties, Inc., 2000

ALL PREMISES YOU OWN, RENT OR OCCUPY	
LOCATION NUMBER	ADDRESS OF ALL PREMISES YOU OWN, RENT OR OCCUPY
See Location Schedule	

CLASSIFICATION AND PREMIUM							
LOCATION NUMBER	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		ADVANCE PREMIUM	
				Prem/ Ops	Prod/Comp Ops	Prem/ Ops	Prod/Comp Ops
ALL	Medical, Hospital and Surgical Supply Stores	15314	$ 7,000,000	$	$	$	$

	STATE TAX OR OTHER (if applicable)	$
	TOTAL PREMIUM (SUBJECT TO AUDIT)	$ 20,678.00
PREMIUM SHOWN IS PAYABLE:	AT INCEPTION	$ 20,678.00
	AT EACH ANNIVERSARY	$ NA
	(IF POLICY PERIOD IS MORE THAN ONE YEAR AND PREMIUM IS PAID IN ANNUAL INSTALLMENTS)	

AUDIT PERIOD (IF APPLICABLE)	☒ ANNUALLY	☐ SEMI-ANNUALLY	☐ QUARTERLY	☐ MONTHLY

ENDORSEMENTS
ENDORSEMENTS ATTACHED TO THIS POLICY:
See attached Schedule of Endorsements

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned:	By:
8/17/2021	Willis R. Wilson
(Date)	(Authorized Representative)

NOTE

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT THE COMPANY'S OPTION.

© ISO Properties, Inc., 2000

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: United Medical Providers, Inc. MDEG License # (if applicable): MP01630

Physical Address: 8010 Crowder Blvd

City: New Orleans State: LA Zip: 70127

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 504-520-8372 Website: www.umponline.com

Licensing Company Email: admin@umponline.com

Section 2: Personal Information

First: Michelle Middle: Marie Last: Whittle

Alias(es, nicknames, name changes, etc.): Mickey

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted] Dillon Drive

City: Slidell State: LA Zip: 70461

Telephone: [redacted] Email: mickey@umponline.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Mississippi Gulf Coast Community College		01/16-12/17	
Address	City	State	Zip
2226 Switzer Road	Gulfport	MS	39507
Diploma/Degree obtained, if any			
Incomplete for Associates Degree Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Delta Community College		01/85-01/87	
Address	City	State	Zip
closed	Metairie	LA	
Diploma/Degree obtained, if any			
Diploma Office Skills			

School Name		From - To (MM/YY – MM/YY)	
Gulfport High School		08/79-05/83	
Address	City	State	Zip
100 Perry Street	Gulfport	MS	39507
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/18-Present	[redacted] Dillon Drive	Slidell	LA	70461
11/12 to 03/18	[redacted] Winter Avenue	Pass Christian	MS	39571
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
United Medical Providers, Inc.			12/17 - Present	
Business Address		**City**	**State**	**Zip**
8010 Crowder Blvd		New Orleans	LA	70127
Phone	**Title**		**Number of Employed Hours**	
504-520-8372	Chief Operations Officer		9360+	
Description of Duties				
Daily management of all aspects of the business				

Business Name			From - To (MM/YY – MM/YY)	
Home Medical Equipment Plus, Inc.			02/02 - 06/10	
Business Address		**City**	**State**	**Zip**
closed		Slidell	LA	70461
Phone	**Title**		**Number of Employed Hours**	
closed	Owner		16,640+	
Description of Duties				
Daily management of all aspects of the business				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

05/20/2022
Date

I, Michelle "Mickey" Whittle, **certify that as the MDEG Administrator for**

United Medical Providers, Inc.,

that I (initial that you have read and meet the following requirements):

1. MW Have a high school diploma or its equivalent;
2. MW Have
   a. At least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. MW Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. MW Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michelle Whittle
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05/20/2022
Date

Board Use Only	Date Received:

4D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Alvogen, Inc.

Physical Address: 44 Whippany Road, Suite 300

City: Morristown State: NJ Zip: 07960

Mailing Address (if different from physical address): Same as above

City: _____ State: _____ Zip: _____

Telephone: 973-796-3400 Website: www.alvogen.com

Name of Designated Representative (DR): Andrea Johnson

Licensing Company Email: mary.hutchason@alvogen.com DR Email: andrea.johnson@alvogen.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	■ Dangerous Drugs	■ Manufacturer (Virtual)
☐ Practitioners	■ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See attached list

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Alvogen Pharma US, Inc.

Corporation/Organization Name: Alvogen, Inc.

Mailing Address: 44 Whippany Road, Suite 300

City: Morristown State: NJ Zip: 07960

Telephone: 973-796-3400 Email: mary.hutchason@alvogen.com

Contact Person Name: Mary Hutchason

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration See attached Proof of FDA Labeler Code 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Alvogen, Inc.

Facility Name

Lisa Graver

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

6-1-22

Date

Board Use Only	Date Received: _____	Amount: 1,000 CC

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE
P.O. Box 369, Trenton, New Jersey 08625-0369

0746285

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: [X] manufacturer [X] wholesaler which conducts business at the following locations in this State:

44 WHIPPANY RD, STE 300 MORRISTOWN, NJ 07960-

Reg. No.
5003865

ALVOGEN GROUP / ALVOGEN, INC.
ALMATICA PHARMA, LLC
44 WHIPPANY RD, STE 300
MORRISTOWN, NJ 07960-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2023

Establishment Copy

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through April 07, 2022

You have searched Finished drug products

Search Results: *'Alvogen'*

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Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name
Buprenorphine and Naloxone	47781-355-03	2 mg/1, .5 mg/1	FILM	BUCCAL; SUBLINGUAL	ANDA205954	Alvogen Inc.	47781-355	Buprenorphine and Naloxone	BUPRENORPHINE HYDROCHLORIDE; NALOXONE HYDROCHLORIDE DIHYDRATE
Buprenorphine and Naloxone	47781-356-03	4 mg/1, 1 mg/1	FILM	BUCCAL; SUBLINGUAL	ANDA205954	Alvogen Inc.	47781-356	Buprenorphine and Naloxone	BUPRENORPHINE HYDROCHLORIDE; NALOXONE HYDROCHLORIDE DIHYDRATE
Buprenorphine and Naloxone	47781-357-03	8 mg/1, 2 mg/1	FILM	BUCCAL; SUBLINGUAL	ANDA205954	Alvogen Inc.	47781-357	Buprenorphine and Naloxone	BUPRENORPHINE HYDROCHLORIDE; NALOXONE HYDROCHLORIDE DIHYDRATE
Buprenorphine and Naloxone	47781-358-03	12 mg/1, 3 mg/1	FILM	BUCCAL; SUBLINGUAL	ANDA205954	Alvogen Inc.	47781-358	Buprenorphine and Naloxone	BUPRENORPHINE HYDROCHLORIDE; NALOXONE HYDROCHLORIDE DIHYDRATE
bupropion hydrochloride	47781-637-30	450 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	NDA022497	Alvogen Inc.	47781-637	bupropion hydrochloride	BUPROPION HYDROCHLORIDE
butalbital and acetaminophen	47781-644-01	300 mg/1, 50 mg/1	TABLET	ORAL	ANDA207635	Alvogen Inc.	47781-644	butalbital and acetaminophen	BUTALBITAL; ACETAMINOPHEN
Butalbital and Acetaminophen	47781-628-01	325 mg/1, 50 mg/1	TABLET	ORAL	ANDA205120	Alvogen, Inc.	47781-628	Butalbital and Acetaminophen	ACETAMINOPHEN; BUTALBITAL
Butalbital, Acetaminophen, and Caffeine	47781-625-05	325 mg/1, 50 mg/1, 40 mg/1	TABLET	ORAL	ANDA204984	Alvogen Inc.	47781-625	butalbital, acetaminophen, and caffeine	BUTALBITAL; ACETAMINOPHEN; CAFFEINE
Butalbital, Acetaminophen, and Caffeine	47781-625-01	325 mg/1, 50 mg/1, 40 mg/1	TABLET	ORAL	ANDA204984	Alvogen Inc.	47781-625	butalbital, acetaminophen, and caffeine	BUTALBITAL; ACETAMINOPHEN; CAFFEINE

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Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name
Carbidopa Tablets, 25 mg	47781-332-01	25 mg/1	TABLET	ORAL	ANDA204291	Alvogen Inc.	47781-332	Carbidopa Tablets, 25 mg	CARBIDOPA
Deferoxamine mesylate	47781-624-07	2 g/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAMUSCULAR; INTRAVENOUS; SUBCUTANEOUS	ANDA207384	Alvogen Inc.	47781-624	Deferoxamine mesylate	DEFEROXAMINE MESYLATE
Dexamethasone	47781-914-01	4 mg/1	TABLET	ORAL	ANDA088481	Alvogen Inc.	47781-914	dexamethasone	DEXAMETHASONE
Dexamethasone	47781-914-51	4 mg/1	TABLET	ORAL	ANDA088481	Alvogen Inc.	47781-914	dexamethasone	DEXAMETHASONE
Dexamethasone	47781-916-01	6 mg/1	TABLET	ORAL	ANDA088481	Alvogen Inc.	47781-916	dexamethasone	DEXAMETHASONE
Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate, Amphetamine Sulfate Tablets,CII	47781-176-01	2.5 mg/1, 2.5 mg/1, 2.5 mg/1, 2.5 mg/1	TABLET	ORAL	ANDA207388	Alvogen Inc.	47781-176	Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate, Amphetamine Sulfate Tablets, 10 mg,CII	AMPHETAMINE ASPARTATE MONOHYDRATE; AMPHETAMINE SULFATE; DEXTROAMPHETAMINE SACCHARATE; DEXTROAMPHETAMINE SULFATE
Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate, Amphetamine Sulfate Tablets,CII	47781-179-01	5 mg/1, 5 mg/1, 5 mg/1, 5 mg/1	TABLET	ORAL	ANDA207388	Alvogen Inc.	47781-179	Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate, Amphetamine Sulfate Tablets, 20 mg,CII	AMPHETAMINE ASPARTATE MONOHYDRATE; AMPHETAMINE SULFATE; DEXTROAMPHETAMINE SACCHARATE; DEXTROAMPHETAMINE SULFATE
Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate, Amphetamine Sulfate Tablets,CII	47781-174-01	1.25 mg/1, 1.25 mg/1, 1.25 mg/1, 1.25 mg/1	TABLET	ORAL	ANDA207388	Alvogen Inc.	47781-174	Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate, Amphetamine Sulfate Tablets, 5 mg,CII	AMPHETAMINE ASPARTATE MONOHYDRATE; AMPHETAMINE SULFATE; DEXTROAMPHETAMINE SACCHARATE; DEXTROAMPHETAMINE SULFATE
Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate, Amphetamine Sulfate Tablets,CII	47781-178-01	3.75 mg/1, 3.75 mg/1, 3.75 mg/1, 3.75 mg/1	TABLET	ORAL	ANDA207388	Alvogen Inc.	47781-178	Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate, Amphetamine Sulfate Tablets, 15 mg,CII	AMPHETAMINE ASPARTATE MONOHYDRATE; AMPHETAMINE SULFATE; DEXTROAMPHETAMINE SACCHARATE; DEXTROAMPHETAMINE SULFATE
Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate, Amphetamine Sulfate Tablets,CII	47781-180-01	7.5 mg/1, 7.5 mg/1, 7.5 mg/1, 7.5 mg/1	TABLET	ORAL	ANDA207388	Alvogen Inc.	47781-180	Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate, Amphetamine Sulfate Tablets, 30 mg,CII	AMPHETAMINE ASPARTATE MONOHYDRATE; AMPHETAMINE SULFATE; DEXTROAMPHETAMINE SACCHARATE; DEXTROAMPHETAMINE SULFATE

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name
Disulfiram	47781-607-30	250 mg/1	TABLET	ORAL	ANDA091681	Alvogen Inc.	47781-607	Disulfiram	DISULFIRAM
Doxycycline Hyclate	47781-491-05	100 mg/1	TABLET, FILM COATED	ORAL	ANDA062505	Alvogen, Inc.	47781-491	Doxycycline Hyclate	DOXYCYCLINE HYCLATE
Estradiol	47781-104-44	.1 mg/g	CREAM	VAGINAL	ANDA209767	Alvogen Inc.	47781-104	Estradiol	ESTRADIOL HEMIHYDRATE
Exemestane	47781-108-30	25 mg/1	TABLET	ORAL	ANDA200898	Alvogen Inc.	47781-108	Exemestane	EXEMESTANE
Felbamate	47781-627-01	400 mg/1	TABLET	ORAL	ANDA204595	Alvogen Inc.	47781-627	felbamate	FELBAMATE
Felbamate	47781-630-01	600 mg/1	TABLET	ORAL	ANDA204595	Alvogen Inc.	47781-630	felbamate	FELBAMATE
Fentanyl System	47781-424-47	25 ug/1	PATCH	TRANSDERMAL	ANDA202097	Alvogen	47781-424	Fentanyl	FENTANYL
Fentanyl System	47781-428-47	100 ug/1	PATCH	TRANSDERMAL	ANDA202097	Alvogen	47781-428	Fentanyl	FENTANYL
Fentanyl System	47781-423-47	12.5 ug/1	PATCH	TRANSDERMAL	ANDA202097	Alvogen	47781-423	Fentanyl	FENTANYL
Fentanyl System	47781-426-47	50 ug/1	PATCH	TRANSDERMAL	ANDA202097	Alvogen	47781-426	Fentanyl	FENTANYL
Fentanyl System	47781-427-47	75 ug/1	PATCH	TRANSDERMAL	ANDA202097	Alvogen	47781-427	Fentanyl	FENTANYL
Fluocinonide	47781-602-26	.5 mg/mL	SOLUTION	TOPICAL	NDA018849	Alvogen Inc.	47781-602	Fluocinonide	FLUOCINONIDE
Fluocinonide	47781-569-72	.05 mg/g	OINTMENT	TOPICAL	NDA016909	Alvogen Inc.	47781-569	Fluocinonide	FLUOCINONIDE
Fluocinonide	47781-569-26	.05 mg/g	OINTMENT	TOPICAL	NDA016909	Alvogen Inc.	47781-569	Fluocinonide	FLUOCINONIDE
Fluocinonide	47781-569-73	.05 mg/g	OINTMENT	TOPICAL	NDA016909	Alvogen Inc.	47781-569	Fluocinonide	FLUOCINONIDE
Fluocinonide	47781-602-49	.5 mg/mL	SOLUTION	TOPICAL	NDA018849	Alvogen Inc.	47781-602	Fluocinonide	FLUOCINONIDE
Fluocinonide Gel	47781-533-26	.5 mg/g	GEL	TOPICAL	NDA017373	Alvogen Inc.	47781-533	Fluocinonide Gel	FLUOCINONIDE
Fluocinonide Gel	47781-533-72	.5 mg/g	GEL	TOPICAL	NDA017373	Alvogen Inc.	47781-533	Fluocinonide Gel	FLUOCINONIDE

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name
Fluocinonide Gel	47781-533-73	.5 mg/g	GEL	TOPICAL	NDA017373	Alvogen Inc.	47781-533	Fluocinonide Gel	FLUOCINONIDE
Fluoxetine Hydrochloride	47781-600-30	60 mg/1	TABLET, FILM COATED	ORAL	NDA202133	Alvogen Inc.	47781-600	Fluoxetine Hydrochloride	FLUOXETINE HYDROCHLORIDE
Hydrocodone Bitartrate	47781-409-60	10 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	ANDA206986	Alvogen Inc.	47781-409	Hydrocodone Bitartrate	HYDROCODONE BITARTRATE
Hydrocodone Bitartrate	47781-410-60	15 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	ANDA206986	Alvogen Inc.	47781-410	Hydrocodone Bitartrate	HYDROCODONE BITARTRATE
Hydrocodone Bitartrate	47781-411-60	20 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	ANDA206986	Alvogen Inc.	47781-411	Hydrocodone Bitartrate	HYDROCODONE BITARTRATE
Hydrocodone Bitartrate	47781-412-60	30 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	ANDA206986	Alvogen Inc.	47781-412	Hydrocodone Bitartrate	HYDROCODONE BITARTRATE
Hydrocodone Bitartrate	47781-413-60	40 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	ANDA206986	Alvogen Inc.	47781-413	Hydrocodone Bitartrate	HYDROCODONE BITARTRATE
Hydrocodone Bitartrate	47781-414-60	50 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	ANDA206986	Alvogen Inc.	47781-414	Hydrocodone Bitartrate	HYDROCODONE BITARTRATE
Hydrocodone Bitartrate	47781-392-60	20 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA208269	Alvogen Inc.	47781-392	Hydrocodone Bitartrate	HYDROCODONE BITARTRATE
Hydrocodone Bitartrate	47781-393-60	30 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA208269	Alvogen Inc.	47781-393	Hydrocodone Bitartrate	HYDROCODONE BITARTRATE
Hydrocodone Bitartrate	47781-394-60	40 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA208269	Alvogen Inc.	47781-394	Hydrocodone Bitartrate	HYDROCODDNE BITARTRATE
Hydrocodone Bitartrate	47781-395-60	60 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA208269	Alvogen Inc.	47781-395	Hydrocodone Bitartrate	HYDROCODONE BITARTRATE
Hydrocodone Bitartrate	47781-396-60	80 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA208269	Alvogen Inc.	47781-396	Hydrocodone Bitartrate	HYDROCODONE BITARTRATE

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Hydrocodone Bitartrate	47781-397-60	100 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA208269	Alvogen Inc.	47781-397	Hydrocodone Bitartrate	HYDROCODONE BITARTRATE	H PI D
Hydrocodone Bitartrate	47781-398-60	120 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA208269	Alvogen Inc.	47781-398	Hydrocodone Bitartrate	HYDROCODDNE BITARTRATE	H PI D
Hyoscyamine Sulfate	47781-012-01	.125 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL		Alvogen Inc.	47781-012	Hyoscyamine Sulfate	HYOSCYAMINE SULFATE	H PI D
Hyoscyamine Sulfate	47781-011-01	.125 mg/1	TABLET	ORAL; SUBLINGUAL		Alvogen Inc.	47781-011	Hyoscyamine Sulfate	HYOSCYAMINE SULFATE	H PI D
hyoscyamine sulfate	47781-014-01	.375 mg/1	TABLET, EXTENDED RELEASE	DRAL		Alvogen Inc.	47781-014	hyoscyamine sulfate	HYOSCYAMINE SULFATE	H PI D
hyoscyamine sulfate	47781-013-01	.125 mg/1	TABLET	ORAL		Alvogen Inc.	47781-013	hyoscyamine sulfate	HYOSCYAMINE SULFATE	H PI D
IBANDRONATE SODIUM	47781-103-33	150 mg/1	TABLET	ORAL	ANDA078998	Alvogen Inc.	47781-103	IBANDRONATE SODIUM	IBANDRONATE SODIUM	H PI D
IBANDRONATE SODIUM	47781-103-21	150 mg/1	TABLET	ORAL	ANDA078998	Alvogen Inc.	47781-103	IBANDRONATE SODIUM	IBANDRONATE SODIUM	H PI D
Labetalol Hydrochloride	47781-552-05	100 mg/1	TABLET, FILM COATED	ORAL	NDA018716	Alvogen Inc.	47781-552	labetalol hydrochloride	LABETALOL HYDROCHLORIDE	H PI D
Labetalol Hydrochloride	47781-552-01	100 mg/1	TABLET, FILM COATED	ORAL	NDA018716	Alvogen Inc.	47781-552	labetalol hydrochloride	LABETALOL HYDROCHLORIDE	H PI D
Labetalol Hydrochloride	47781-553-01	200 mg/1	TABLET, FILM COATED	ORAL	NDA018716	Alvogen Inc.	47781-553	labetalol hydrochloride	LABETALOL HYDROCHLORIDE	H PI D

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	I I
Labetalol Hydrochloride	47781-554-01	300 mg/1	TABLET, FILM COATED	ORAL	NDA018716	Alvogen Inc.	47781-554	labetalol hydrochloride	LABETALOL HYDROCHLORIDE	H PI D
Labetalol Hydrochloride	47781-553-05	200 mg/1	TABLET, FILM COATED	ORAL	NDA018716	Alvogen Inc.	47781-553	labetalol hydrochloride	LABETALOL HYDROCHLORIDE	H PI D
Labetalol Hydrochloride	47781-586-29	5 mg/mL	INJECTION	INTRAVENOUS	ANDA090699	Alvogen Inc.	47781-586	Labetalol Hydrochloride	LABETALOL HYDROCHLORIDE	H PI D
levothyroxine sodium	47781-640-10	25 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-640	levothyroxine sodium	LEVOTHYROXINE SODIUM	H PI D
levothyroxine sodium	47781-640-90	25 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-640	levothyroxine sodium	LEVOTHYROXINE SODIUM	H PI D
levothyroxine sodium	47781-643-10	50 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-643	levothyroxine sodium	LEVOTHYROXINE SODIUM	H PI D
levothyroxine sodium	47781-643-90	50 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-643	levothyroxine sodium	LEVOTHYROXINE SODIUM	H PI D
levothyroxine sodium	47781-646-10	75 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-646	levothyroxine sodium	LEVOTHYROXINE SODIUM	H PI D
levothyroxine sodium	47781-646-90	75 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-646	levothyroxine sodium	LEVOTHYROXINE SODIUM	H PI D
levothyroxine sodium	47781-649-10	88 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-649	levothyroxine sodium	LEVOTHYROXINE SODIUM	H PI D
levothyroxine sodium	47781-649-90	88 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-649	levothyroxine sodium	LEVOTHYROXINE SODIUM	H PI D
levothyroxine sodium	47781-651-10	100 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-651	levothyroxine sodium	LEVOTHYROXINE SODIUM	H PI D
levothyroxine sodium	47781-651-90	100 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-651	levothyroxine sodium	LEVOTHYROXINE SODIUM	H PI D
levothyroxine sodium	47781-654-10	112 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-654	levothyroxine sodium	LEVOTHYROXINE SODIUM	H PI D
levothyroxine sodium	47781-654-90	112 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-654	levothyroxine sodium	LEVOTHYROXINE SODIUM	H PI D
levothyroxine sodium	47781-657-10	125 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-657	levothyroxine sodium	LEVOTHYROXINE SODIUM	H PI D
levothyroxine sodium	47781-657-90	125 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-657	levothyroxine sodium	LEVOTHYROXINE SODIUM	H PI D
levothyroxine sodium	47781-659-10	137 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-659	levothyroxine sodium	LEVOTHYROXINE SODIUM	H PI D

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	I I
levothyroxine sodium	47781-659-90	137 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-659	levothyroxine sodium	LEVOTHYROXINE SODIUM	H PI D
levothyroxine sodium	47781-662-10	150 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-662	levothyroxine sodium	LEVOTHYROXINE SODIUM	H PI D
levothyroxine sodium	47781-662-90	150 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-662	levothyroxine sodium	LEVOTHYROXINE SODIUM	H PI D
levothyroxine sodium	47781-665-10	175 ug/1	TABLET	ORAL	NOA021116	Alvogen, Inc.	47781-665	levothyroxine sodium	LEVOTHYROXINE SODIUM	H PI D
levothyroxine sodium	47781-665-90	175 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-665	levothyroxine sodium	LEVOTHYROXINE SODIUM	H PI D
levothyroxine sodium	47781-668-10	200 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-668	levothyroxine sodium	LEVOTHYROXINE SODIUM	H PI D
levothyroxine sodium	47781-668-90	200 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-668	levothyroxine sodium	LEVOTHYROXINE SODIUM	H PI D
levothyroxine sodium	47781-671-10	300 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-671	levothyroxine sodium	LEVOTHYROXINE SODIUM	H PI D
levothyroxine sodium	47781-671-90	300 ug/1	TABLET	ORAL	NDA021116	Alvogen, Inc.	47781-671	levothyroxine sodium	LEVOTHYROXINE SODIUM	H PI D
Lidocaine	47781-570-47	40 mg/g	CREAM	TOPICAL	part348	Alvogen Inc.	47781-570	Lidocaine	LIDOCAINE	H D
Lidocaine	47781-570-89	40 mg/g	CREAM	TOPICAL	part348	Alvogen Inc.	47781-570	Lidocaine	LIDOCAINE	H D
Lidocaine	47781-571-72	50 mg/g	CREAM	TOPICAL	part346	Alvogen Inc.	47781-571	Lidocaine	LIDOCAINE	H D
Lidocaine	47781-570-72	40 mg/g	CREAM	TOPICAL	part348	Alvogen Inc.	47781-570	Lidocaine	LIDOCAINE	H D
Lidocaine	47781-570-73	40 mg/g	CREAM	TOPICAL	part348	Alvogen Inc.	47781-570	Lidocaine	LIDOCAINE	H D
Melphalan	47781-200-50	2 mg/1	TABLET	ORAL	ANDA207809	Alvogen Inc.	47781-200	Melphalan USP, 2 mg	MELPHALAN	H PI D
Methenamine Hippurate	47781-577-01	1 g/1	TABLET	ORAL	NDA016151	Alvogen Inc.	47781-577	Methenamine Hippurate	METHENAMINE HIPPURATE	H PI D
Methylphenidate hydrochloride	47781-415-01	18 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA210818	Alvogen Inc.	47781-415	Methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE	H PI D
Methylphenidate hydrochloride	47781-416-01	27 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA210818	Alvogen Inc.	47781-416	Methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE	H PI D

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	I I
Methylphenidate hydrochloride	47781-417-01	36 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA210818	Alvogen Inc.	47781-417	Methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE	H PI D
Methylphenidate hydrochloride	47781-418-01	54 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA210818	Alvogen Inc.	47781-418	Methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE	H PI D
METHYLPHENIDATE HYDROCHLORIDE	47781-629-01	10 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA204772	Alvogen Inc.	47781-629	methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE	H PI D

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Current through April 07, 2022

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Search Results: *'Alvogen'*

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Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Na
METHYLPHENIDATE HYDROCHLORIDE	47781-631-01	20 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA204772	Alvogen Inc.	47781-631	methylphenidate hydrochloride	METHYLPHENII HYDROCHLORI
Midazolam	47781-589-91	5 mg/mL	INJECTION, SOLUTION	INTRAMUSCULAR; INTRAVENOUS	ANDA090850	Alvogen Inc.	47781-589	midazolam hydrochloride	MIDAZOLAM HYDROCHLORI
minocycline hydrochloride	47781-544-01	50 mg/1	CAPSULE	ORAL	ANDA063067	Alvogen, Inc.	47781-544	minocycline hydrochloride	MINOCYCLINE HYDROCHLORI
minocycline hydrochloride	47781-545-01	75 mg/1	CAPSULE	ORAL	ANDA063067	Alvogen, Inc.	47781-545	minocycline hydrochloride	MINOCYCLINE HYDROCHLORI
minocycline hydrochloride	47781-546-05	100 mg/1	CAPSULE	ORAL	ANDA063067	Alvogen, Inc.	47781-546	minocycline hydrochloride	MINOCYCLINE HYOROCHLORI
minocycline hydrochloride	47781-546-50	100 mg/1	CAPSULE	ORAL	ANDA063067	Alvogen, Inc.	47781-546	minocycline hydrochloride	MINOCYCLINE HYDROCHLORI
Naproxen Sodium	47781-155-30	750 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	NDA020353	Alvogen Inc.	47781-155	Naproxen Sodium	NAPROXEN SODIUM
Naproxen Sodium	47781-154-75	500 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	NDA020353	Alvogen Inc.	47781-154	Naproxen Sodium	NAPROXEN SODIUM
Naproxen Sodium	47781-153-01	375 mg/1	TABLET, FILM CDATED, EXTENDED RELEASE	DRAL	NDA020353	Alvogen Inc.	47781-153	Naproxen Sodium	NAPRDXEN SODIUM
nitrofurantoin macrocrystals	47781-307-01	50 mg/1	CAPSULE	ORAL	NDA016620	Alvogen Inc.	47781-307	nitrofurantoin macrocrystals	NITROFURANTI

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Na
nitrofurantoin macrocrystals	47781-308-01	100 mg/1	CAPSULE	ORAL	NDA016620	Alvogen Inc.	47781-308	nitrofurantoin macrocrystals	NITROFURANT(
nitrofurantoin macrocrystals	47781-306-01	25 mg/1	CAPSULE	ORAL	NDA016620	Alvogen Inc.	47781-306	nitrofurantoin macrocrystals	NITROFURANT(
Nitrofurantoin Monohydrate/ Macrocrystalline	47781-303-01	25 mg/1, 75 mg/1	CAPSULE	ORAL	NDA020064	Alvogen Inc.	47781-303	Nitrofurantoin Monohydrate/Macrocrystalline	NITROFURANT(NITROFURANT(MONOHYDRATI
nitroglycerin	47781-456-01	.3 mg/1	TABLET	SUBLINGUAL	ANDA211604	Alvogen Inc.	47781-456	nitroglycerin	NITROGLYCERI
nitroglycerin	47781-457-01	.4 mg/1	TABLET	SUBLINGUAL	ANDA211604	Alvogen Inc.	47781-457	nitroglycerin	NITROGLYCERI
nitroglycerin	47781-457-04	.4 mg/1	TABLET	SUBLINGUAL	ANDA211604	Alvogen Inc.	47781-457	nitroglycerin	NITROGLYCERI
nitroglycerin	47781-458-01	.6 mg/1	TABLET	SUBLINGUAL	ANDA211604	Alvogen Inc.	47781-458	nitroglycerin	NITROGLYCERI
Oseltamivir Phosphate	47781-470-13	75 mg/1	CAPSULE	ORAL	ANDA202595	Alvogen Inc.	47781-470	Oseltamivir phosphate	OSELTAMIVIR PHOSPHATE
Oseltamivir Phosphate	47781-469-13	45 mg/1	CAPSULE	ORAL	ANDA202595	Alvogen Inc.	47781-469	Oseltamivir phosphate	OSELTAMIVIR PHOSPHATE
Oseltamivir Phosphate	47781-468-13	30 mg/1	CAPSULE	ORAL	ANDA202595	Alvogen Inc.	47781-468	Oseltamivir phosphate	OSELTAMIVIR PHOSPHATE
Oseltamivir Phosphate for Oral Suspension	47781-384-26	6 mg/mL	POWDER, FOR SUSPENSION	ORAL	ANDA208823	Alvogen Inc.	47781-384	Oseltamivir Phosphate	OSELTAMIVIR PHOSPHATE
Oxycodone and Acetaminophen	47781-196-05	325 mg/1, 5 mg/1	TABLET	ORAL	ANDA202677	Alvogen, Inc.	47781-196	Oxycodone and Acetaminophen	OXYCODONE HYDROCHLORI ACETAMINOPH
Oxycodone and Acetaminophen	47781-196-01	325 mg/1, 5 mg/1	TABLET	ORAL	ANDA202677	Alvogen, Inc.	47781-196	Oxycodone and Acetaminophen	OXYCODONE HYDROCHLORI ACETAMINOPH
Oxycodone and Acetaminophen	47781-230-05	325 mg/1, 10 mg/1	TABLET	ORAL	ANDA202677	Alvogen, Inc.	47781-230	Oxycodone and Acetaminophen	OXYCODONE HYDROCHLORI ACETAMINOPH
Oxycodone and Acetaminophen	47781-229-05	325 mg/1, 7.5 mg/1	TABLET	ORAL	ANDA202677	Alvogen, Inc.	47781-229	Oxycodone and Acetaminophen	OXYCODONE HYDROCHLORI ACETAMINOPH
Oxycodone and Acetaminophen	47781-230-63	325 mg/1, 10 mg/1	TABLET	ORAL	ANDA202677	Alvogen, Inc.	47781-230	Oxycodone and Acetaminophen	OXYCODONE HYDROCHLORI ACETAMINOPH
Oxycodone and Acetaminophen	47781-229-01	325 mg/1, 7.5 mg/1	TABLET	ORAL	ANDA202677	Alvogen, Inc.	47781-229	Oxycodone and Acetaminophen	OXYCODONE HYDROCHLORI ACETAMINOPH
Oxycodone and Acetaminophen	47781-230-01	325 mg/1, 10 mg/1	TABLET	ORAL	ANDA202677	Alvogen, Inc.	47781-230	Oxycodone and Acetaminophen	OXYCODONE HYDROCHLORI ACETAMINOPH

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Na
Oxycodone hydrochloride	47781-265-05	30 mg/1	TABLET	ORAL	ANDA202116	Alvogen, Inc.	47781-265	Oxycodone hydrochloride	OXYCODONE HYDROCHLORI
Oxycodone hydrochloride	47781-263-01	5 mg/1	TABLET	ORAL	ANDA202116	Alvogen, Inc.	47781-263	Oxycodone hydrochloride	OXYCODONE HYDROCHLORI
Oxycodone hydrochloride	47781-265-01	30 mg/1	TABLET	ORAL	ANDA202116	Alvogen, Inc.	47781-265	Oxycodone hydrochloride	OXYCODONE HYDROCHLORI
Oxycodone hydrochloride	47781-264-01	15 mg/1	TABLET	ORAL	ANDA202116	Alvogen, Inc.	47781-264	Oxycodone hydrochloride	OXYCODONE HYDROCHLORI
Oxycodone hydrochloride	47781-263-05	5 mg/1	TABLET	ORAL	ANDA202116	Alvogen, Inc.	47781-263	Oxycodone hydrochloride	OXYCODONE HYDROCHLORI
Oxycodone hydrochloride	47781-264-05	15 mg/1	TABLET	ORAL	ANDA202116	Alvogen, Inc.	47781-264	Oxycodone hydrochloride	OXYCODONE HYDROCHLORI
Paclitaxel	47781-595-07	300 mg/50mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA207326	Alvogen Inc.	47781-595	paclitaxel	PACLITAXEL
Pregabalin Extended Release	47781-379-30	82.5 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	ANDA211593	Alvogen Inc.	47781-379	PREGABALIN	PREGABALIN
Pregabalin Extended Release	47781-380-30	165 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	ANDA211593	Alvogen Inc.	47781-380	PREGABALIN	PREGABALIN
Pregabalin Extended Release	47781-381-30	330 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	ANDA211593	Alvogen Inc.	47781-381	PREGABALIN	PREGABALIN
Pyridostigmine Bromide	47781-335-30	180 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA204737	Alvogen, Inc.	47781-335	Pyridostigmine Bromide	PYRIDOSTIGMI BROMIDE
pyrimethamine	47781-925-01	25 mg/1	TABLET	ORAL	ANDA211271	Alvogen Inc.	47781-925	pyrimethamine	PYRIMETHAMI
pyrimethamine	47781-925-30	25 mg/1	TABLET	ORAL	ANDA211271	Alvogen Inc.	47781-925	pyrimethamine	PYRIMETHAMI
pyrimethamine	47781-925-31	25 mg/1	TABLET	ORAL	ANDA211271	Alvogen Inc.	47781-925	pyrimethamine	PYRIMETHAMI
Rasagiline	47781-683-30	.5 mg/1	TABLET	ORAL	ANDA201970	Alvogen, Inc.	47781-683	Rasagiline	RASAGILINE MESYLATE
Rasagiline	47781-690-30	1 mg/1	TABLET	ORAL	ANDA201970	Alvogen, Inc.	47781-690	Rasagiline	RASAGILINE MESYLATE
Rivastigmine Transdermal System	47781-304-03	4.6 mg/1	PATCH, EXTENDED RELEASE	TRANSDERMAL	ANDA204403	Alvogen Inc.	47781-304	Rivastigmine Transdermal System	RIVASTIGMINE

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Na
Rivastigmine Transdermal System	47781-305-03	9.5 mg/1	PATCH, EXTENDED RELEASE	TRANSDERMAL	ANDA204403	Alvogen Inc.	47781-305	Rivastigmine Transdermal System	RIVASTIGMINE
Rivastigmine Transdermal System	47781-405-03	13.3 mg/1	PATCH, EXTENDED RELEASE	TRANSDERMAL	ANDA204403	Alvogen Inc.	47781-405	Rivastigmine Transdermal System	RIVASTIGMINE
teriparatide	47781-652-89	250 ug/mL	INJECTION, SOLUTION	SUBCUTANEOUS	NDA211939	Alvogen, Inc.	47781-652	teriparatide	TERIPARATIDE
vancomycin hydrochloride	47781-729-50	125 mg/1	CAPSULE	ORAL	ANDA065490	Alvogen Inc.	47781-729	vancomycin hydrochloride	VANCOMYCIN HYDROCHLORI
vancomycin hydrochloride	47781-730-02	250 mg/1	CAPSULE	ORAL	ANDA065490	Alvogen Inc.	47781-730	vancomycin hydrochloride	VANCOMYCIN HYDROCHLORI

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Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

National Drug Code Directory

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Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Typ Name
vancomycin hydrochloride	47781-730-50	250 mg/1	CAPSULE	ORAL	ANDA065490	Alvogen Inc.	47781-730	vancomycin hydrochloride	VANCOMYCIN HYDROCHLORIDE	HUMAN PRESCRIPTI DRUG
vancomycin hydrochloride	47781-729-02	125 mg/1	CAPSULE	ORAL	ANDA065490	Alvogen Inc.	47781-729	vancomycin hydrochloride	VANCOMYCIN HYDROCHLORIDE	HUMAN PRESCRIPTI DRUG
VORICONAZOLE	47781-466-71	10 mg/mL	INJECTION, POWDER, FOR SOLUTION	INTRAVENOUS	ANDA206398	Alvogen Inc.	47781-466	VORICONAZOLE	VORICONAZOLE	HUMAN PRESCRIPTI DRUG

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See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Alvogen, Inc. – Top 4 CMO's & 3PLs

NATCO PHARMA LIMITED
Road No:2, Banjara Hills,
Hyderabad, India – 500034

Tapemark
1685 Marthaler Ln
West St Paul, MN 55118

ARx LLC
400 Seaks Run Rd
Glen Rock, PA 17327

Seigfried
9342 Jeronimo Rd
Irvine, CA 92618

3PL:
UPS Supply Chain Solutions
1860 Outer Loop
Louisville, KY 40219

Alvogen Officers

Lisa Graver – CEO
44 Whippany Road
Suite 300
Morristown, NJ 07960
973-796-3400
Ownership: 0%

Andrea Sweet – Secretary
44 Whippany Road
Suite 300
Morristown, NJ 07960
973-796-3400
Ownership: 0%

Lumtunie Zaku – CFO/Treasurer
44 Whippany Road
Suite 300
Morristown, NJ 07960
973-796-3400
Ownership: 0%

Designated Representative:

Andrea Johnson – VP Sales Operations
44 Whippany Road
Suite 300
Morristown, NJ 07960
973-796-3400

Application Attachment – Employee Roster

Johnson, Andrea
Gordon, Christine
David, Andrew D
Kushner, Phillip
Kraft, Kristine J.
Hutchason, Marylea
Ziegler, Linda
Keys-Lundy, Zakiyyah
Billemeyer, Carolyn
Spinelli, Leonard
Marchitelli, John
Shah, Kaushik
Watson, Raymond
Spears, Twonna L.
Cestaro, Frank
Miranda, Roberto
Ramirez, Myreen
Rosario, Lucy
Buenviaje, Agustin Abarquez
Zaku, Lumtunie
Ulit, Ithti T
Demera, Luis
Stedge, Barbara
Puzanova, Svetlana
Guarch, Elisabeth
Garbarini, John
Park, Peter J.
Lasser, Robert
Halpin, Janet
Wickware, Erin
Lucero-Urgilez, Yennifer
Mossa, Annemarie
Andre, Elvila
Smith, Emily
Zamor, Wendy
Said, Momina
Suchy, William
Nugent, Roxan A
Seymore, Taneka C
Karamched, Srinivasa C
Daniels, Neema
Pena, Wendy
Fecho Jr., Stephen J
Palmer, Joana
Bersey, Joshua A
Beal, Douglas L

Moss, Raymond
Scheideler, Gregg S
Anello, Natale F
Lorenz, Sean Joseph
Vitale, Sheryl
Sinha, Neela
Leonor, Christopher
Binaku, Shqipe
Wood, Kevin
Rehberger, Mary Beth
Lee, Evan
Deng, Li
Spruill, Natasha
White, James P.
Dixit, Karuna
Patel, Sonal
Terra, Joel
Penny, Keith B.
Oliveira, Damiana
Ellison, Paul
Sumler, Heather L.
Haddad, Ali
Vieru, Oleg
Zagmot, Robert J
Kirsch, Daniel
Marino, Mark
Patel, Neha
Graynor, Michael
Jackson, Leslie
Bailey, Anna Kay
Lepelis, Sara
Referente, Michael S
Guerrero, Pilar
Ludwig, Matthew B
Peele, Tonya
Lin, Howie
Williams, Aisha
Lee, Alyssa
Dinh, Daniel
Bianchini, Matthew W
Elvin, Lisa
Godek, Anna M
Beffert, Jordan
Knauer, Kristina
Ramkishun, Nadina
Oyebade, Joseph
Krishnaraj, Narmadha
Rosado, Nicholas

Luo, Min
Cakmak Yuce, Yekta
Singh, Harvinder
Hamlett, Kelvin Marcus
Graver, Lisa
Ore, Rita
Kusmick, Michael
Baker, Ivana
Vettoso, Brian
Kannan, Ravishankar
Hamblin, Stacey Sun

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALVOGEN, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Jeffrey W. Bullock, Secretary of State

3348050 8300

SR# 20222572789

Authentication: 203568860

Date: 06-01-22

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RU0346088	05-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	04-04-2022

U P S SUPPLY CHAIN SOLUTION INC,
1860 OUTER LOOP ROAD
LOUISVILLE, KY 402190000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

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Form DEA-223 (9/2016)

*** Effective 06/01/2022 this bond cancels and replaces The Hanover Insurance Company bond #1000977. ***

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 20BSBIW6143

Application/License No. _____

Alvogen, Inc. and entities on attached schedule (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 44 Whippany Road, Morristown, NJ 07960 (Address of Applicant/Principal), as PRINCIPAL, and Hartford Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Hartf :d Plaza, Hartford, CT 06155 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 1, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 1st day of June, 20[illegible].

APPLICANT/PRINCIPAL

Alv [illegible]

Authorized Representative

SURETY COMPANY

Hartford Fire Insurance Company

Surety Company's Representative

Sandy McElhaney, Attorney in Fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Marie Lett

Witness Andrea Allman

Countersigned by:

N/A

Nevada Resident Agent

Alvogen, Inc.
Pharmaceutical Wholesaler Surety Bond
Schedule of Applicant/Principal Names for bond 20BSBIW6143
as of 06/01/2022

Application/License No.:	Applicant/Principal Name	Address of Applicant/Principal
	Almatica Pharma, LLC	44 Whippany Road, Morristown, NJ 07960
	Almaject, Inc.	44 Whippany Road, Morristown, NJ 07960
	County Line Pharmaceuticals	44 Whippany Road, Morristown, NJ 07960
	Norwich Pharmaceuticals, Inc.	6826 State Highway 12, Norwich, NY 13815

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
or call 888-266-3488 *or fax* 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT: **Agency Name:** **Agency Code:**

- ☐ **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- ☐ **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- ☐ **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- ☐ **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- ☐ **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- ☐ **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- ☐ **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- ☐ **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint
Sandy M.

its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:
Bond No.
Naming
and Not

in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } **ss.** Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone

Jessica Ciccone
My Commission HH 12228
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of _____.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President



SURETY BOND DIGITAL SEAL
The Hartford Financial Services Group, Inc.

To Our Valued Partners:

In efforts of continuing business during the pendency of the COVID-19 pandemic, The Hartford has authorized its Attorneys-in-Fact to affix the electronic corporate seal in a digital format, in lieu of its traditional raised seal to any bond document issued on its behalf by any such Attorney-in-Fact.

The Hartford agrees and affirms that the digital corporate seal affixed to any bond document is equivalent to its raised corporate seal had it been affixed to the bond document itself.

Effective this 30th day of March, 2020.

The Hartford

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

The Hartford Financial Services Group, Inc.
P.O. Box 958461
Lake Mary, FL 32795

P: 888-656-0817
F: 877-257-2166

www.thehartford.com/bond
www.thehartford.com
www.facebook.com/thehartford
www.twitter.com/thehartford

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Alvogen, Inc.

Physical Address 44 Whippany Road, Suite 300

City Morristown State NJ Zip 07960

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone 973-796-3400 Website www.alvogen.com

Licensing Company Email mary.hutchason@alvogen.com

Section 2: Personal Information

First Andrea Middle _____ Last Johnson

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] Merrywood Drive

City Edison State NJ Zip 08817

Telephone [redacted] Email andrea.johnson@alvogen.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials aj

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Academy of Mt. St. Ursula		09/1976 - 06/1980	
Address	City	State	Zip
	Bronx	NY	
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
College of New Rochelle		01/1981-05/1985	
Address	City	State	Zip
	New Rochelle		
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
		NY	
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2018 to Present	[redacted] Merrywood Drive	Edison	NJ	08817
2014 to 2018	[redacted] Kokora Avenue	Montville	NJ	07045
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Alvogen, Inc.			From - To (MM/YY – MM/YY): 11/2009 to Present	
Business Address: 44 Whippany Road, Suite 300		City: Morristown	State: NJ	Zip: 07960
Phone: 973-796-3412	Title: Vice President, Sales Operations		Number of Employed Hours: 27,040 employed hours	
Description of Duties: Responsible for Operations of Sales				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I, Andrea Johnson, **certify that as the designated representative for**

Alvogen, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Andrea Johnson

Print Name (First, Last)

Andrea Johnson

Original Signature (electronic, copies or stamps not accepted)

6/1/22

Date

Applicant's initials AJ

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andrea Johnson

Print Name (First, Last)

Andrea Johnson — 6/1/22

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of NEW JERSEY, ss. County of MORRIS

I, ANDREA JOHNSON, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Andrea Johnson — 6/1/22

Original Signature — **Date**

Subscribed and Sworn to before me this 1ST day of JUNE 2022

Marylea Hutchason

Notary Public Signature

Marylea Hutchason
NOTARY PUBLIC
State of New Jersey
ID # 2376861
My Commission Expires August 13, 2023

(Seal)

Applicant's initials AJ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Alvogen, Inc.

Physical Address: 44 Whippany Road, Suite 300

City: Morristown State: NJ Zip: 07960

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 973-796-3400 Website: www.alvogen.com

Licensing Company Email: mary.hutchason@alvogen.com

Section 2: Personal Information

First: Lisa Middle: Last: Graver

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted] N. Ft. Lauderdale Beach Blvd. # [redacted]

City: Ft. Lauderdale State: FL Zip: 33304

Telephone: [redacted] Email: lisa.graver@alvogen.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials: _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: St. Francis High School			From - To (MM/YY – MM/YY): 1986 to 1990
Address	City	State	Zip
Diploma/Degree obtained, if any: HS diploma			
School Name: Lakehead University			From - To (MM/YY – MM/YY): 1990 to 1994
Address	City: Thunder Bay	State: Ontario	Zip
Diploma/Degree obtained, if any: Bachelor's in Biology			
School Name: Case Western University			From - To (MM/YY – MM/YY): 1995 to 1998
Address	City	State	Zip
Diploma/Degree obtained, if any: JD and Law Degree			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
6/2021 to present	[redacted] N. Ft. Lauderdale Beach Blvd # [redacted]	Ft. Lauderdale	FL	33304
2020 to 5/2021	[redacted] Prospect Street, Apt [redacted]	Morristown	NJ	07960
2014 to 2020	[redacted] William Street, Apt [redacted]	New York	NY	10005
2009 to 2014	[redacted] Bloomfield Avenue	Essex Fells	NJ	07021
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Alvogen, Inc.			6/2010 to Present	
Business Address		**City**	**State**	**Zip**
44 Whippany Road, Suite 300		Morristown	NJ	07960
Phone	**Title**			
973-796-3423	CEO			
Description of Duties				
CEO				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials 

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lisa Graver

Print Name (First, Last)

Lisa Graver

Original Signature (electronic, copies or stamps not accepted)

6-1-22

Date

Please have this section completed in the presence of a Notary Public.

State of NEW JERSEY, ss. County of MORRIS

I, LISA GRAVER, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Lisa Graver

Original Signature

6-1-22

Date

Subscribed and Sworn to before me this 1ST day of JUNE 2022.

Marylea Hutchason

Notary Public Signature

Marylea Hutchason
NOTARY PUBLIC
State of New Jersey
ID # 2376861
My Commission Expires August 13, 2023

(Seal)

Applicant's initials LG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Alvogen, Inc.

Physical Address 44 Whippany Road, Suite 300

City Morristown State NJ Zip 07960

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone 973-796-3400 Website www.alvogen.com

Licensing Company Email mary.hutchason@alvogen.com

Section 2: Personal Information

First Andrea Middle _____ Last Sweet

Alias(es, nicknames, name changes, etc.) Johnson

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]Morgan Drive

City Glastonbury State CT Zip 06033

Telephone [redacted] Email andrea.sweet@alvogen.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials AS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
West Canada Valley		1992 to 1996	
Address	**City**	**State**	**Zip**
5447 State Rd 28	Newport	NY	13416
Diploma/Degree obtained, if any			
HS diploma			

School Name		From - To (MM/YY – MM/YY)	
Boston University		1996 to 2000	
Address	**City**	**State**	**Zip**
881 Commonwealth Ave	Boston	MA	02215
Diploma/Degree obtained, if any			
Bachelor's of Arts			

School Name		From - To (MM/YY – MM/YY)	
Western New England University		2002-2005	
Address	**City**	**State**	**Zip**
1215 Wilbraham Rd	Springfield	MA	01119
Diploma/Degree obtained, if any			
JD and Law Degree			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
4/2016 to Present	[redacted]Morgan Drive	Glastonbury	CT	06033
8/2005 to 3/2016	[redacted]Evergreen Road	Vernon	CT	06066

Applicant's initials AS

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Alvogen, Inc.			From - To (MM/YY – MM/YY): 3/2013 to Present
Business Address: 44 Whippany Road, Suite 300	City: Morristown	State: NJ	Zip: 07960
Phone: 973-487-3978	Title: Secreatary		
Description of Duties: Vise President, Legal Affairs			

Business Name: Actavis			From - To (MM/YY – MM/YY): 12/2009 to 3/2013
Business Address: 400 Interplace Parkway	City: Parsippany	State: NJ	Zip: 07054
Phone: 862-261-7000	Title: Senior Director of IP		
Description of Duties: Intellectual Property counsel			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials AS

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Andrew Sweet
Original Signature (electronic, copies or stamps not accepted)

5/27/2022
Date

Applicant's initials AS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andrea Sweet

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/27/2022

Date

Please have this section completed in the presence of a Notary Public.

State of NEW JERSEY, ss. County of MORRIS

I, Andrea Sweet, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5/27/2022

Date

Subscribed and Sworn to before me this 27th day of MAY, 2022.

Notary Public Signature

Marylea Hutchason
NOTARY PUBLIC
State of New Jersey
ID # 2376861
My Commission Expires August 13, 2023

(Seal)

Applicant's initials AS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Alvogen, Inc.

Physical Address 44 Whippany Road, Suite 300

City Morristown State NJ Zip 07960

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone 973-796-3400 Website www.alvogen.com

Licensing Company Email mary.hutchason@alvogen.com

Section 2: Personal Information

First Lumtunie Middle _____ Last Zaku

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City Pine Brook State NJ Zip 07058

Telephone [redacted] Email tunie.zaku@alvogen.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Boonton High School		1992 to 1996	
Address	**City**	**State**	**Zip**
	Boontoon	NJ	
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Seton Hall University		1996 to 1999	
Address	**City**	**State**	**Zip**
	Orange	NJ	
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
6/2013 to Present	[redacted]Lorraine Drive	Pine Brook	NJ	07058
11/2002 to 6/2013	[redacted] Evergreen Drive	Lincoln Park	NJ	07035

Applicant's initials TJ

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Alvogen			From - To (MM/YY – MM/YY): 2/2018 to Present
Business Address: 44 Whippany Road, Suite 300	City: Morristown	State: NJ	Zip: 07960
Phone: 973-487-3957	Title: Chief Financial Officer, Americas Region		
Description of Duties: Chief Financial Officer			

Business Name: Par Pharmaceutical Inc			From - To (MM/YY – MM/YY): 11/2006 to 2/2018
Business Address: 1 Ram Ridge Road	City: Chestnut Ridge	State: NY	Zip: 10977
Phone: 845-364-4780	Title: Generics Controller		
Description of Duties: Controller			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lumtunie Zaku

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/1/2022

Date

Please have this section completed in the presence of a Notary Public.

State of NEW JERSEY, ss. County of MORRIS

I, LUMTUNIE ZAKU, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/1/2022

Date

Subscribed and Sworn to before me this 1ST day of JUNE 2022

Notary Public Signature

Marylea Hutchason
NOTARY PUBLIC
State of New Jersey
ID # 2376861
My Commission Expires August 13, 2023

(Seal)

Applicant's initials

4E

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Y

Where is the facility located?	☐ Nevada ☒ Out-of-State
Is your facility a reverse distributor?	☐ Yes ☒ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Datascope Corp.

Physical Address: 15 Law Drive

City: Fairfield State: NJ Zip: 07004

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (800)777-4222 Website: www.maquet.com/us

Name of Designated Representative (DR): Irma Cruz

Licensing Company Email: DSP@slsny.com DR Email: irma.cruz@getinge.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others: Distribution sites with organization; distributors	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: GXO Logistics Supply Chain, Inc.
Address: 2349 Route 130, Suite A City: South Brunswick State: NJ Zip: 08810
Name: Getinge USA Sales, LLC
Address: 1 Geoffrey Way City: Wayne State: NJ Zip: 07470
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

N/A

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE
Parent Company (if any): Getinge Holdings USA, Inc.
Corporation/Organization Name: Datascope Corp.
Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3
City: Florida State: NY Zip: 10921
Telephone: (845) 544-2482 Email: DSP@slsny.com
Contact Person Name: Christine Cannon

N/A

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

N/A

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: FDA# 1000222374	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jennifer A. Paradise

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

03/07/22

Date

Board Use Only	Date Received: _____	Amount: $500 check 1871

homestate verifications

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 12/9/2021

Registration Number: 5004738 **Registered as:** Manufacturer

Name: DATASCOPE CORP.

DBA:

Address: 1300 MACARTHUR BLVD, MAHWAH, NJ 07430

Original Issue Date: 03/19/2015 **Expiration Date:** 01/31/2023

Current Issue Date: 11/10/2021

Disciplines: No

Additional Registered Addresses:
15 LAW DR, FAIRFIELD, NJ 07004

Good Standing (Incorp)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DATASCOPE CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2022.

Jeffrey W. Bullock, Secretary of State

2209780 8300

SR# 20220665668

Authentication: 202750746

Date: 02-24-22

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

175

Datascope Corp.

Corporate Address: 1300 MacArthur Blvd., Mahwah, NJ 07430 USA
FEIN: 13-2529596
www.maquet.com/us

Drug Labeler Code: 2249723
Incorporation State: DE
Incorporation Date: 10/5/1989

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
FLD	15 Law Drive Fairfield, NJ 07004 County: Essex	1000222374	N/A - No CS		No		

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Irma Cruz	15 Law Drive Fairfield, NJ 07004	Designated Representative				

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Getinge Holdings USA, Inc.	45 Barbour Pond Drive Wayne, NJ 07470	N/A	100	N/A	36-3750713	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Stephanie B Trizinski	[redacted] Clifford Drive Towaco, NJ 07082	VP, Cardiac Surgery	No	[redacted]	[redacted]	[redacted]
Jennifer A Paradise	[redacted] Hill Hollow Road Warren, NJ 07059	VP, Cardiac Assist		[redacted]	[redacted]	[redacted]

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
Incorp Services, Inc.			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
GXO Logistics Supply Chain, Inc.	2349 Route 130, Suite A South Brunswick, NJ 08810					

Company partners

U.S. Department of Health & Human Services

a A A

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Establishment Registration & Device Listing

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Establishment:
Datascope Corp.
15 Law Dr
FAIRFIELD, NJ 07004
Registration Number: 2248146
FEI Number*: 1000222374
Status: Active
Date Of Registration Status: 2022

Owner/Operator:
Datascope Corp.
15 Law Drive
Fairfield, NJ US 07004
Owner/Operator Number: 2221819

Official Correspondent:
Dennis Genito
15 Law Drive
Fairfield, NJ 07004
Phone: 973-7097515

Verified with Sloan 5/10/22

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Page Last Updated: 02/07/2022
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DEA

GETINGE

The following are the list of officers for DSP-Datascope Corp

Stephanie Trizinski-VP, Cardiac Surgery

Jennifer Paradise- VP, Cardiac Assist

Thank you,

Jennifer Paradise

Datascope Corp.
1300 MacArthur Blvd.
Mahwah, NJ 07430
Phone: 1 800 777 4222
Fax: 1 800 736 5455
www.getinge.com

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K15754345

Application/License No. _____

DataScope Corp. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 15 Law Drive. Fairfield, NJ 07004 (Address of Applicant/Principal), as PRINCIPAL, and Federal Insurance Company (Surety Company), a corporation organized under the laws of the state of Indiana (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 202B Halls Mill Road, P.O. Box 1650, Whitehouse Station, NJ 08889 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on February 10, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 7th day of February, 2022.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Federal Insurance Company

Surety Company's Representative

Kelly M. Shea, Attorney-in-fact

print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Jessica Greene

Witness

Witness

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Jessica M Greene, Christopher K. Shea and Kelly M. Shea of Rochester, New York ------

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **2nd** day of **March, 2020**.

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney

Stephen M. Haney, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this **2nd** day of **March, 2020** before me, a Notary Public of New Jersey, personally came Dawn M. Chloros and Stephen M. Haney, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros and Stephen M. Haney, being by me duly sworn, severally and each for herself and himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

KATHERINE J. ADELAAR
NOTARY PUBLIC OF NEW JERSEY
No. 2316685
Commission Expires July 16, 2024

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016, WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this 7th day of February, 2022

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

CORPORATION ACKNOWLEDGMENT

STATE OF
COUNTY OF

On this 7th day of February in the year 2022, before me personally came Alastair Ryan to me known, who, being by me duly sworn, did depose and say he resides in Wayne; that he is the CFO of the Gebruder USA Sales, LLC corporation described in and which executed the foregoing instrument; that the seal affixed to the said instrument is such corporate seal; and that it was so affixed by order of the Board of Directors of the said corporation, and that he signed his name thereto by like order.

Notary Public

SURETY ACKNOWLEDGMENT

STATE OF NEW YORK
COUNTY OF MONROE

On this 7th day of February in the year 2022, before me personally came Kelly M. Shea to me known, who, being by me duly sworn, did depose and say that he resides in Rochester, New York ; that he is the Attorney-In-Fact of Federal Insurance Company the corporation described in and which executed the foregoing instrument; that the seal affixed to the said instrument is such corporate seal; and that it was so affixed by order of the Board of Directors of the said corporation, and that he signed his name thereto by like order.

Notary Public

Jessica M. Greene
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01GR6412198
Qualified in Monroe County
Commission Expires December 21, 2024

FEDERAL INSURANCE COMPANY

STATEMENT OF ASSETS, LIABILITIES AND SURPLUS TO POLICYHOLDERS

Statutory Basis

JUNE 30, 2019

(in thousands)

ASSETS		*LIABILITIES AND SURPLUS TO POLICYHOLDERS*	
Cash and Short Term Investments	$ (478,792)	Outstanding Losses and Loss Expenses	$ 6,750,802
United States Government, State and Municipal Bonds	4,811,955	Reinsurance Payable on Losses and Expenses	1,232,039
Other Bonds	5,021,431	Unearned Premiums	1,958,866
Stocks	32,020	Ceded Reinsurance Premiums Payable	377,358
Other Invested Assets	930,899	Other Liabilities	868,035
TOTAL INVESTMENTS	10,319,513	TOTAL LIABILITIES	11,186,900
Investments in Affiliates:		Capital Stock	20,000
Great Northern Ins. Co.	389,764	Paid-In Surplus	2,711,473
Vigilant Ins. Co.	337,205	Unassigned Funds	1,399,031
Chubb Indemnity Ins. Co.	177,261		
Chubb National Ins. Co.	178,671	SURPLUS TO POLICYHOLDERS	4,131,484
Chubb European Inv. Holdings, SLP	126,252		
Other Affiliates	89,644		
Premiums Receivable	1,432,640		
Other Assets	2,267,434		
TOTAL ADMITTED ASSETS	$ 15,318,384	TOTAL LIABILITIES AND SURPLUS	$15,318,384

Investments are valued in accordance with requirements of the National Association of Insurance Commissioners. At June 30, 2019, investments with a carrying value of $609,132,062 were deposited with government authorities as required by law.

STATE OF PENNSYLVANIA

COUNTY OF PHILADELPHIA

John Taylor, being duly sworn, says that he is Senior Vice President of Federal Insurance Company and that to the best of his knowledge and belief the foregoing is a true and correct statement of the said Company's financial condition as of the 30 th day of June, 2019.

Sworn before me this August 27, 2019

Senior Vice President

Notary Public

August 8, 2023
My commission expires

Commonwealth of Pennsylvania - Notary Seal
Diane Wright, Notary Public
Philadelphia County
My commission expires August 8, 2023
Commission number 1235745
Member, Pennsylvania Association of Notaries

GETINGE

Headcount Report – CADI

First Name	Last Name	Job Title
Gladys	Acosta-Masterson	Document Control Specialist
Benjamin	Agosto	Sr. Product Assembler
Mildred	Agosto	Product Assembler III
Auria	Agosto	Product Assembler III
Syeda	Ahmed	Product Assembler I
Hazara	Ahmed	Product Assembler I
Nowshin	Ahmed	Product Assembler I
Olga	Amaro	Product Assembler III
Sonia	Angel	Sr. Product Assembler
Judys	Arana	Product Assembler II
Julian	Arencibia	Sr. Engineer, Quality
Stephen	Barnes	Supervisor, Production
Carmen	Batista	QC Inspector II
Valeska	Batista	QC Inspector I
Betty	Benony	Engineer II, Production
Norys	Blanco	Product Assembler II
Nevar	Booker	Sr. Manager, Manufacturing
Jolit	Buganza	Sr. Product Assembler
Nelly	Cabrejos	Product Assembler III
Blanca	Campos	Product Assembler III
Berta	Castellon	Product Assembler II
Carmen	Castillo	Product Assembler III
Adicel	Castro	Product Assembler II
Beth	Cheney	Sr. Project Manager
Thomas	Cooke	Sr. Manufacturing Technician
Caridad	Corporan	Quality Lead, Receiving
Angela	Coste	Product Assembler III
Irma	Cruz	Supervisor, Quality Engineering
Lena	Daghouz	QC Inspector II
Lilleana	DeJesus	QC Inspector I
Rosalin	Diaz	Product Assembler II
Isabel	Donado	Product Assembler III
Murat	Duru	Sr. Engineer, Production
Rosa	Ferrante	Product Assembler III
Frank	Ferriola	Lead, Maintenance
Janeth	Figueroa	Product Assembler I
John	Fischer	Sr. Quality Engineer
Milagros	Gallegos	Product Assembler I
Lezzy	Garcia	Sr. Product Assembler
Carmen	Gonzalez	Product Assembler II
Ileana	Gonzalez	QC Inspector I

GETINGE

First Name	Last Name	Job Title
Gilda	Gutierrez	Sr. Product Assembler
Mercedes	Guzman	Sr. Product Assembler
Emily	Hanges	Engineer II, Quality
Mariah	Haubrich	Engineer II, R&D
Evelyn	Huatay	Product Assembler I
Seth	Hunter	Sr. Manager, Mechanical Systems
Igor	Inga	Sr. Engineer, R&D
Ljiljana	Isakovic	Product Assembler III
Sheryl	Jacob	Engineer I, Quality
Oscar	Jaimes	Product Assembler III
Anjana	Jariwala	Product Assembler I
Rocio	Jimenez	Product Assembler III
Nakia	Johnson	Sr. Engineer, Quality
Contrina	Jordan	Product Assembler III
Theodore	Kanasink	Machine Shop Technician/Tool Maker
Mirjana	Kareska	Product Assembler I
Maha	Kouchha	QC Inspector II
Jonothan	Kutlow	Manager, Purchasing
Brian	Lazaro	Financial Analyst
Victoria	Lopez	Product Assembler II
Sabrina	Madia	Sr. Accountant
Jasmin	Maldonado	Supervisor, QC Manufacturing
Tanairi	Maldonado	Product Assembler III
Sajjad	Mansoor	Sr. Manager, Quality Engineering
Mercedes	Marin	Product Assembler II
Priscila	Marte Diaz	Product Assembler I
Angelis	Martinez	Product Assembler I
John	McCarren	Program Manager, R&D
Jeffrey	McGinley	Sr. Principal Engineer, R&D
Brian	McKenna	Sr. Engineer, Production
Elizabeth	Medina	Product Assembler III
Mark	Medina	Product Assembler II
Joanne	Meikle	Sr. Product Manager
Elizabeth	Merejo	Product Assembler III
Michael	Miles	Manager, Quality Engineering
Laura	Miller	Marketing Specialist II
Mark	Miller	Sr. Manager, Global Sales & Service Training
John	Misko	Product Assembler III
Maribel	Monteagudo	Product Assembler III
Kaitlyn	Mueller	Engineer II, Quality
Joseph	Novack	Manufacturing Technician
Rosa	Oliva	QC Inspector I

GETINGE

First Name	Last Name	Job Title
Maria	Ordonez	Product Assembler III
Edgar	Ormeno	Sr. Production Planner/Analyst
Lucrecia	Pagan	Product Assembler III
Janise	Pagan	Product Assembler III
Jennifer	Paradise	VP, Product Area - Cardiac Assist
Dawn	Paull	Sr. Supply Planner
Maria	Perez	Product Assembler III
Udo	Pilz	Sr. Manufacturing Technician
Gus	Pook	Sr. Engineer, Production
Ivan	Prado	Product Assembler II
Julia	Prado	Product Assembler III
Luz	Pugliese Mendoza	Product Assembler I
Andre	Punla	Engineer II, Production
Martha	Ramirez	Lead Product Assembler
Giovani	Ramirez	Product Assembler III
Carmen	Ramos	Sr. Product Assembler
Binaben	Raval	Product Assembler II
Michael	Rela	Engineer II, Production
Hannah	Robinson	Sr. Buyer
Flerida	Rodriguez	Product Assembler I
Yolanda	Rodriguez	Product Assembler III
Yadelky	Rodriguez	Product Assembler III
Maria del Rosario	Rodriguez Gallegos	Product Assembler III
Jessica	Rojas	Product Assembler I
Mirek	Rosol	Sr. Engineer, Design
Rosario	Ruiz	Product Assembler III
Nancy	Sanchez	Product Assembler II
Anthony	SanFilippo	Manager, Manufacturing Engineering
Wilson	Sanjuan	Material Handler
Luis	SanJuan	Material Handler
Willy	Santiago	PQP Lead
Luz	Santos	Product Assembler III
Rina	Segura	Product Assembler III
Cecilia	Seminario	Sr. Product Assembler
Fulya	Sevinc	Quality Inspector II
Ronald	Shaban	Engineer II, Production
Sangeeta	Shah	Product Assembler III
Elizabeth	Silvera	Product Assembler III
Janny	Silvestre	Product Assembler III
Ana	Soares De Souza	Product Assembler III
Wanda	Sosa	Product Assembler III
Lissette	Soto	Sr. Product Assembler
Slavica	Stamboliski	Product Assembler I

First Name	Last Name	Job Title
Joseph	Stanzione	Material Handler
Destiny	Strickland	Document Control Specialist
Lolita	Taba	Product Assembler II
Maria	Tactuk	Product Assembler III
Michael	Taibl	Director, Site Operations
Pola	Tanyous	Engineer II, Production
Jenna	Taormina	Engineer II, Production
Zoraida	Torres	QC Inspector II
Elizabeth	Torres	Product Assembler I
Frank	Toth	Supervisor, Production
Shirley	Urueta	Product Assembler III
Federico	Valenzuela	Sr. Engineer, Production
Gladys	Vargas	Product Assembler III
Vijya	Vekaria	Product Assembler I
Noelia	Vera	Product Assembler III
Marie	Wilson	Product Assembler III
Robert	Wortmann	Director, Finance
Tamara	Younes	QC Inspector II
Stergios	Zacharia	Buyer I, Direct
Lorena	Zamora Matos	Engineer II, Quality
Linda	Zazzella	Product Assembler III

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Datascope Corp.

Physical Address: 15 Law Drive

City: Fairfield State: NJ Zip: 07004

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.maquet.com/us

Licensing Company Email: DSP@slsny.com

Section 2: Personal Information

First: Irma Middle: Last: Cruz

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] Arcadia Rd

City: Fairlawn State: NJ Zip: 07410

Telephone: [redacted] Email: irma.cruz@getinge.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: IC

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
New Jersey Institute of Technology		09/01 - 05/07	
Address	**City**	**State**	**Zip**
323 Dr Martin Luther King Jr Blvd.	Newark	NJ	07102
Diploma/Degree obtained, if any			
Bachelor of Science: Biomedical Engineering			

School Name		From - To (MM/YY – MM/YY)	
East Side High School		09/97 - 06/01	
Address	**City**	**State**	**Zip**
150 Park Ave.	Paterson	NJ	07501
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/16 - current	[redacted] Arcadia Rd.	Fair Lawn	NJ	07410
~06/08 - 12/16	[redacted] Pennington Street	Paterson	NJ	07501
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Datascope Corp.			09/2016 - Present
Business Address	**City**	**State**	**Zip**
15 Law Drive	Fairfield	NJ	07004
Phone	**Title**		**Number of Employed Hours**
973-244-6139	Designated Representative		11,400hrs

Description of Duties

Responsible for the internal audit activities; Serve as the Deputy Management Representative responsible for managing the backroom during FDA inspections, BSi Audits, being front room host during Customer Audits and third party audits; Responsible for implementing and assigning Global Quality procedures across the Fairfield and Mahwah sites and ensuring compliance by meeting regulatory and internal requirements; Responsible for overseeing the Management Review meetings and ensuring the required information is present and the necessary actions are taken.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Continue on next page if additional space is needed.

N/A

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Applicant's initials _____

I, Irma Cruz, **certify that as the designated representative for**

Datascope Corp.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Irma Cruz

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

15 March 2022

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Irma Cruz

Print Name (First, Last)

lCruz — 15 March 2022

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Passaic

I, Irma Cruz, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

lCruz — 15 March 2022

Original Signature Irma Cruz — **Date**

Subscribed and Sworn to before me this 15th day of March 2022.

Holly A. Bosland

Notary Public Signature

(Seal)

HOLLY A. BOSLAND
NOTARY PUBLIC OF NEW JERSEY
Commission No. 2227110
Commission Expires July 1, 2024

Applicant's initials lC

Admin-Fine (NH)
Sister Company

STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF HEALTH PROFESSIONS
BOARD OF PHARMACY

121 South Fruit Street, Suite 401
Concord, NH 03301-2412
Phone 603-271-2350 • Fax 603-271-2856
www.oplc.nh.gov/pharmacy

OPLC
David Grosso
Executive Director
Joseph Shoemaker
Director, Health Professions

Board of Pharmacy
Michael D. Bullek, R.Ph.
Administrator / Chief of Compliance
Jason R. Richard
Licensing Supervisor

September 18th, 2019

Atrium Medical Corporation
40 Continental Blvd.
Merrimack, N.H. 03054
Attention: Kevin Anderson

CERTIFIED MAIL and FIRST CLASS MAIL

NOTICE OF VIOLATION

Dear Mr. Anderson ;

The Board has reviewed information received from an reinstatement application for Atrium Medical Corporation, 40 Continental Blvd., Merrimack, N.H. 03054 , license #5935 that Atrium Medical Corporation has shipped prescription products in New Hampshire on numerous occasions from July 1st, 2018 to July 22nd, 2019 without a valid license. New Hampshire- law (RSA 318:51-a (I)) requires all wholesaler/manufacturer/distributors shipping in New Hampshire to be licensed by the New Hampshire Board of Pharmacy. This constitutes a violation of RSA 318:51-a (I) and New Hampshire Administrative Code Ph 1001.01 (a).

Under RSA 318:29 and RSA 318:55, the Board may impose civil penalties "not to exceed $5,000 per violation upon any person who willfully or repeatedly violates any provision of this chapter." It appears that by engaging in the conduct described above, you may have

violated RSA 318:51-a(I) and Ph 1001.01(a) by delivering prescription drugs into the state without a license from July 1st, 2018 to July 22nd, 2019.

The Board sees fit to use its discretion to propose an administrative fine of **$24,000.00 ($2,000.00 for each month you were not licensed)** for violation of RSA 318:51-a(I) and Ph 1001.01(a) **with $12,000.00 suspended providing no additional violations in next two years.**

You have the following two options upon receipt of this Notice. First, you can waive the right to a hearing and pay the proposed fine. If you choose to do so, please pay $12,000.00 within thirty (30) days of receipt of this Notice and remit payment to Treasurer, State of New Hampshire. Second, you may request a hearing on the matter. If you do so, your request for a hearing must be received within 30 days of receipt of this Notice. The Board will thereafter schedule a hearing on the matter.

If you have any questions, please don't hesitate to contact this office at (603)-271-2350.

Dated: September 18th , 2019

Michael D. Bullek, BSP, R. Ph
Administrator/Chief of Compliance
Authorized Representative of the
New Hampshire Board of Pharmacy

Date _____

_____
Authorized representative: Atrium Medical Corporation

_*/ Board Member recused

KS Discipline - Resolved
Sister Company

800 SW Jackson St., Suite 1414
Topeka, KS 66612

Kansas
Board of Pharmacy

Phone: (785) 296-4056
Fax: (785) 296-8420
pharmacy@ks.gov
www.pharmacy.ks.gov

Alexandra Blasi, Executive Secretary

Laura Kelly, Governor

December 9, 2021

Getinge USA Sales Inc
Attn: Pedro Cruz, Designated Rep
One Geoffrey Way
Wayne NJ 07470

RE: Case No. 21-256

Dear Mr. Cruz:

Enclosed you will find a Summary Order issued by the Kansas Board of Pharmacy (Board) in the above-referenced matter. Please read the order in its entirety. In addition, a civil fine has been assessed totaling $5,000. Please submit a check or money order made payable to the Kansas Board of Pharmacy and include your case number in the check memo.

If you disagree with the findings of fact, you have the right to request a hearing. Instructions for filing a written request are included under the "Notices" section of the order. Hearings are held before the full Board during their regularly scheduled quarterly meetings.

According to KSA 65-1627h, the Board is required to recoup the costs of administrative hearings when the decision is adverse to the licensee. These costs may include charges for services rendered by the Board's disciplinary counsel, an administrative law judge, and, if applicable, a court reporter.

If you have any questions, feel free to contact the Board at Pharmacy.Compliance@ks.gov.

Sincerely,

Kansas Board of Pharmacy

Enclosure

BEFORE THE KANSAS STATE BOARD OF PHARMACY

In the Matter of	)	
	)	Case No. 21-256
Getinge USA Sales, LLC	)	
	)	
Applicant	)	

SUMMARY ORDER

NOW, on this 9th day of December 2021, comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Secretary, the matter of Getinge USA Sales, LLC. ("Applicant"), for application for registration as a wholesale distributor in the state of Kansas.

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the provisions of the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board enters this Summary Order in the above-captioned matter. After reviewing the application materials and being otherwise duly advised in the premises, the Board makes the following findings, conclusions, and order:

FINDINGS OF FACT

1. On November 12, 2021, the Board received Applicant's application for registration as a wholesale distributor in the State of Kansas ("Applicant's Application").

2. On Applicant's Non-Resident Supplemental S-350 form, Applicant answered "Yes" to the following question: "Has the facility listed on the application shipped drugs and/or devices into Kansas in the previous 12 months." The form directs that if the applicant answered "yes," the applicant should provide the specific drugs and/or devices sent in, the dates of shipment, and the locations they were sent in Kansas."

3. In conjunction with Applicant's Application, Applicant provided requested copies of

shipping records for products shipped into Kansas. Applicant reported shipping into Kansas on 269 unique days during the previous 12-month period.

CONCLUSIONS OF LAW

1. Pursuant to K.S.A. 65-1658, the Board may assess a civil fine not to exceed $5,000, after notice and an opportunity to be heard, to any registrant for violation of the pharmacy act of the state of Kansas or any other rules or regulations of the state board of pharmacy.

2. Pursuant to K.S.A. 65-1627(f)(6), the Board may take action against the application of any wholesale distributor upon a finding that the applicant has violated the pharmacy act of the state of Kansas or any regulation adopted by the Board.

3. Pursuant to K.S.A. 65-1643(c), it shall be unlawful for any person to distribute at wholesale any drugs or devices without first obtaining a registration from the Board.

4. Applicant's act of shipping into Kansas prior to being registered as a wholesale distributor is a violation of K.S.A. 65-1643(c) and is a basis to take action against Applicant's Application pursuant to K.S.A. 65-1627(f)(6).

ORDER

Based upon the foregoing findings of fact and conclusions of law, Applicant's Application is hereby GRANTED but Applicant is ordered to pay a fine to the Board in the amount of $5,000. Applicant has 30 days from the date of this order to pay the fine and the registration shall be issued upon receipt.

NOTICES

Applicant is hereby notified as follows:

1. Applicant may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414,

Topeka, KS 66612-1231, within 15 days after service of this Order. If the outcome of the hearing is adverse to Applicant, costs of the proceedings shall be charged to Applicant.

2. If a hearing is not requested as described above, the Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

3. Within 15 days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to K.S.A. 77-613. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

12/9/2021
Date

Alexandra Blasi, JD, MBA
Executive Secretary
Kansas Board of Pharmacy

CERTIFICATE OF SERVICE

I hereby certify that I did, on the 9th day of December 2021, deposit in business mail a copy of the foregoing Summary Order, which is then placed in the United States Mail, postage prepaid, properly addressed to the following:

Getinge USA Sales, LLC
One Geoffrey Way
Wayne NJ 07470

Alex Blasi
Kansas Board of Pharmacy Staff

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f Admin Fine - FDA facility and sister companies

UNITED STATES DISTRICT COURT
DISTRICT OF NEW HAMPSHIRE

UNITED STATES OF AMERICA, Plaintiff, v. ATRIUM MEDICAL CORP., MAQUET HOLDING B.V. & CO. KG, MAQUET CARDIOVASCULAR, LLC, and MAQUET CARDIOPULMONARY AG, corporations, and HEINZ JACQUI, and GAIL CHRISTIE, individuals, Defendants.	NO. 15-CV-00041-SM

CONSENT DECREE OF PERMANENT INJUNCTION

Plaintiff, the United States of America, by its undersigned attorneys, having filed a Complaint for Permanent Injunction ("Complaint") against Atrium Medical Corp. ("Atrium"), Maquet Holding B.V. & Co. KG ("Maquet"), Maquet Cardiovascular, LLC ("Maquet CV"), and Maquet Cardiopulmonary AG ("Maquet CP"), corporations ("Corporate Defendants"), and Heinz Jacqui, who assumed his position as Chief Executive Officer and Managing Director of Maquet on April 1, 2012, and Gail Christie, who assumed her position as Corporate Chief Quality Assurance/Regulatory Affairs and Compliance Officer of Maquet on October 1, 2013, individuals (collectively "Defendants"), alleging the following:

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(1) Defendants violate the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 331(a), by introducing and causing to be introduced, and delivering and causing to be delivered for introduction, into interstate commerce articles of device, as defined by 21 U.S.C. § 321(h), that are (a) adulterated within the meaning of 21 U.S.C. § 351(h), in that the methods used in, and the facilities and controls used for, their manufacture, packing, storage, and installation are not in conformity with the current good manufacturing practice ("CGMP") requirements for devices, *see* 21 U.S.C. § 360j(f) and 21 C.F.R. Part 820 (the Quality System ("QS") regulation); and (b) misbranded within the meaning of 21 U.S.C. § 352(t)(2), in that Defendants fail to furnish information or material respecting their devices, as set forth in 21 U.S.C. § 360i and the medical device reporting ("MDR") and correction and removals ("CR") regulations, 21 C.F.R. Parts 803 and 806;

(2) Defendants violate the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 331(k), by doing acts that result in the adulteration, within the meaning of 21 U.S.C. § 351(h), of articles of device, as defined by 21 U.S.C. § 321(h), while such devices are held for sale after the shipment of one or more of their components in interstate commerce; and

(3) Defendants violate the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 331(e), by failing to maintain and/or submit reports respecting their devices, as required by 21 U.S.C. § 360i; and

Defendants, without admitting or denying the allegations of the Complaint and disclaiming any liability in connection herewith, having appeared and having consented to entry of this Consent Decree of Permanent Injunction ("Decree") without contest and before any testimony has been taken, and the United States of America having consented to this Decree:

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IT IS HEREBY ORDERED, ADJUDGED, AND DECREED as follows:

1. This Court has jurisdiction over the subject matter of this action and has personal jurisdiction over all parties to this action under 21 U.S.C. § 332(a) and 28 U.S.C. § 1345.

2. Venue is proper in this District under 28 U.S.C. §§ 1391(b) and (c).

3. The Complaint states a cause of action against Defendants under the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. §§ 301 *et seq.*

DEFINITIONS

4. For purposes of this Decree, the following definitions shall apply:

A. "Specified Facilities" are the following facilities:

i. Atrium, 5 Wentworth Dr., Hudson, NH 03051; and

ii. Atrium, 29 Flagstone Dr., Hudson, NH 03051.

B. "Additional Facilities" are the following facilities:

i. Maquet CV, 45 Barbour Pond Dr., Wayne, NJ 07470;

ii. Maquet Medical Systems USA, 45 Barbour Pond Dr., Wayne, NJ 07470;

iii. Maquet CP, Kehler Str. 31, Rastatt, Germany 76437;

iv. Maquet CP, Neue Rottenburger Str. 37, Hechingen, Germany 72379; and

v. Any facility added to this Decree pursuant to paragraphs 8 and 14.

C. "Days" shall refer to calendar days unless otherwise stated.

D. A device is "medically necessary" if:

i. It is used to treat or prevent a disease or medical condition;

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ii. . There are not other readily available sources of that product or alternative products judged by FDA to be adequate substitutes; and

iii. An authorized representative of Defendants' U.S. customers or international customers, after reviewing the Notification Guide described in paragraph 4.F, signs an FDA-approved Certificate of Medical Necessity ("CMN") certifying that s/he is aware of FDA's findings and deems the device necessary.

E. A device listed below is deemed to satisfy the requirements of paragraphs 4.D.i and ii and becomes "medically necessary" for a particular U.S. customer or international customer when an authorized representative of that customer has signed a CMN, as described in paragraph 4.D.iii, for such device:

i. ClearWay Rx;

ii. ClearWay OTW;

iii. Express Dry Suction Dry Seal Drains, including accessories;

iv. Ocean Wet Suction Water Seal Drains, including accessories;

v. Oasis Dry Suction Water Seal Drains, including accessories; and

vi. Any other device, component and/or accessory that both FDA and Defendants agree in writing are "medically necessary."

F. "Notification Guide" shall refer to the document developed by Defendants, and reviewed and approved by FDA, that notifies Defendants' U.S. customers and international customers of FDA's findings at each Specified Facility, so that they may make an informed decision concerning whether to use Defendants' devices or to transition to alternative products. The Notification Guide (attached hereto as Exhibit 1 and incorporated by reference herein) must contain, among other information, the CMN referenced in paragraph 4.D.iii.

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G. "International Distributor" means an international first-level distributor or other customer that purchases a medically necessary device directly from Defendants.

H. "International End-User" means an international facility, hospital, and any group of clinicians or doctors that purchases a medically necessary device directly or indirectly from an International Distributor.

SPECIFIED FACILITIES

5. Except as provided in paragraphs 6 and 11, Defendants and each and all of their directors, officers, agents, representatives, employees, successors, assigns, and attorneys, and any and all persons in active concert or participation with any of them, who have received actual notice of this Decree by personal service or otherwise (collectively "Associated Person(s)"), are permanently enjoined under 21 U.S.C. § 332(a) from manufacturing, processing, packing, labeling, and distributing any device, including components parts, accessories, and in-process and finished devices, (hereinafter collectively referred to as "devices") at or from the Specified Facilities unless and until, for each Specified Facility:

A. Defendants' facilities, methods, processes, and controls used to manufacture, process, pack, label, hold, and distribute devices at or from the Specified Facility are established, operated, and administered in conformity with 21 U.S.C. §§ 351(h) and 352(t)(2) (hereinafter collectively referred to as "the Act"), and the QS, CR, and MDR regulations. Specifically, Defendants shall take the following actions, among others:

i. Establish and maintain procedures to control Defendants' devices' designs in order to ensure that specified design requirements are met;

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ii. Ensure that all devices meet the requirements for design development and planning, design input, design output, design review, design verification, design validation, design change, design transfer, and design history file;

iii. Conduct design evaluations of all marketed devices to ensure that current designs have been properly validated and transferred into appropriate product specifications;

iv. Validate processes whose results cannot be fully verified by subsequent inspection and testing;

v. Develop, conduct, control, and monitor production processes to ensure that devices conform to their specifications;

vi. Establish and implement adequate written procedures to control devices that do not conform to specified requirements;

vii. Establish and maintain adequate written procedures for corrective and preventive actions ("CAPAs") and for documenting those activities;

viii. Maintain accurate and complete complaint files and establish and implement adequate written procedures for receiving, reviewing, and evaluating complaints; and

ix. Develop and implement adequate written MDR procedures in compliance with 21 C.F.R. Part 803, including, but not limited to, adequate procedures for management review, and ensure that employees are trained on, understand, and properly implement the MDR requirements and procedures;

B. Defendants retain, at Corporate Defendants' expense, an independent person(s) (the "expert") to inspect the Specified Facilities and review their manufacturing procedures and records to determine whether the methods, facilities, and controls are operated

and currently administered in conformity with this Decree, the Act, and the QS, CR, and MDR regulations. The expert shall be qualified by education, training, and experience to conduct such inspections, and shall be without personal or financial ties (other than the retention agreement) to Defendants or their families. Defendants shall notify FDA in writing of the identity of the expert and the expert's qualifications within fifteen (15) days after retaining such expert. The expert shall:

i. Perform a comprehensive inspection of the methods, processes, and controls used to manufacture devices at each Specified Facility and determine whether each is in compliance with this Decree, the Act, and the QS, CR, and MDR regulations; in conducting this inspection, the expert shall review all deviations at each Specified Facility brought to Defendants' attention in writing by FDA since October 2009 (including, but not limited to, all Forms FDA-483 issued to Defendants since October 2009), by the expert, or by any other source. The expert is permitted to conduct separate inspections for designated categories of the Specified Facilities' devices so long as each inspection includes an evaluation of all of the methods and controls necessary for compliance with the QS regulation for that designated category of devices. If the expert decides to conduct separate inspections for designated categories of the Specified Facilities' devices, Defendants shall submit to FDA a written statement delineating the designated categories of devices. For purposes of complying with this paragraph, Defendants may not include more than a total of five (5) designated categories of devices;

ii. Within thirty (30) days after completing any inspection under paragraph 5.B.i, the expert shall submit simultaneously to FDA and Defendants a complete written report of the inspection, which shall include, but not necessarily be limited to:

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a. Identifying in detail which methods, processes, controls, and FDA observations the expert reviewed and the expert's evaluation as to whether each such method, process, and control is now operated in compliance with this Decree, the Act, and the QS, CR, and MDR regulations, and, if applicable, listing any observed deviations from compliance with this Decree, the Act, and the QS, CR, and MDR regulations;

b. Identifying whether each observation listed on a Form FDA-483 issued at the Specified Facility since October 2009 has been corrected.

iii. Notwithstanding the foregoing, if, at any time before the completion of the expert's inspection(s), Defendants notify FDA in writing that all manufacturing operations have ceased at a Specified Facility or that all manufacturing operations with respect to one or more designated categories of the Specified Facilities' devices have ceased at a Specified Facility, any requirement that the expert inspect the methods, facilities, processes, equipment, and controls used to manufacture all or any such designated categories of devices at such Specified Facility shall cease. If, at any time before the completion of the expert's inspection(s), Defendants notify FDA in writing that manufacturing operations for any designated category of devices have been transferred from one Specified Facility to another Specified Facility, the expert must thereafter inspect the methods, facilities, processes, equipment, and controls used to manufacture any such designated category of devices at the transferee Specified Facility; and

C. Within thirty (30) days after receiving the expert's inspection report(s) under paragraph 5.B.ii , Defendants shall submit a written report ("work plan") to FDA detailing the specific actions Defendants have taken and/or will take at the Specified Facility to address the expert's observations and bring the Specified Facility's methods, facilities, processes, and

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controls used to manufacture, process, pack, hold, and distribute devices into compliance with the requirements of this Decree, the Act, and the QS, CR, and MDR regulations. The specific actions in the work plan shall be set forth in numbered steps and, where appropriate, the numbered steps may include subordinate lettered steps. The work plan shall include a timetable to be approved by FDA, and FDA will approve or disapprove in writing the proposed work plan within thirty (30) days after receiving the proposed work plan. If the expert conducts separate inspections for designated categories of the Specified Facilities' devices, the Defendants are permitted to submit one addendum per designated category of devices, so long as the work plan and each addendum together detail the specific actions Defendants have taken and/or will take at a Specified Facility to address the expert's observations and bring the methods, facilities, processes, and controls used to manufacture, process, pack, hold, and distribute a designated category of devices into compliance with this Decree, the Act, and the QS, CR, and MDR regulations. In the event that Defendants notify FDA in writing that all manufacturing operations for a designated category of devices have ceased at a Specified Facility, any requirement in the work plan related to such Specified Facility shall cease with regard to such devices. In the event that Defendants notify FDA in writing that manufacturing operations for any designated category of devices have been transferred from one Specified Facility to another Specified Facility, any requirement in the work plan related to the transferor Specified Facility will be deemed to apply to the transferee Specified Facility; and

D. As the actions detailed in the work plan are completed at each Specified Facility, Defendants shall notify the expert in writing, who shall promptly inspect and verify whether those actions have been completed in a manner that complies with the requirements of this Decree, the Act, and the QS, CR, and MDR regulations to the expert's satisfaction and in

accordance with the work plan timetable approved by FDA. The expert is permitted to conduct separate inspections for designated categories of the Specified Facilities' devices so long as each inspection includes an evaluation of all of the methods and controls necessary for compliance with the QS regulation for the designated category of devices. If the expert determines that an action has not been completed to his or her satisfaction, the expert shall promptly notify Defendants and FDA in writing. Beginning thirty (30) days after approval of the work plan by FDA, and quarterly thereafter until submission of a certification set forth in paragraph 5.E, the expert shall submit to FDA a table that summarizes the expert's findings regarding whether the actions have been completed to the expert's satisfaction and in accordance with the numbered steps in the work plan timetable. FDA may, in its discretion and without prior notice, periodically inspect any and all Specified Facilities and undertake such additional examinations, reviews, and analyses as FDA deems appropriate to verify whether the actions reported to have been completed have, in fact, been completed adequately and on time. In the event that FDA determines that an action that has been reported to be completed is inadequate, FDA will notify Defendants in writing, and Defendants shall take appropriate action in accordance with a timetable that is subject to approval by FDA;

E. When the expert determines that all of the actions identified in the work plan approved by FDA have been completed to his or her satisfaction, the expert shall provide Defendants and FDA with a written certification that all of the actions have been completed and that, based on the inspection(s) conducted under paragraph 5 and on the satisfactory completion of the actions in the work plan identified under paragraph 5.C, Defendants' methods, facilities, processes, and controls used to manufacture, process, pack, hold, and distribute devices are in conformity with the requirements of this Decree, the Act, and the QS, CR, and MDR regulations.

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The expert's certification shall include a detailed report of the results of the expert's inspection(s). The expert may provide FDA with a separate certification under this paragraph for each Specified Facility. If the expert conducts separate inspections for designated categories of the Specified Facilities' devices, the expert is permitted to submit a separate certification and certification report for each designated category of devices so long as each certification and accompanying report contains all of the information required by this provision for the designated category of devices. In the event the Defendants have notified FDA in writing that all manufacturing operations with regard to a designated category of devices have ceased at a Specified Facility, the expert need not certify as to the completion of work plan actions or as to compliance with this Decree, the Act, and the QS, CR, and MDR regulations that relate to such devices at the Specified Facility. In the event the Defendants have notified FDA in writing that manufacturing operations for any designated category of devices have been transferred from one Specified Facility to another Specified Facility, the expert must certify as to the completion of work plan actions or as to the compliance with this Decree, the Act, and the QS, CR, and MDR regulations that relate to such devices at the transferee Specified Facility;

F. In addition to paragraph 17 and FDA's authority to conduct inspections under 21 U.S.C. § 374, within sixty (60) days after FDA receives a certification described in paragraph 5.E, FDA, as it deems necessary, may inspect any or all of the applicable Specified Facilities to evaluate Defendants' compliance with this Decree, the Act, and its implementing regulations;

G. Corporate Defendants pay all costs of inspections, supervision, and review for FDA oversight with respect to paragraph 5; and

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H. FDA notifies Defendants in writing that Defendants appear to be in compliance with the requirements set forth in paragraphs 5.A-G. If FDA conducts an inspection or reinspection pursuant to paragraph 5.F, and finds that the manufacturing, processing, packing, holding, and distribution of devices at and/or from a Specified Facility appear to be in conformity with this Decree, the Act, and the QS, CR, and MDR regulations, this notice will be issued within sixty (60) days after completion of the inspection. If FDA does not conduct an inspection or re-inspection pursuant to paragraph 5.F, this notice will be issued within sixty (60) days after receipt of the expert's certification under paragraph 5.E. If the expert has provided a certification and certification report limited to designated categories of the Specified Facilities' devices or a particular Specified Facility pursuant to paragraph 5.E, then FDA may issue the notification under this paragraph to authorize resumption of manufacturing processing, packing, holding, labeling and/or distribution limited to designated categories of devices or to one or more of the Specified Facilities.

6. A. Notwithstanding paragraph 5, Defendants and all Associated Persons may continue manufacturing, processing, holding, packing, labeling and distributing at or from the Specified Facilities:

i. Medically necessary devices, as defined in paragraph 4.D to customers who have received the Notification Guide described in paragraph 4.F and have submitted a signed CMN to Corporate Defendants, provided that Defendants maintain a record of all sales and distribution of medically necessary devices, including shipping documents and the following information regarding the devices distributed: the name, model number, and lot numbers for the medically necessary devices, the names of the consignees to whom they are shipped, and the

number of devices shipped. Defendants shall make the records described in this paragraph available to FDA immediately upon request. Within ninety (90) days after entry of this Decree, and quarterly thereafter, Defendants shall submit to FDA a summary of the medically necessary devices distributed, which shall include: the names of the medically necessary devices shipped, the names of the consignees to whom they were shipped, and the total number of devices shipped.

ii. Devices for use in product demonstrations, workshops, and laboratories, provided that the subject devices are labeled "For In-Office/In-Facility Demonstration Use Only - Not for Sale";

iii. Devices solely for the purpose of conducting clinical trials in accordance with 21 C.F.R. Part 812, provided that Defendants comply with all applicable laws and regulations relating to the manufacture and distribution of investigational devices;

iv. Devices, including warranty replacements, that both FDA and Defendants agree in writing are necessary to distribute and sell to fulfill contracts and agreements with foreign governments;

v. Devices to testing laboratories solely for the purpose of developing, testing, verifying, or validating design changes or modifications in accordance with 21 C.F.R. Part 820 or comparable international standards; and

vi. Devices that are necessary for the sole purpose of preparing or supporting a premarket approval application (PMA), premarket notification (510k), or supplement thereto, but such products may not be distributed without prior written authorization from FDA.

B. Corporate Defendants shall pay the United States Treasury the amount of six million dollars ($6,000,000.00) in equitable disgorgement, to be paid within twenty-eight (28)

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days after entry of this Decree (hereinafter "initial payment"). Six (6) months after the date of the initial payment, Corporate Defendants shall pay the United States Treasury an additional amount of six million dollars ($6,000,000.00) in equitable disgorgement, unless by that date Defendants have received FDA authorization to resume, with regard to all medically necessary devices, all operations at the Specified Facilities as set forth in paragraph 5.H and/or Defendants have transferred all manufacturing, processing, packing, holding, and distribution of all medically necessary devices at and/or from the Specified Facilities to another manufacturing site owned or controlled by Corporate Defendants (hereinafter "new site(s)").

7. Within thirty (30) days after receiving the written notification in paragraph 5.H for a Specified Facility, Defendants shall select and retain at Corporate Defendants' expense an independent person(s) (the "specified facility auditor") to conduct audit inspections of the Specified Facility not less than once every six (6) months for a period of one (1) year, after which the specified facility auditor shall conduct audit inspections annually for an additional period of four (4) years. The specified facility auditor shall be qualified by education, training, and experience to conduct such inspections, and shall be without personal or financial ties (other than the retention agreement) to Defendants or their families, except that the specified facility auditor may be the same person(s) as the expert described in paragraph 5.B and/or the additional facility auditor described in paragraph 9.

A. At the conclusion of each audit inspection at each such facility, the specified facility auditor shall prepare a written audit report ("audit report") analyzing whether Defendants are in compliance with this Decree, the Act, and the QS, CR, and MDR regulations, and identifying all deviations from this Decree, the Act, and the QS, CR, and MDR regulations ("audit report observations"). As part of every audit report, except the first audit report, the

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specified facility auditor shall assess the adequacy of corrective actions taken by Defendants to correct all previous audit report observations. The audit report shall be delivered contemporaneously to Defendants and FDA no later than thirty (30) days after the date an audit inspection is completed.

B. If an audit report contains any audit report observations, Defendants shall, within thirty (30) days after receipt of the audit report, correct those observations, unless FDA notifies Defendants that a shorter time period is necessary. If, after receiving an audit report, Defendants believe that correction of any audit report observations will take longer than thirty (30) days, Defendants shall, within ten (10) business days after receipt of the audit report, propose a schedule for completing corrections ("correction schedule"). The correction schedule shall be reviewed and approved by FDA in writing prior to implementation. Defendants shall complete all corrections according to the approved correction schedule. Within thirty (30) days after being notified that Defendants have taken actions to correct audit report observations, the auditor shall review the actions taken by Defendants to correct the audit report observations. Within fifteen (15) business days after completion of such a review, the specified facility auditor shall report in writing to FDA and to the Defendants whether each of the audit report observations has been corrected.

8. Not less than three months before Defendants transfer any manufacturing operations from any of the Specified Facilities to any new site that Defendants own or control, Defendants shall submit to FDA a written transfer plan. However, in the event Defendants notified FDA before the date of entry of this Decree of a planned transfer of manufacturing operations from any Specified Facility(ies) to any new site(s), Defendants shall submit to FDA a written transfer plan within thirty (30) business days from the date of entry of this Decree. Any

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such new site, if not already an Additional Facility, as described in paragraph 4.B, shall thereafter be fully subject to the provisions of this Decree without further action by the parties or this Court, as though it were listed as an Additional Facility in paragraph 4.B, but only to the extent that manufacturing operations have been transferred from a Specified Facility to that new site.

ADDITIONAL FACILITIES

9. Within ninety (90) days after entry of this Decree, Defendants shall select and retain at Corporate Defendants' expense an independent person(s) (the "additional facilities auditor") to conduct audit inspections of each of the Additional Facilities not less than once every twelve (12) months for a period of four (4) years from the date of entry of this Decree, for a total of not less than four audit inspections. The auditor shall be qualified by education, training, and experience to conduct such inspections, and shall be without personal or financial ties (other than the retention agreement) to Defendants or their families, except that the auditor may be the same person(s) as the expert described in paragraph 5.B and/or the specified facilities auditor described in paragraph 7. The requirements in paragraphs 7.A and B shall apply to all audit inspections conducted under this paragraph.

ADDITIONAL INJUNCTION PROVISION

10. Upon entry of this Decree and except as provided for in paragraphs 6 and 11, Defendants and each and all Associated Persons shall, with regard to any device manufactured at any of the Specified or Additional Facilities, be permanently enjoined from directly or indirectly doing or causing to be done any act that:

A. Violates 21 U.S.C. § 331(a) by doing or causing the introduction, and delivery for introduction, into interstate commerce of any device, as defined by 21 U.S.C.

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§ 321(h), that is adulterated within the meaning of 21 U.S.C. § 351(h), or misbranded within the meaning of 21 U.S.C. § 352(t)(2);

B. Violates 21 U.S.C. § 331(k) by doing or causing any act that results in the adulteration, within the meaning of 21 U.S.C. § 351(h), or misbranding, within the meaning of 21 U.S.C. § 352(t)(2), of any device, as defined by 21 U.S.C. § 321(h), while such device is held for sale after the shipment of one or more of its components in interstate commerce; and/or

C. Violates 21 U.S.C. § 331(e) by doing or causing the failure to maintain and/or submit reports respecting devices, as defined by 21 U.S.C. § 321(h), as required by 21 U.S.C. § 360i.

EXCLUSIONS

11. The prohibitions set forth in paragraphs 5 and 10 or in any order issued under paragraphs 13 or 14 shall not apply to any device manufactured, processed, packaged, labeled, held for sale, or introduced into interstate commerce solely for export from the United States, provided that the applicable requirements of 21 U.S.C. §§ 381(e) and/or 382 have been satisfied with respect to such device. Independent of their right to export other devices, Defendants may export any medically necessary device to support their International Distributors, provided that:

(A) Defendants ask their International Distributors to ask their International End-Users to execute a signed CMN;

(B) Defendants exercise their best efforts to ask their International Distributors to confirm that the person signing the CMN form has read the form and is who s/he purports to be;

(C) Defendants document these efforts and provide to FDA, on a quarterly basis for two years, a summary of these efforts; and

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(D) Defendants maintain records evidencing compliance with this subparagraph for two years.

ADDITIONAL PROVISIONS

12. Defendants shall establish and document management control over quality policy, as defined in 21 C.F.R. § 820.3(u), at the Specified and Additional Facilities for all devices intended for introduction into interstate commerce, to ensure continuous compliance with this Decree, the Act, and the QS, CR, and MDR regulations. Corporate Defendants shall vest responsibility for all quality system functions, as defined in 21 C.F.R. § 820.3(v), in the Specified and Additional Facilities, in an individual who shall be authorized and responsible for all quality system functions at the Specified and Additional Facilities, including establishing, implementing, and maintaining a comprehensive written quality program, to ensure Defendants' continuous compliance with this Decree, the Act, and the QS, CR, and MDR regulations. Within ninety (90) days after entry of this Decree, Defendants shall provide to FDA an affidavit of compliance stating the fact and manner of compliance with this paragraph.

13. If, at any time after this Decree has been entered, FDA determines, on the basis of the results of an inspection, the analyses of samples, a report or data prepared or submitted by Defendants or an expert or auditor under this Decree, or any other information, that Defendants have failed to comply with any provision of this Decree, or have violated the Act, the QS, CR, or MDR regulations at any of the Specified or Additional Facilities, or that additional corrective actions are necessary to achieve compliance with this Decree, the Act, and the QS, CR, and MDR regulations at any of the Specified or Additional Facilities, FDA may, as and when it deems necessary, order Defendants in writing, specifying the noncompliance(s) giving rise to the order, to take appropriate action, including, but not limited to, the following:

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A. Cease manufacturing, processing, packing, labeling, holding, or distributing any or all devices at any Specified or Additional Facility that was involved in the failure to comply;

B. Recall at Corporate Defendants' expense, adulterated or misbranded devices manufactured, distributed, and/or sold by Defendants from any Specified or Additional Facility, and/or that are under the custody and control of Defendants' U.S. agents, distributors, or customers;

C. Revise, modify, expand, or continue to submit any reports or plans described in this Decree;

D. Submit additional reports or information relating to any Specified or Additional Facility, to FDA as requested;

E. Issue a safety alert, public health advisory, and/or press release;

F. Take any other corrective actions relating to any Specified or Additional Facility as FDA, in its discretion, deems necessary to bring Defendants into compliance with this Decree, the Act, or the QS, CR, or MDR regulations.

These remedies shall be separate and apart from, and in addition to, any other remedy available to the United States under this Decree or the law. The cost of FDA inspections, sampling, testing, travel time, and subsistence expenses to implement these remedies shall be borne by Corporate Defendants at the rates specified in paragraph 18. However, nothing in this paragraph authorizes FDA to take any action with regard to products that are not manufactured, processed, packed, labeled or distributed in the United States.

14. If FDA inspects any facilities owned and/or operated by Corporate Defendants and/or their subsidiaries and/or affiliates, other than the Specified and Additional Facilities, and

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finds violations of the Act or the QS, CR, or MDR regulations, FDA may, without further action by the parties or this Court, order that such facility or facilities shall thereafter be fully subject to the provisions of this Decree as though it or they were listed as an Additional Facility or Additional Facilities in paragraph 4.B when the Decree was entered, and FDA, with respect to such facility or facilities, may thereafter, based on subsequent violations, order Defendants to take any or all of the actions described in paragraph 13.

15. Upon receipt of any order issued by FDA pursuant to this Decree, the following procedures shall apply:

A. Unless a different time frame is specified by FDA in its order, Defendants shall, within ten (10) business days after receiving such order, notify FDA in writing that:

i. Defendants are undertaking or have undertaken corrective action, in which event Defendants shall describe the specific action(s) taken or proposed to be taken and the proposed schedule for completing the action(s); or

ii. Defendants do not agree with FDA's order, including a written explanation of the basis for their disagreement; in doing so, Defendants may propose specific alternative actions and specific time frames for achieving FDA's objectives.

B. If Defendants notify FDA that they do not agree with FDA's order, FDA will review Defendants' notification and thereafter, in writing, affirm, modify, or withdraw its order, as FDA deems appropriate. If FDA affirms or modifies its order, it will explain the basis for its decision in writing. The written notice of affirmation or modification shall constitute final agency action.

C. If FDA affirms or modifies its order, Defendants shall, upon receipt of FDA's notice of affirmation or modification, immediately implement the order (as modified, if

applicable), and, if they so choose, bring the matter before this Court on an expedited basis. Defendants shall continue to diligently implement FDA's order, as modified if applicable, unless the Court sets aside, stays, reverses, vacates, or modifies FDA's order. Any review of FDA's order under this paragraph shall be made in accordance with the terms set forth in paragraph 27.

D. The procedures set forth in paragraphs 15A-C shall not apply to any order issued under paragraph 13 if such order states that it is based on FDA's judgment that the matter raises significant public health concerns, and FDA's judgment and basis for such decision are stated in the order. In such case, Defendants shall immediately and fully comply with the terms of that order. If they so choose, Defendants may bring the matter before this Court on an expedited basis. Defendants shall continue to diligently implement FDA's order, unless the Court sets aside, stays, reverses, vacates, or modifies FDA's order. Any review of FDA's order under this paragraph shall be made in accordance with the terms set forth in paragraph 27.

16. Any cessation of operations or other actions described in paragraph 13 shall continue until Defendants receive written notification from FDA that Defendants appear to be in compliance with this Decree, the Act, and the QS, CR, and MDR regulations, and that Defendants may, therefore, resume operations. After receiving Defendants' written request to resume operations, FDA will determine whether it needs to inspect any of Defendants' facilities to determine Defendants' compliance with this Decree, the Act, and the QS, CR, and MDR regulations. If FDA determines that an inspection is necessary, it shall conduct the inspection and determine whether Defendants appear to be in compliance with this Decree, the Act, and the QS, CR, and MDR regulations and, if so, FDA will issue to Defendants a written notification permitting resumption of operations. With regard to U.S. facilities, FDA will decide within forty-five (45) days after receipt of the request whether Defendants appear to be in compliance

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and, if so, issue to Defendants a written notification permitting resumption of actions described in paragraph 13. With regard to facilities located outside of the United States, FDA will, as soon as reasonably practicable, act on the request whether Defendants appear to be in compliance and, if so, issue to Defendants a written notification permitting resumption of actions described in paragraph 13.

17. Representatives of FDA shall be permitted, without prior notice and as and when FDA deems necessary, to make inspections of any of the Specified or Additional Facilities, collect samples, and, without prior notice, take any other measures necessary to monitor and ensure continuing compliance with the terms of this Decree, the Act, and the QS, CR, and MDR regulations. During such inspections, FDA representatives shall be permitted ready access to the Specified and Additional Facilities including, but not limited to, all buildings, equipment, finished and unfinished materials and products, containers and packaging materials, and labeling; to take photographs and make video recordings; to take samples (without charge to FDA) of Defendants' finished and unfinished materials and products, containers and packaging materials, and labeling; and to examine and copy all records relating to the manufacture, processing, packing, labeling, receiving, holding, installing, and distribution of any and all devices in order to ensure continuing compliance with this Decree, the Act, and the QS, CR, and MDR regulations. FDA will provide Defendants with a receipt for any samples taken pursuant to 21 U.S.C. § 374 and with copies of any photographs and video recordings made, upon a written request by Defendants and at Corporate Defendants' expense. The inspections shall be permitted upon presentation of a copy of this Decree and appropriate credentials. The inspection authority granted by this Decree is separate from, and in addition to, the authority to conduct inspections under the Act, 21 U.S.C. § 374.

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18. Corporate Defendants shall reimburse FDA for the costs of all FDA inspections, investigations, supervision, analyses, examinations, and reviews that FDA deems necessary to evaluate Defendants' compliance with any part of this Decree at the standard rates prevailing at the time the costs are incurred. As of the date of entry of this Decree, these rates are: $88.45 per hour or fraction thereof per representative for inspection and investigative work; $106.03 per hour or fraction thereof per representative for analytical or review work; $0.56 per mile for travel expenses by automobile; government rate or the equivalent for travel by air or other means; and the published government per diem rate for subsistence expenses where necessary. FDA shall submit a reasonably detailed bill of costs to Corporate Defendants. In the event that the standard rates applicable to FDA supervision of court-ordered compliance are modified, these rates shall be increased or decreased without further order of the Court.

19. Within ten (10) business days after entry of this Decree, Defendants shall post a copy of this Decree in a common area at each of the Specified and Additional Facilities and shall ensure that the Decree remains posted for as long as the Decree remains in effect.

20. Within ten (10) business days after the entry of this Decree, Defendants shall provide a copy of this Decree, by electronic means, personal service, or registered mail, to each and all Associated Persons. Within thirty (30) days after entry of this Decree, Defendants shall provide to FDA an affidavit of compliance stating the fact and manner of compliance with this paragraph and identifying the names, addresses, and positions of all Associated Persons located in the U.S. who have received a copy of this Decree.

21. In addition to the requirements in paragraph 8, Defendants shall notify FDA at least ten (10) business days before any change in ownership or character of their business, such as dissolution, assignment, bankruptcy, or sale resulting in emergence of a successor corporation,

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the creation or dissolution of subsidiaries, or any other change in the corporate structure of any Corporate Defendant, or the sale or assignment of any business assets, such as buildings, equipment, or inventory, that, in each case, may affect compliance with this Decree. Defendants shall provide a copy of this Decree to any proposed successor or assignee at least thirty (30) business days prior to making any assignment or transferring any interest in the company as described in this paragraph. Defendants shall furnish FDA with an affidavit of compliance with this paragraph no later than ten (10) business days prior to such assignment or change in ownership.

22. In the event that any of the Defendants becomes associated with any additional Associated Person(s) at any time after entry of this Decree, Defendants shall within ten (10) business days of the commencement of such association provide a copy of this Decree, by electronic mail, personal service, or certified mail (restricted delivery, return receipt requested), to such Associated Person(s). Every six (6) months, if during that time Defendants become associated with any such additional Associated Person(s), Defendants shall provide to FDA an affidavit stating the fact and manner of their compliance with this paragraph, identifying the names, addresses, and positions of all Associated Person(s) who received a copy of this Decree pursuant to this paragraph. Within ten (10) business days after receiving a request from FDA for any information or documentation that FDA deems necessary to evaluate Defendants' compliance with this paragraph, Defendants shall provide such information or documentation to FDA.

23. In the event Defendants replace any third-party expert or auditor required under this Decree, Defendants shall notify FDA in writing of the successor to such third-party expert or auditor and Defendants' reasons for replacing the expert or auditor within ten (10) business days

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after such replacement. In satisfying the requirements of this Decree, any third-party expert or auditor may review the previous expert's or auditor's work, and refer to such work to satisfy the requirements of the Decree; however, when such work is referenced by the new expert or auditor, s/he shall identify the specific prior work referenced.

24. Unless otherwise specified, all notifications, certifications, reports, correspondence, and other communications to FDA required by the terms of this Decree shall be addressed to the Director, FDA New England District Office, One Montvale Avenue, Stoneham, MA 02180. All notifications, correspondence, and communications required to be sent to Defendants or Corporate Defendants by the terms of the Decree shall be addressed to the General Counsel's Office, Maquet/Atrium Shared Legal Group, 1300 MacArthur Boulevard, Mahwah, NJ 07430.

25. Should Defendants fail to comply with any provision of this Decree, including any time frame imposed by this Decree, at any Specified or Additional Facility, then Corporate Defendants shall pay to the United States of America: fifteen thousand dollars ($15,000) in liquidated damages for each day such violation continues; an additional sum of fifteen thousand dollars ($15,000) in liquidated damages per day, per violation for each violation of the Act, its implementing regulations, and/or this Decree. In addition, should Defendants distribute from any Specified or Additional Facility after entry of this Decree any device that violates this Decree, the Act, or its implementing regulations, Corporate Defendants shall, in addition to the foregoing, also pay to the United States as liquidated damages a sum equal to two times the retail value of such devices. The amount of liquidated damages imposed under this paragraph shall not exceed ten million dollars ($10,000,000) in any one calendar year. The parties acknowledge that any payments to the government under any provision of this Decree are not a fine, penalty,

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forfeiture, or payment in lieu thereof. The remedy in this paragraph shall be in addition to any other remedies available to the United States under this Decree or the law.

26. Should the United States bring and prevail in a contempt action to enforce the terms of this Decree, Corporate Defendants shall, in addition to other remedies, reimburse the United States for its attorneys' fees (including overhead), investigational and analytical expenses, expert witness fees, and court costs relating to such contempt proceedings.

27. Defendants shall abide by the decisions of FDA, and FDA's decisions shall be final. All decisions conferred upon FDA in this Decree shall be vested in FDA's discretion and, if contested, shall be reviewed by this Court under the arbitrary and capricious standard set forth in 5 U.S.C. § 706(2)(A). Review by the Court of any FDA decision rendered pursuant to this Decree shall be based exclusively on the written record before FDA at the time the decision was made. No discovery shall be taken by either party.

28. The parties may at any time petition each other in writing to modify any deadline provided herein; and, if the parties mutually agree in writing to modify a deadline, such modification may be granted without seeking leave of Court.

29. If any deadline in this Decree falls on a weekend or federal holiday, the deadline shall be continued to the next business day.

30. If, and for as long as, an individual Defendant ceases to be employed by or to act on behalf of Corporate Defendants or any of their subsidiaries, franchises, affiliates and/or "doing business as" entities (the "Corporate Defendant Entities"), then, without further order of the Court, that individual Defendant shall not be subject to the terms of this Decree but shall continue to be liable for such individual Defendant's act(s) or failure(s) to act under this Decree prior to the time such individual ceased to be employed by or to act on behalf of all of the

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Corporate Defendant Entities. An individual Defendant shall notify FDA within thirty days after said Defendant ceases to be employed by or to act on behalf of all of the Corporate Defendant Entities. Once an individual Defendant ceases to be employed or otherwise act for all of the Corporate Defendant Entities, Corporate Defendants shall petition the Court to formally remove that individual Defendant's name from the caption of this Decree and the United States will not oppose such a motion, so long as FDA has sufficient evidence or information that the individual Defendant to be removed is no longer directly or indirectly working for or with, or in any way influencing, Corporate Defendant Entities. If Defendant Gail Christie's responsibilities are materially reduced, or the position of Corporate Chief Quality Assurance/Regulatory Affairs and Compliance Officer is eliminated, Corporate Defendants shall petition the Court to substitute for her as an individual Defendant either her successor as Corporate Chief Quality Assurance/Regulatory Affairs and Compliance Officer or the individual vested with responsibility for all quality system functions, as described in paragraph 12 ("Christie Substitute Defendant"). The United States will not oppose such a motion, so long as FDA has sufficient evidence or information that the Christie Substitute Defendant is vested with responsibility for all quality system functions, as described in paragraph 12. If removing an individual Defendant would result in no individual Defendant being subject to this Decree, Corporate Defendants shall designate an individual of similar position and responsibility to be substituted as an individual Defendant ("Substitute Individual Defendant"). Corporate Defendants shall petition the Court to add the Substitute Individual Defendant to the Decree and the United States will not oppose such a motion so long as FDA has sufficient evidence or information regarding the Substitute Individual Defendant's position and responsibilities. The obligations under this Decree of each individual named herein and any Substitute Defendant shall apply only to the extent of his or her

authority, responsibilities, and conduct within Maquet Holding B.V. & Co. KG and/or the Corporate Defendant Entities.

31. This Court retains jurisdiction over this action and the parties thereto for the purpose of enforcing and modifying this Decree and for the purpose of granting such additional relief as may be necessary or appropriate.

IT IS SO ORDERED.

DATED: February 3, 2015

UNITED STATES DISTRICT JUDGE

We hereby consent to the entry of the foregoing Decree:

FOR THE DEFENDANTS:

HEINZ JACQUI
Individually, and on behalf of Corporate Defendants, as Chief Executive Officer and Managing Director of Maquet Holding B.V. & Co. KG

GAIL CHRISTIE
Individually, and as Corporate Chief Quality Assurance/Regulatory Affairs and Compliance Officer of Maquet Holding B.V. & Co. KG

JOHN R. FLEDER
Hyman, Phelps & McNamara, P.C.
700 Thirteenth Street, N.W., Suite 1200
Washington, D.C. 20005

Attorney for Corporate Defendants

FOR THE PLAINTIFF:

JOYCE R. BRANDA
Acting Assistant Attorney General
U.S. Department of Justice
Civil Division

JONATHAN F. OLIN
Deputy Assistant Attorney General
U.S. Department of Justice
Civil Division

MICHAEL S. BLUME
Director
U.S. Department of Justice
Consumer Protection Branch

DANIEL M. BAEZA
Trial Attorney
Consumer Protection Branch
United States Department of Justice
450 Fifth Street, N.W., 6th Floor
Washington, DC 20001

ROBERT A. DORMER
Hyman, Phelps & McNamara, P.C.
700 Thirteenth Street, N.W., Suite 1200
Washington, D.C. 20005

Attorney for Corporate Defendants

JAMES G. MCCARNEY
Law Offices of James G. McCarney
29 Broadway, Suite 2700
New York, New York 10006

Attorney for Defendant Heinz Jacqui

RICHARD M. COOPER
Williams & Connolly LLP
725 Twelfth Street, N.W.
Washington, DC 20005

Attorney for Defendant Gail Christie

OF COUNSEL:

WILLIAM B. SCHULTZ
General Counsel

ELIZABETH H. DICKINSON
Chief Counsel, Food and Drug Division

ANNAMARIE KEMPIC
Deputy Chief Counsel for Litigation

SHANNON M. SINGLETON
Associate Chief Counsel
United States Department of
Health and Human Services
Office of the General Counsel
Food and Drug Administration
Building 32, Room 4312
10903 New Hampshire Avenue
Silver Spring, MD 20993

4F

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located?	☐ Nevada ■ Out-of-State
Is your facility a reverse distributor?	☐ Yes ■ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
■ Ownership Change*	WH 01874	■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)		☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medical Purchasing Solutions, LLC

Physical Address: 15021 N. 74th Street, #300

City: Scottsdale State: AZ Zip: 85260-2497

Mailing Address (if different from physical address): Same as physical.

City: State: Zip:

Telephone: 602-476-1595 Website: www.medicalpurchasingsolutions.com

Name of Designated Representative (DR): John Discerni

Licensing Company Email: denis@medicalpurchasingsolutions.com DR Email: john@medicalpurchasingsolutions.com

Entities the Wholesaler will Serve	**Product(s) to be Handled or Wholesaled**
☐ Pharmacies	■ Legend Pharmaceuticals, Supplies or Devices
■ Practitioners	■ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
■ Others: Clinics	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Name: See attached.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

State of Incorporation/Organization: Arizona (LLC formed on 10/25/2005)

Parent Company (if any): Medical Purchasing Holdings, Inc.

Corporation/Organization Name: Medical Purchasing Solutions, LLC

Mailing Address: 15021 N. 74th Street, #300

City: Scottsdale State: AZ Zip: 85260-2497

Telephone: 602-476-1595 Email: denis@medicalpurchasingsolutions.com

Contact Person Name: Denis G McNicholl, Vice President

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Discerni

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

2-15-22

Date

Board Use Only	Date Received: _____	Amount: 500 CHECK# 875027

Medical Purchasing Solutions, LLC

List top 4 suppliers:

1. AmerisourceBergen, 7775 W. Buckeye Rd Suite 150, Phoenix AZ 85043
2. McKesson Specialty, PO Box 93307, Atlanta GA 31193
3. Almaject, 44 Whippany Rd Ste 300, Morristown NJ 07960
4. Capital Wholesale Drug Co, 873 Williams Ave, Columbus OH 43212

Medical Purchasing Solutions, LLC
15021 N. 74th Street, #300
Scottsdale, AZ 85260-2497

Provide a list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender, or holder of indebtedness of the applicant. Pursuant to NRS 639.500 (2).

Arizona Location Employee List

- Justin Spiegel, Operations Supervisor
- Corey Myers, Warehouse Supervisor
- Dawson Hallas, Warehouse Associate
- Jabin Martinez, Warehouse Associate

Officers:

- John Discerni, Vice President and Designated Representative
- Denis G McNicholl, Vice President

Medical Purchasing Solutions, LLC
15021 N. 74th Street, #300
Scottsdale, AZ 85260-2497
FEIN: 56-2537799

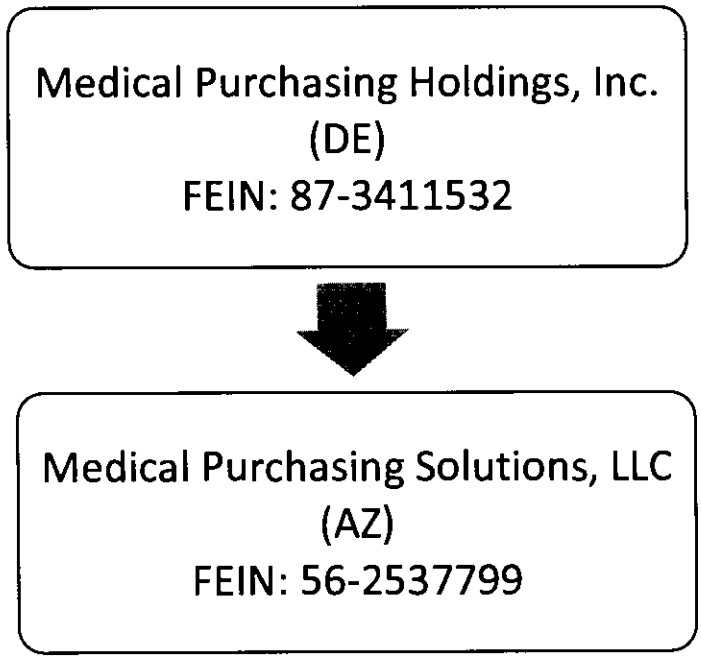
Provide a list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender, or holder of indebtedness of the applicant. Pursuant to NRS 639.500 (2).

Employee list;

1. John Discerni
2. Denis G McNicholl

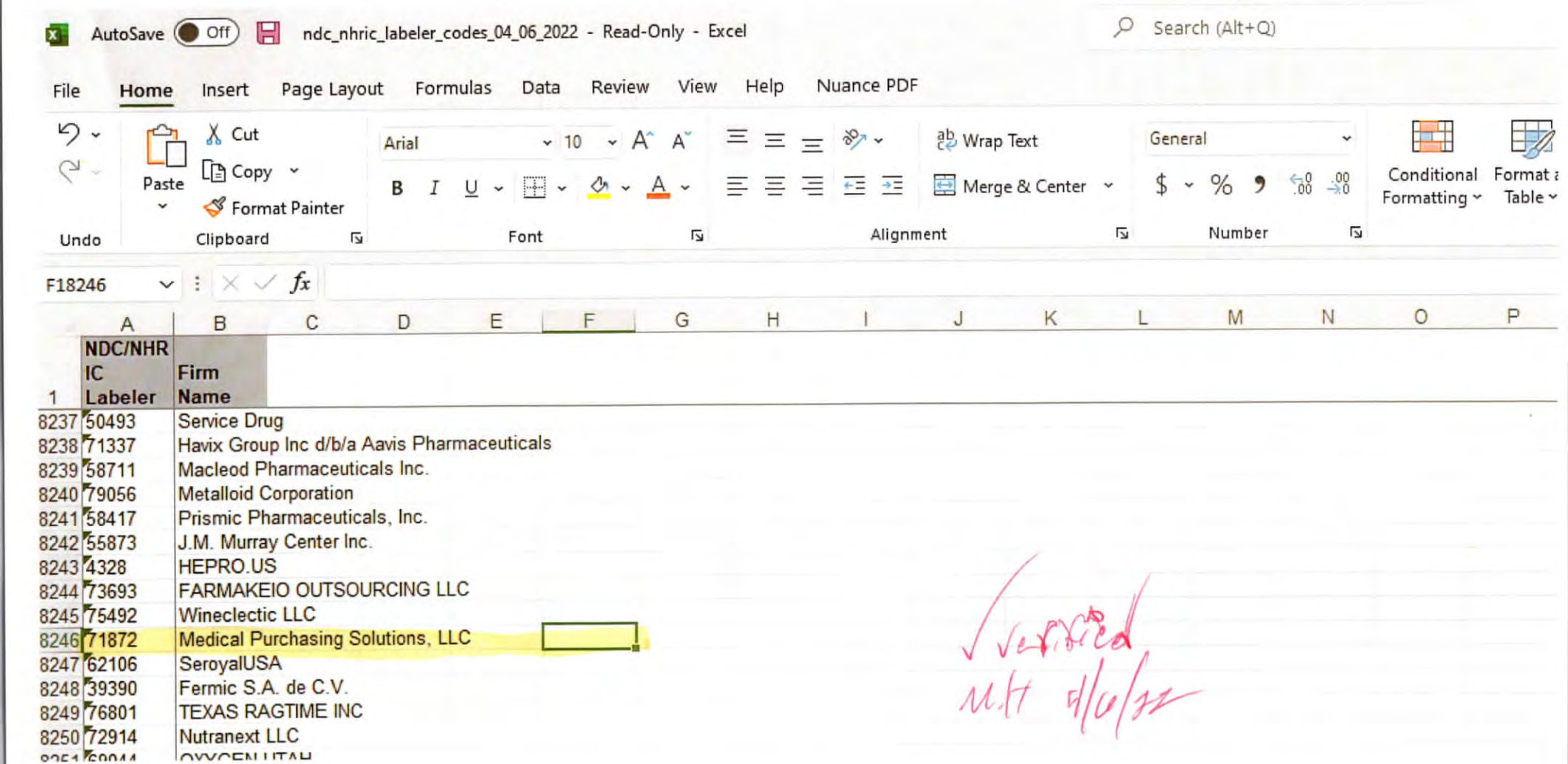
Medical Purchasing Solutions, LLC
15021 N. 74th Street, #300
Scottsdale, AZ 85260-2497
FEIN: 56-2537799

Organizational Chart – Effective 2/18/2022



Medical Purchasing Solutions, LLC
Officer List:

Name, Title	Address	DOB	SSN
Denis McNicholl, Vice President	[redacted] S. Spinnaker Road Tempe, AZ 85283	[redacted]	[redacted]
John Discerni, Vice President	[redacted] E Desert Vista Rd. Scottsdale, AZ 85255	[redacted]	[redacted]



AutoSave Off ndc_nhric_labeler_codes_04_06_2022 - Read-Only - Excel

Search (Alt+Q)

File Home Insert Page Layout Formulas Data Review View Help Nuance PDF

Undo Clipboard Font Alignment Number

Cut Copy Format Painter Paste

Arial 10 Wrap Text General

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	A	B
1	NDC/NHRIC Labeler	Firm Name
8237	50493	Service Drug
8238	71337	Havix Group Inc d/b/a Aavis Pharmaceuticals
8239	58711	Macleod Pharmaceuticals Inc.
8240	79056	Metalloid Corporation
8241	58417	Prismic Pharmaceuticals, Inc.
8242	55873	J.M. Murray Center Inc.
8243	4328	HEPRO.US
8244	73693	FARMAKEIO OUTSOURCING LLC
8245	75492	Wineclectic LLC
8246	71872	Medical Purchasing Solutions, LLC
8247	62106	SeroyalUSA
8248	39390	Fermic S.A. de C.V.
8249	76801	TEXAS RAGTIME INC
8250	72914	Nutranext LLC

✓ verified
M.H 4/6/22

STATE OF ARIZONA

Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

MEDICAL PURCHASING SOLUTIONS, LLC

ACC file number: L12377130

was incorporated under the laws of the State of Arizona on 10/25/2005, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **11/01/2021**

Matthew Neubert, Executive Director

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 01/22/2022
Receipt Number: 2022125503
Receipt Amount $: 1000.00

Wholesaler - Full Service

PERMIT NO
W003637

EXPIRES
10/31/2023

Issued to : Medical Purchasing Solutions, LLC
Medical Purchasing Solutions, LLC
15021 N. 74TH STREET SUITE #300 SCOTTSDALE, AZ 85260

Medical Purchasing Solutions, LLC
15021 N. 74TH STREET SUITE #300
SCOTTSDALE, AZ 85260

Kam Gardin
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Medical Purchasing Solutions, LLC
LICENSE NUMBER : W003637
EXPIRES : 10/31/2023

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

• Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
• You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

• Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
• In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
• Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
• Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RM0623721	01-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	04-28-2022

MEDICAL PURCHASING SOLUTIONS, LLC
MEDICAL PURCHASING SOLUTIONS, LLC
15021 N 74TH ST STE 300
SCOTTSDALE, AZ 852602497

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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RM0623721	01-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	04-28-2022

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15021 N 74TH ST STE 300
SCOTTSDALE, AZ 852602497

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Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RM0623721	01-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	04-28-2022

MEDICAL PURCHASING SOLUTIONS, LLC
MEDICAL PURCHASING SOLUTIONS, LLC
15021 N 74TH ST STE 300
SCOTTSDALE, AZ 852602497

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RM0623721	01-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	04-28-2022

MEDICAL PURCHASING SOLUTIONS, LLC
MEDICAL PURCHASING SOLUTIONS, LLC
15021 N 74TH ST STE 300
SCOTTSDALE, AZ 852602497

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Executive Director
Arizona State Board of Pharmacy

Date: 03/15/2022

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Medical Purchasing Solutions, LLC

Physical Address: 15021 N. 74th Street, #300

City: Scottsdale State: AZ Zip: 85260-2497

Mailing Address (if different from physical address): Same as physical.

City: State: Zip:

Telephone: 602-476-1595 Website: www.medicalpurchasingsolutions.com

Licensing Company Email: denis@medicalpurchasingsolutions.com

Section 2: Personal Information

First: John Middle: Last: Discerni

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex ☐ M ☐ F ☐ X

Mailing Address: [redacted] N. 74th Street, [redacted]

City: Scottsdale State: AZ Zip: 85260-2497

Telephone: [redacted] Email: john@medicalpurchasingsolutions.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	☐	☑
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A	☐	☐

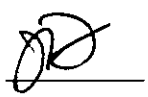
Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
See resume.			
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
	Scottsdale	AZ	85260-2497
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
Over 10 years	[redacted]E Desert Vista Rd.	Scottsdale	AZ	85255
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials 

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Medical Purchasing Solutions, LLC			
Business Address	**City**	**State**	**Zip**
15021 N. 74th Street, #300	Scottsdale	AZ	85260-2497
Phone	**Title**		**Number of Employed Hours**
602-476-1595	Designated Representative and Vice President		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Medical Purchasing Solutions, LLC			From - To (MM/YY – MM/YY): 05/2006- Present
Business Address: 15021 N. 74th Street, #300	City: Scottsdale	State: AZ	Zip: 85260-2497
Phone: 602-476-1595	Title: Designated Representative and Vice President		Number of Employed Hours: 32,160
Description of Duties: Oversee purchasing, receiving, outgoing orders, stock rotation, licensing, verification, vendors, record keeping, reporting, inspections.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

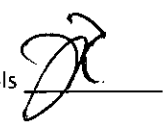
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials 

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		☑
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Not applicable

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2-15-22

Date

Applicant's initials _____

I, John Discerni, **certify that as the designated representative for**

Medical Purchasing Solutions, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

John Discerni

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2-15-22

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Discerni

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2-14-22

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, John Discerni, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2-14-22

Date

Subscribed and Sworn to before me this 14th day of 2022.

Notary Public Signature

EDDI KALANTARZADEH
Notary Public - State of Arizona
MARICOPA COUNTY
Commission # 616277
Expires October 31, 2025

(Seal)

Applicant's initials

John S. Discerni, RPh
[redacted] E. Desert Vista Rd Scottsdale, AZ 85255
Home: [redacted], e-mail: john@medicalpurchasingsololutions.com

Educational Overview

University of Phoenix (MBA)	Graduated 1992
Ohio Northern University (B.S. Pharmacy)	Graduated 1984

Professional Overview*

- Medical Purchasing Solutions
  2006 – Current
  Owner-Member
  Management / Operations

- Retired
  2002 - 2006
  Sold Previous Business (Physicians Formulary International, Inc. (PFI))

- Priority Healthcare, Inc.
  2001 – 2002
  Managed/Consulted Integration of previously owned company (PFI)

- Physicians Formulary, International (PFI)
  1990 – 2001
  Sole-Owner – Management/Operations/Warehouse etc.

- Mesa Lutheran Hospital
  1988-1990
  Pharmacist

- Executive Drug Care
  1986-1988
  Pharmacist

- Rite Aid
  1984-1986
  Pharmacist

- St. Joseph's Hospital
  1981 – 1984
  Pharmacy Intern

*References Provided Upon Request

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 41233908

Application/License No. _____

Medical Purchasing Solutions, LLC (Applicant/Principal) doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 15021 N 74th St Ste 300, Scottsdale, AZ 85260 (Address of Applicant/Principal), as PRINCIPAL, and Platte River Insurance Company (Surety Company), a corporation organized under the laws of the state of Nebraska (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 4110 S. Maryland Pkwy Ste 17, Las Vegas, NV 89119 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 21,2012 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 26th day of September, 20 12.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

David Sparks, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent Colleen Watson

Platte River Insurance Company

SURETY BOND RIDER

To be attached to and form part of **Pharmaceutical Wholesaler Surety Bond,** BOND NO. **41233908** issued by **Platte River Insurance Company** as Surety on behalf of **Medical Purchasing Solutions, LLC**, as Principal, in favor of **State of Nevada and Nevada State Board of Pharmacy**, as Obligee.

It is hereby understood and agreed that the above captioned bond is amended as follows:

From - One location at 15021 N 74th St Ste 300, Scottsdale AZ 85260

To - Two locations at 15021 N 74th Street, Ste. 300, Scottsdale AZ 85260 and 3660 Parkway Lane, Ste. J, Hilliard, OH 43026

This Rider is executed upon the express conditions that the Company's liability under said bond, together with this and all previous Riders shall not be cumulative and shall in no event exceed the amount specifically set forth in said bond or any existing certificate changing the amount of said bond.

SIGNED, SEALED AND DATED: November 2, 2017.

Platte River Insurance Company
Surety

By: _____
Jenna L. Sparks, Attorney-in-Fact

Medical Purchasing Solutions, LLC
Principal

By: _____

PLATTE RIVER INSURANCE COMPANY
POWER OF ATTORNEY

41378561

KNOW ALL MEN BY THESE PRESENTS, That the **PLATTE RIVER INSURANCE COMPANY**, a corporation of the State of Nebraska, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

DAVID SPARKS; NICOLE M CLOVIS; JENNA L SPARKS

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

ALL WRITTEN INSTRUMENTS IN AN AMOUNT: $20,000,000.00

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of **PLATTE RIVER INSURANCE COMPANY** at a meeting duly called and held on the 8th day of January, 2002.

"**RESOLVED**, that the President, and Vice-President, the Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, one or more vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of the company; the signature of such officers and the seal of the Corporation may be affixed to such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Corporation in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner – Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

IN WITNESS WHEREOF, the **PLATTE RIVER INSURANCE COMPANY** has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 27th day of July, 2015.

Attest:

Gary W. Stumper
President
Surety & Fidelity Operations

PLATTE RIVER INSURANCE COMPANY
CORPORATE SEAL NEBRASKA

PLATTE RIVER INSURANCE COMPANY

Stephen J. Sills
CEO & President

STATE OF WISCONSIN } S.S.:
COUNTY OF DANE }

On the 27th day of July, 2015 before me personally came Stephen J. Sills, to me known, who being by me duly sworn, did depose and say: that he resides in the County of New York, State of New York; that he is President of **PLATTE RIVER INSURANCE COMPANY**, the corporation described herein and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

DAVID J. REGELE NOTARY PUBLIC STATE OF WISCONSIN

David J. Regele
Notary Public, Dane Co., WI
My Commission Is Permanent

STATE OF WISCONSIN } S.S.:
COUNTY OF DANE }

CERTIFICATE

I, the undersigned, duly elected to the office stated below, now the incumbent in **PLATTE RIVER INSURANCE COMPANY**, a Nebraska Corporation, authorized to make this certificate, **DO HEREBY CERTIFY** that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Middleton, State of Wisconsin this 2nd day of November, 2017.

PLATTE RIVER INSURANCE COMPANY CORPORATE SEAL NEBRASKA

Antonio Celii
Secretary

THIS DOCUMENT IS NOT VALID UNLESS PRINTED ON GREEN SHADED BACKGROUND WITH A RED SERIAL NUMBER IN THE UPPER RIGHT HAND CORNER. IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL, 800-475-4450.

PR-POA (Rev. 12-2016)

4G

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located?	☐ Nevada ☒ Out-of-State
Is your facility a reverse distributor?	☐ Yes ☒ No

Type of Application (check applicable box)		**Ownership Business Type (check applicable box)**
☐ New Wholesaler ☒ Ownership Change* ☒ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH01430	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Meridian Medical Technologies, LLC

Physical Address: 8030 Litzsinger Road

City: Saint Louis State: MO Zip: 63144

Mailing Address (if different from physical address): 1945 Craig Road

City: Saint Louis State: MO Zip: 63146

Telephone: 314-682-3000 x 3130 Website: https://www.meridianmeds.com/

Name of Designated Representative (DR): Nicole Typaldos

Licensing Company Email: MMTCompliance@meridianmt.com DR Email: Nicole.Typaldos@meridianmt.com

Entities the Wholesaler will Serve	**Medications the Wholesaler will Handle**
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☒ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others: Repackagers, Military, Specialty Distributors	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been [illegible] **to regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: N/A . No suppliers sold, dispensed or distributed w/in last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): MMT Acquisition Company, LLC

Corporation/Organization Name: Meridian Medical Technologies, LLC

Mailing Address: 1945 Craig Road

City: Saint Louis State: MO Zip: 63146

Telephone: 314-682-3000 x 3130 Email: MMTCompliance@meridianmt.com

Contact Person Name: Nicole Typaldos

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicole Typaldos
Print Name of Authorized Person Submitting Application

Nicole Typaldos
Original signature of Authorized Person (copies or stamps not accepted)

08MAR2022
Date

Board Use Only	Date Received: _____	Amount: 500 check # 15561 ✓ 4/13/22

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MERIDIAN MEDICAL TECHNOLOGIES, 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 TWENTY-FIFTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MERIDIAN MEDICAL TECHNOLOGIES, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF AUGUST, A.D. 1969.

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

Jeffrey W. Bullock, Secretary of State

724710 8300

SR# 20220244373

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

Authentication: 202482267

Date: 01-25-22

The Division of Professional Registration and its boards are open during the regular business hours of 8:00a.m. to 5:00p.m. Monday through Friday, excluding state holidays (https://oa.mo.gov/commissioner/state-holidays).

Did you know that there is a drop box located in the front of the Professional Registration building? Individuals may leave items for the division and its boards any time. We do ask that all items be placed in a sealed envelope labeled with the board name or name of the individual if not located in a board.

Board of Pharmacy

PR Home (https://pr.mo.gov/) » Pharmacy Home (https://pr.mo.gov/pharmacists.asp) » Pharmacy Licensee Search (https://pr.mo.gov/pharmacy-licensee-search.asp)

Pharmacy Detail

Pharmacy Primary Source Verification

The licensee search function of this website provides data extracted from our database and constitutes a Primary Source Verification.

Licensee Name:	Meridian Medical Technologies, LLC
Profession Name:	Drug Distributor
Licensee Number:	2022003195
Expiration Date:	10/31/2023
Original Issue Date:	1/27/2022
Address:	Travis Wayne Coffell, MIC
Address Con't:	8030 Litzsinger Road
City, State Zip:	Saint Louis, MO 63144
County:	St. Louis County
Practitioner DBA Name:	Meridian Medical Technologies, LLC
Classification:	Wholesale Drug Distributor

Current Discipline Status:	None

Board of Pharmacy (https://pr.mo.gov/pharmacists)
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573.751.0091 Telephone

573.526.3464 Fax
800.735.2966 TTY
800.735.2466 Voice Relay
MissouriBOP@pr.mo.gov (mailto:MissouriBOP@pr.mo.gov)
https://pr.mo.gov/pharmacists (https://pr.mo.gov/pharmacists)

MERIDIAN
MEDICAL TECHNOLOGIES

Company Information

Meridian Medical Technologies, LLC
8030 Litzsinger Road
Saint Louis, MO 63144
(314) 682-3000 ext.3130
Website: https://www.meridianmeds.com
E-mail: MMTCompliance@meridianmt.com

FEIN: 52-0898764
State of Formation: Delaware
Date Incorporated: 8/16/1969
File Number: 724710

Ownership Information

MMT Acquisition Company, LLC
10 E. 53rd Street Floor 31
New York, NY 10022
Parent Company FEIN: 87-3166433

Officers

James Boyer, Chief Executive Officer
1945 Craig Road
Saint Louis, MO 63146
Ownership %: 0

Thomas Handel, Chief Commercial Officer
6350 Stevens Forest Road, Suite 301
Columbia, MD 20146
Ownership %: 0

Designated Representative

Nicole Typaldos, Quality Compliance Lead
1945 Craig Road
Saint Louis, MO 63146
Ownership %: 0

Authorized Representative

Nicole Typaldos, Quality Compliance Lead
1945 Craig Road
Saint Louis, MO 63146
Ownership %: 0

National Drug Code Directory

f SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM) ±

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through February 16, 2022

You have searched Finished drug products

Search Results: *'11704'*

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CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Produc Name
ATNAA atropine and pralidoxime chloride	11704-777-01		KIT	INTRAMUSCULAR	NDA021175	Meridian Medical Technologies, Inc.	11704-777	atropine and pralidoxime chloride		HUMAN PRESCI DRUG
ATROPEN Auto-Injector	11704-101-01	2 mg/.7mL	INJECTION	INTRAMUSCULAR	NDA017106	Meridian Medical Technologies, Inc.	11704-101	atropine	ATROPINE	HUMAN PRESCI DRUG
ATROPEN Auto-Injector	11704-104-01	.5 mg/.7mL	INJECTION	INTRAMUSCULAR	NDA017106	Meridian Medical Technologies, Inc.	11704-104	atropine	ATROPINE	HUMAN PRESCI DRUG
ATROPEN Auto-Injector	11704-105-01	1 mg/.7mL	INJECTION	INTRAMUSCULAR	NDA017106	Meridian Medical Technologies, Inc.	11704-105	atropine	ATROPINE	HUMAN PRESCI DRUG
ATROPEN Auto-Injector	11704-106-01	2 mg/.7mL	INJECTION	INTRAMUSCULAR	NDA017106	Meridian Medical Technologies, Inc.	11704-106	atropine	ATROPINE	HUMAN PRESCI DRUG
ATROPEN Auto-Injector	11704-107-01	.25 mg/.3mL	INJECTION	INTRAMUSCULAR	NDA017106	Meridian Medical Technologies, Inc.	11704-107	atropine	ATROPINE	HUMAN PRESCI DRUG
Cyanokit	11704-370-01	5 g/250mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	NDA022041	Meridian Medical Technologies, Inc.	11704-370	Hydroxocobalamin	HYDROXOCOBALAMIN	HUMAN PRESCI DRUG
Diazepam	11704-600-01	10 mg/2mL	INJECTION	INTRAMUSCULAR	NDA020124	Meridian Medical Technologies, Inc.	11704-600	diazepam	DIAZEPAM	HUMAN PRESCI DRUG

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Produc Name
DuoDote	11704-620-01		KIT	INTRAMUSCULAR	NDA021983	Meridian Medical Technologies, Inc.	11704-620	atropine and pralidoxime chloride		HUMAN PRESCF DRUG
Seizalam	11704-650-10	5 mg/mL	INJECTION, SOLUTION	INTRAMUSCULAR	NDA209566	Meridian Medical Technologies, Inc.	11704-650	midazolam hydrochloride	MIDAZOLAM HYDROCHLORIDE	HUMAN PRESCF DRUG

Showing 1 to 10 of 10 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

MERIDIAN
MEDICAL TECHNOLOGIES

Description of Operations

Meridian Medical Technologies, LLC is a Self -Manufacturer/Self- Distributor of prescription drugs and controlled substances. Meridian Medical Technologies, LLC manufactures and distributes their own labeled product.

Manufacturer Information:
Meridian Medical Technologies, LLC
8030 Litzsinger Road
Saint Louis, MO 63144
FDA Establishment Number: 1950222

Contact Person: Nicole Typaldos
Contact Number: (314) 682-3130

Distributor Information:
For distribution into the commercial supply channels, Meridian Medical Technologies, LLC's provides distribution of Meridian Medical Technologies, LLC's product to wholesalers, repackagers, specialty distributors, and military

Meridian Medical Technologies, LLC
8030 Litzsinger Road, Saint Louis, MO 63144
Contact: Nicole Typaldos (314) 682-3130

Meridian Medical Technologies, LLC has 793 employees working on site during normal business hours.

Meridian Medical Technologies, LLC's hours of operation are 8:30 am – 5:00pm Monday through Sunday.

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **meridian**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Meridian Animal Health	3010167027	012572873	LABEL; MANUFACTURE; PACK; RELABEL; REPACK;	10077 South 134th Street, Omaha, Nebraska (NE) 68138-3710, United States (USA)	12/31/2022
Meridian Bioscience Israel Ltd	3005772418	514832786	MANUFACTURE;	4 HaMaayan Street, Modiin, 7177872, Israel (ISR)	12/31/2022
Meridian Medical Technologies LLC	1950222	167671341	ANALYSIS; LABEL; MANUFACTURE; PACK; STERILIZE;	1945 Craig Road, St. Louis, Missouri (MO) 63146, United States (USA)	12/31/2022

Showing 1 to 3 of 3 entries

Previous1Next

Data Current through: Tuesday, Feb 15, 2022

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
PS0221630	01-31-2023	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,3N,4	MANUFACTURER	12-14-2021

MERIDIAN MEDICAL TECHNOLOGIES
PHARMACEUTICAL DIVISION
2555 HERMELIN DRIVE
SAINT LOUIS, MO 63144

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
PS0221630	01-31-2023	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,3N,4	MANUFACTURER	12-14-2021

MERIDIAN MEDICAL TECHNOLOGIES
PHARMACEUTICAL DIVISION
2555 HERMELIN DRIVE
SAINT LOUIS, MO 63144

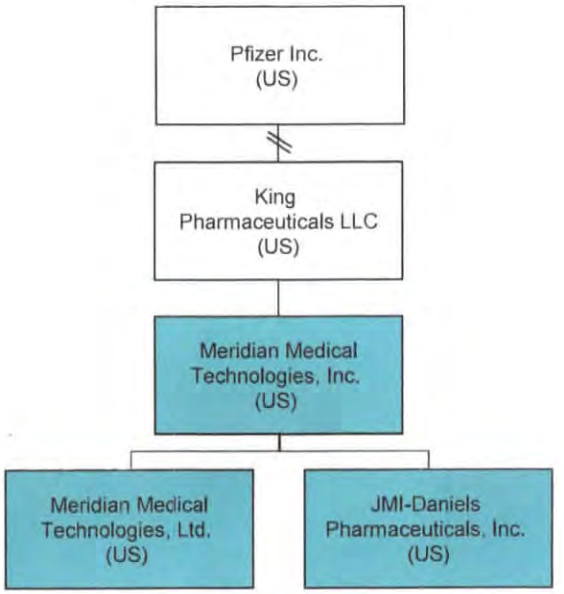
Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Meridian Medical Technologies

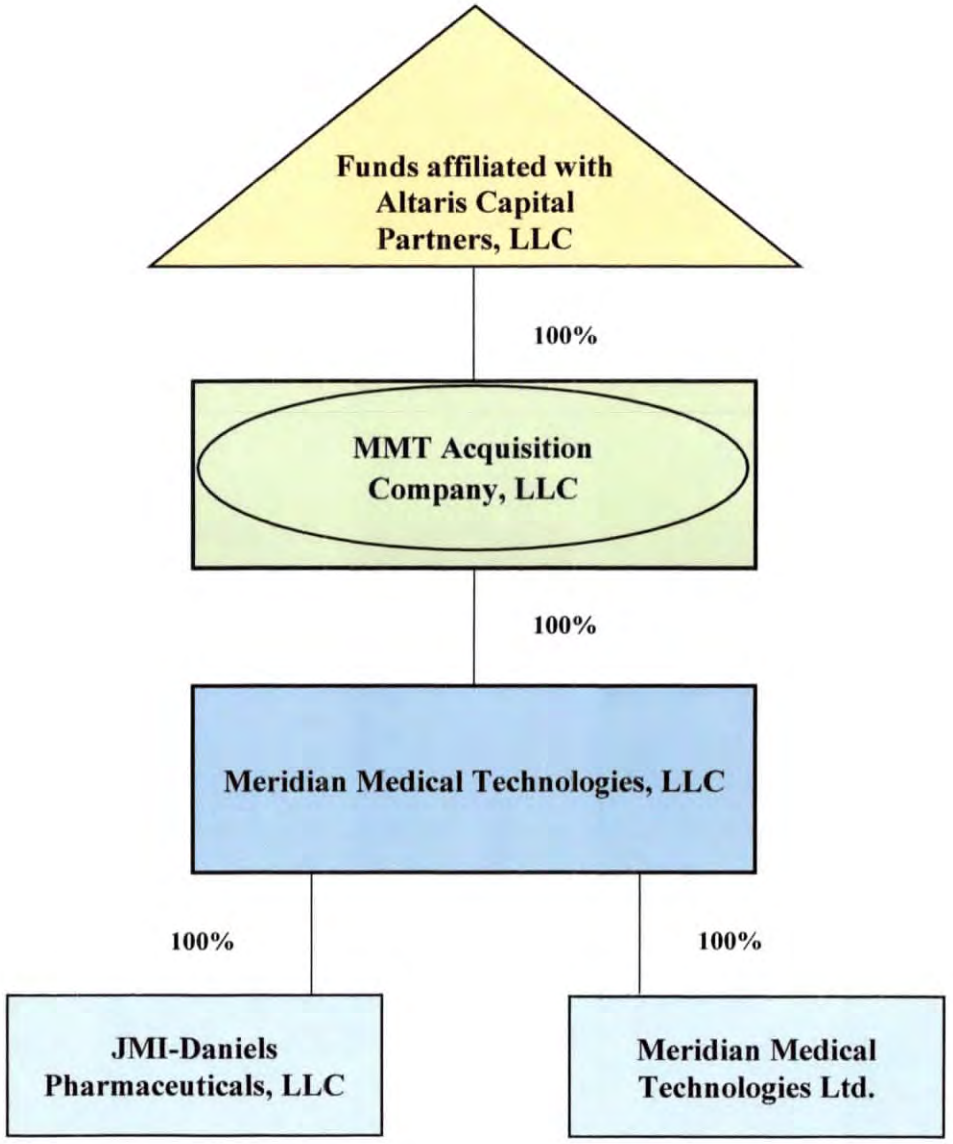
Pre-Acquisition Organizational Structure



LEGEND

Loan
Indirect ownership
Creditor → Debtor
Transaction Perimeter
Outside Perimeter
Corporation for US tax purposes
Partnership for US tax purposes
Disregarded for US tax purposes
Partnership for US tax purposes, Corporation for non-US purposes
Individual

PRO FORMA STRUCTURE CHART OF MERIDIAN MEDICAL TECHNOLOGIES, LLC



First Name	Last Name	Business Title
Eric	Abbott	U-09 Inspector B
Joseph	Abbott	U-09 Inspector B
Meela	Abby	U-09 Inspector B
Mysa	Abby	U-09 Inspector B
Linda	Abell	QA Manager
Marisa	Abrams	U-09 Inspector B
Rebecca	Abrams	Validation Quality Engineer
Andrew	Agler	U-09 SPM Clean & Prep Tech B
Anthony	Agwuedu	U-09 Sr Assembler B
Said	AitKassou	Supervisor, Manufacturing
Allexis	Akins	Sr. Change Management Specialist
Abigail	Alagna	Sr. Quality Operations Specialist
Sherry	Alexander	U-09 SPM Filling Technican B
Jose Mario	Alonso	Supervisor/TL-Production
Jason	Althoff	Lead Investigator - P & I
Everlyne	Amailuk	Supervisor/TL, Operations
Albina	Amaral	U-09 Inspector B
Daniel	Ambrosecchia	Work Team Enabler
Stacy	Ambrosecchia	U-09 Inspector B
Varsha	Anbil	Senior Associate Device Engineer
Grady	Anderson	Metrologist
Rick	Ankoviak	U-09 Set-Up Operator B
Kiley	Anselmo	Investigational Analyst
Estella	Armstrong	Administrative Assistant I - Asset Improvement & Compliance
Alicia	Arnold	U-09 Assembly Technician B
Janine	Arthur	Document Coordinator
Damien	Austin	Sr. Maintenance Supervisor / Team Lead
Richard	Averhart	Shipping Coordinator 2
Vickie	Ayers	U-09 Sr Assembler B
Tareq	Azan	Manager/TL, Maintenance and Utilities

Allan	Bailey	Manager/TL Quality Assurance
Keith	Bailey	U-09 P&I Production Mechanic B
Kathleen	Baker	U-09 Plant Sanitation Worker B
Walter	Baldes	Metrologist
Vanessa	Balladares	Senior Associate Biomedical Engineer
Ryan	Banister	U-09 SPM Sanitizer Tech B
Kylee	Banks	U-09 SPM Clean & Prep Tech B
Melvis	Banks	U-09 Assembly Technician B
Richaell	Barlow	Manufacturing Resources Coordinator (MRC)
Kristen	Barr	Sr. Director, Marketing and Communications
Kristin	Barrett	Manager, Accounting
David	Baruch	Supervisor/TL, Operations
Edward	Bauer	U-09 Assembly Technician B
Melissa	Baugh	Sr. Change Management Specialist
David	Baumgartner	Manager Project Management
Stephen	Bausano	Supervisor, Manufacturing (2nd or 3rd Shift)
Ryan	Behrle	QA Inspector
Brittany	Bell	Business Operations Manager
Daniel	Bellavia	Chemist 2
Marjana	Bello	CI Qual. Compliance & MRO Sup.
Kyera	Belton	U-09 Inspector B
Wade	Benny	Lead Investigator P&I
Tron	Bentley	U-09 Sr SPM Sanitizer Tech B
Dianna	Besch	U-09 Plant Sanitation Worker B
Chloe	Bess	Validation Quality Engineer

Joseph	Betz	U-09 Assembly Technician B
Kevin	Beutelmann	Director/TL Engineering
David	Birdsall	Sr. Data Scientist, OpEx
Duane	Birks	Maintenance TL
Thanas	Bitri	U-09 Inspector B
Christopher	Black	U-09 SPM Production Mechanic B
Rachael	Black	SrAssociat Compliance
Katherine	Blakely	Senior Specialist, Operational Excellence
Rodney	Blanchard	U-09 SPM Filling Technician B
Ramia	Bond	U-09 SPM Filling Technician B
Shavona	Bonner	U-09 SPM Clean & Prep Tech B
Jamie	Boring	U-09 Inspector B
Abbigail	Borkowski	QA Manager/TL, Customer Complaints
Adam	Bortner	Environmental Compliance Technician I
Rayang Ne Wende	Bouda	U-09 Inspector B
Patricia	Bourbon	Administrative Assistant
Christopher	Bowers	U-09 Assembly Technician B
James	Boyer	Meridian Chief Executive Officer (CEO)
Kenneth	Boyer	Director, Supply Chain Logistics & Planning
Steven	Boyle	U-09 Set-Up Operator B
Robert	Bradford	Manager, Program Management Office
Toni	Bradley	U-09 Dock Attendant B
Wesley	Brakefield	Quality Control Analyst 2
Billie	Brand	U-09 SPM Production Mechanic B
Kurt	Brehm	Systems Engineer
Theresa	Brewer	U-09 Sr Assembler B
Christopher	Brewster	U-09 Dock Attendant B
Ronald	Brewster	Quality Control Analyst 2
Michael	Brice	Environmental Technician 2
Joseph	Bright	U-09 Sr SPM Formulation Tech B
Belinda	Broadus	Sr.Quality Operations Specialist - Compliance

Terence	Bronner	U-09 SPM Clean & Prep Tech B
Terron	Brooks	U-09 Set-Up Operator B
Bonnie	Brooks	Training Administrator
Shelvy	Brown	U-09 Plant Sanitation Worker B
Brian	Brown	U-09 SPM Production Mechanic B
Nelson	Brown	U-09 SPM Production Mechanic A
Sydney	Brown	Environmental Compliance Technician I
Jeffrey	Brundt	Digital Business Analyst
Drew	Bruning	U-09 Set-Up Operator B
Keith	Bryant	Procurement Specialist
Scott	Buchanan	U-09 Set-Up Operator B
Joshua	Buchheit	U-09 SPM Formulation Tech B
Jasminka	Buljubasic	U-09 SPM Clean & Prep Tech B
Jane	Bullington	Contingent Worker Program Administrator
James	Bullock	Sr. Automation Engineer
Sabina	Bunic	Project Specialist 1
Emily	Buo	U-09 Sr Inspector B
Antonio	Burr	U-09 SPM Sanitizer Tech B
Phyllis	Bursey	U-09 SPM Sanitizer Tech B
Judith	Burton	U-09 Sr SPM Formulation Tech B
Blake	Bush	Supervisor/TL, Production SPM
Stephenie	Buzzetta	U-09 Sr Inspector B
Justin	Byers	U-09 Inspector B
Eddie	Cadamey	Supervisor/TL, Operations
Derrick	Caldwell	Senior Supervisor, Packaging & Inspection
Omar	Calzada	Sr. Associate, Continuous Improvement Manufacturing
Kerhia	Canady	Chemist 2
Thomas	Caniff	U-09 Material Handler B
Justin	Cano	Sr. Financial & Planning Analysis Manager

Lauren	Carothers	Sr. Aseptic Training Specialist
Brandon	Carper	U0-9 SPM Sanitizer Tech B
Chase	Carroll	Sr. Training Specialist, Aseptic
Judith	Carroll	U-09 Inspector B
Andre	Carter	U-09 SPM Production Mechanic B
James	Casagrande	Operational Excellence Manager
Vedran	Catovic	U-09 Set-Up Operator B
Igor	Caus	Supervisor/TL, Operations
Senad	Caus	U-09 Sr Inspector B
Adisa	Cekic	U-09 SPM Filling Technician B
Danijal	Ceric	Aseptic Compliance Specialist
Antonio	Chevis	Stockroom Attendant
Dyan	Chong	Senior Manager, Product Technology
Cole Hunter	Christman	U-09 SPM Formulation Tech B
Amira	Cikota	U-09 Assembly Technician B
Christopher	Clamors	Shipping Coordinator 2
Chelsea	Clay	Sr Specialist QO
Cedrick	Coburn	U-09 Inspector B
Ernest	Cody	U-09 Sr Assembler B
Charles	Coerver	Sr Manager QE/Special Projects
Travis	Coffell	Sr. Manger, Supply Chain Planning & Logistics
Allison	Coffey	Senior Associate Compliance
Shorna	Coffey	Senior Maintenance Supervisor
Jason	Coker	U-09 P&I Production Mechanic B
Sherrita	Collier	U-09 Inspector B
Deandre	Combs	U-09 Sr SPM Filling Technician B
Terry	Compton	Sr Complaint Investigator
James	Conlisk	Quality Control Analyst 2
Jill	Cook	U-09 Inspector B

David	Cook	Manager - Cost, Pricing & Govt
Shannon	Cooley	Manager/TL Quality Assurance - Aseptic
Lance	Coonrod	Director, STL Laboratories (Chemistry, Microbiology and Environmental Control)
Ashley	Cooper	Sr. Supervisor SPM
Gabrielle	Cooper	U-09 Inspector B
Maria	Cooper	Manager, Validation- Lab Instruments and Measurement
Dawn Michelle	Cope	Mgr/TL, Aseptic Manufacturing
John	Cordes	Sr. Quality Inspector
Christian	Corich	Maintenance Engineer
Ronald	Cottle	Supervisor - Manufacturing
Donna	Cotton	Sr. Government Contract Specia
Sabina	Coutinho	Analytical Development Scientist 2
Sabrina	Cover	U-09 Assembly Technician B
Meagan	Covert	Stability Specialist
Amy	Cox	Material Control Lead
Lynnette	Cox	U-09 Inspector B
Gregory Velvon	Crawford	Senior Automation Engineer
Michael	Crites	Sr. Associate, Continuous Improvement Manufacturing
Ronald	Crook	U-09 Sr Inspector B
Cheryle	Cross-Northington	Supervisor- Manufacturing
Desiree	Cruz	U-09 Inspector B
Jose	Cruz Velez	Manager, Metrology
Maria	Cruz-Fisher	Senior Manager, Regulatory Aff
Rebecca	Csak	Senior Compliance Specialist-Quality
Carol	Cullen	U-09 Assembly Technician B
Tyrone	Current	U-09 Set-Up Operator B

Jeffrey	Curtis	U-09 Assembly Technician B
Leslie	Curtis	Procurement Specialist
John	Cygan	U-09 SPM Filling Technician B
Veronica	Dalton	Visual Inspection Trainer
Nicholas	Dalton	Supervisor/TL, Production
Jeffery	Daniel	U-09 SPM Filling Technician B
Jeremy	Daniel	U-09 Set-Up Operator B
Mark	Daniel	U-09 Inspector B
Jonathan	Daproza	Sr. Manager, National Sales
Bayley	Daues	SrAssociat Investigations
Brian	David	QA Manager
Ryan	Davis	U-09 SPM Filling Technician B
Travis	Davis	Supervisor/TL Production SPM
Jerry	Davis	Supplier Process Engineer 3
Mischell	Davis	Quality Inspector
Sara	De Jesus-Torres	Manager QualityAssurance
Brian	Dell	Sr. Supervisor, Microbiology Lab
Joseph	Derleth	U-09 SPM Clean & Prep Tech B
John	Dinga	Manager/TL- Environmental Compliance/Micro Services
April	Dixon-Sutherlin	Marketing Associate
Sanela	Dizdar	Sr Supervisor, MQA
Claire	Dmuchovsky	MQA (Manufacturing Quality Assurance) Specialist I
Richard	Doerr	U-09 Plant Sanitation Worker B
Sharita	Donald	Manager, Regulatory Affairs
Jacquelyne	Donaldson	U-09 Inspector B
Carl	Dotson	U-09 SPM Clean & Prep Tech B
Christin	Doyle	Manager Accounting

James	Duckett	Maintenance Team Leader
Nazif	Dudakovic	U-09 Assembly Technician B
John	Dudley	U-09 P&I Production Mechanic B
Benedict	Dumonceaux	Sr. Training Specialist-QS
William	Dunham	Microbiologist
Trenton	Dunsford-Goldwasser	Quality Inspector
Michael	Dunsky	Sr. Process (Reliability) Engineer/Technologist
Sanel	Dzafic	U-09 SPM Filling Technician B
Theresa	Earner	U-09 Assembly Technician B
Dina	Easter	U-09 Inspector B
Ryan	Eckstein	U-09 SPM Filling Technician B
James	Edwards	Compliance Manager – Aseptic Operations
Michael	Edwards	U-09 Sr Assembler B
George	Edwards	U-09 Sr Material Handler B
Michael	Eilerman	Senior Supervisor, QA
Kelly	Ekroos	Sr. Director, Global Emergency Care Markets Lead
Domonique	Elkins	U-09 SPM Sanitizer Tech B
~~Craig~~	~~Ellis~~	~~U-09 Material Handler B~~
Alisha	Emert	U-09 Inspector B
Michelle	Epps	U-09 Inspector B
Brenda	Erler	U-09 SPM Clean & Prep Tech B
Martha	Esch	U-09 Inspector A
Mary	Eudy	Senior Associate, Project Support Specialist
Katelynn C	Evans	Manufacturing Quality Assurance (MQA) Specialist 1
Benjamin	Eyers	U-09 Set-Up Operator B
James	Eyers	MQA Specialist I
Gerald	Fabrizio	Manufacturing Process Engineer
Wajma	Faez	Associate, Business Services
Amy	Faith	MQA Specialist I

Luke	Fanger	U-09 SPM Filling Technician B
Cindy	Farris	Administrative Assistant 1
Edi	Fazlagic	Quality Inspector- Aseptic
Sydnee	Feldmann	MQA Specialist 1
David	Fenwick	Maintenance Team Leader
Tiffany Lynn	Ferguson	Inspection Qualification/Training Specialist
Stephanie	Ferguson Mora	Quality Inspector- Aseptic
Larissa	Fernandez	Supplier Compliance Auditor 1
Jeffrey	Filipiak	U-09 SPM Production Mechanic B
Deborah	Finch	Supervisor, QA Inspection
Jennifer	Finnegan	Operations Planner
Thomas	Fish	U-09 P&I Production Mechanic B
Julie	Flint	Chemist 2
David	Foeller	Supervisor-Manufacturing
Kevin	Foley	Senior Lab Systems Analyst
Tiffany	Foote	Quality Inspector
Jacqueline	Ford	U-09 SPM Clean & Prep Tech B
Libra	Fortune	U-09 Assembly Technician B
Megan	Foster	Sr. Corrective Action and Preventive Action (CAPA) Coordinator
Michael	Fox	U-09 Assembly Technician B
Nicholas	Francis	U-09 SPM Filling Technician B
Chelsea	Fredericks	U-09 Inspector B
Matthew	Freeman	Manager APIMfgChem (M)
Amber	Frierson	U-09 SPM Clean & Prep Tech B
Jeffery	Frith	U-09 Assembly Technician B

Raina	Fritz	Sr. Supervisor Raw Materials Laboratory
Gerald	Fuller	Sr. Manager, PGS Site HR
Danielle	Gage	U-09 Assembly Technician B
Rodney	Galbraith	U-09 SPM Production Mechanic B
Angela	Gallardo	U-09 Dock Attendant B
Alvin	Garvin	U-09 Inventory Coordinator B
Clayton	Gaskill	U-09 SPM Production Mechanic B
Kaitlynn	Gaskill	U-09 SPM Clean & Prep Tech B
Kennady	Gee	Validation Quality Engineer 1
Jeffrey	Gensler	Site Quality Operations Leader - St Louis
Melinda	Gerber	Quality Assurance Inspector
Katherine	Gerhart	U-09 Inspector B
May	Giddens	Document Coordinator I
Dorian	Gill	Quality Engineer 3
Alicia	Gilmore	Supervisor, Microbiological Services
John	Gioia	U-09 SPM Filling Technician B
Benjamin	Girard	U-09 SPM Sanitizer Tech B
Curtis	Givens	Sr Technical Specialist Microbiology
Cynthia	Good	Associate Director Reg CMC (P)
Christopher	Goodheart	Microbiologist
George	Gordon	U-09 SPM Sanitizer Tech B
Sammy	Grace	U-09 Inspector B
Asia	Grady	U-09 SPM Filling Technician B
Steven James	Grate	Assoc. Project Manager Tooling
Akio	Gray	U-09 SPM Filling Technician B
Martha	Grayson	Environmental Compliance Laboratory- Technical Specialist
Deandre	Green	U-09 Sr Assembler B

Michael	Green	U-09 Sr SPM Filling Tech B
Travis	Green	Supervisor/TL, Operations
Cameron	Gregory	U-09 SPM Clean & Prep Tech B
Lavonda	Gregory	U-09 Assembly Technician B
Kim	Griest	Quality Control Laboratory Technician
Clinton	Griffin	U-09 SPM Production Mechanic B
Dana	Groothuis	Sr. Aseptic Process Engineer/Technologist
Jeffrey	Gruhala	U-09 SPM Production Mechanic B
Leonardo	Guerra Mendoza	U-09 Inspector B
Yaye	Gueye	Sr. Project Manager- Device Combination Products
Sidy	Gueye	Supervisor/TL, Production SPM
Thomas	Hackney	Metrologist
Senija	Hadzic	U-09 Assembly Technician B
Chad	Hafer	Senior Manager Aseptic Operations (Process Centric Team Leader)
Ceiara	Haffner	U-09 SPM Filling Technician B
Elizabeth	Haile	Microbiologist
Joseph	Ham	Sr. Maintenance Supv/Team Lead
Consuella	Hampton	U-09 Sr Assembler B
Thomas	Handel	General Manager, Meridian
Debra	Handler	Sr. Payroll/Accounting Specialist
Kimberly	Hannon	U-09 SPM Filling Technician B
Vernisha	Harbin	Supervisor/TL, Operations
Paul	Harmon	MQA Specialist I
Charles	Harrington	Warehouse Supervisor
Andre	Harris	U-09 Sr Assembler B
Jameca	Harris	U-09 SPM Formulation Tech B

Margo	Harris	U-09 Sr Inspector B
Richard	Harris	Environmental Compliance Technician I
Christine	Hartwig	Financial Analyst
Jessiickka	Hathor	MQA (Manufacturing Quality Assurance) Specialist I
Paul	Haynes	U-09 Sr Assembler B
Alexandra	Hedlesky	U-09 Assembly Technician B
Frederick	Heger	Site Finance Controller
Jacob	Heinicke	U-09 P&I Production Mechanic B
Leon	Heitgerd	U-09 Sr Assembler B
Rachel	Helgen	Aseptic Compliance Specialist
Daniel	Helm	Technical Project Manager
Kyle	Helm	Manager Project Management
Jeffrey	Henderson	Sr. Manager/Team Lead-Supplier Quality
Andrew	Henderson	U-09 Inspector B
Jace	Henderson	Sr. Manufacturing Engineer
Pamela	Henderson	U-09 Inspector B
William	Hendree	U-09 Assembly Technician B
Steve	Hendricks	U-09 Assembly Technician B
Martin	Heriford	U-09 Inspection B
Travis	Herring	U-09 P&I Production Mechanic B
Kevin	Hicks	Transformation Director
Cole	Highlander	Manager, Production Planning
Al	Hill	Sr Cost Accountant (Govt.)
Robert	Hill	Director of Design and Development
Gary	Hillis	
Michael	Hindes	U-09 SPM Clean & Prep Tech B
cory	Hoehn	
Devon	Hoesl	Combination Products Engineer
Mia	Hogan	U-09 Sr Inspector B

Holly	Holtzmann	Accounting Clerk III
Cheryl	Homer	U-09 Inspector B
Joshua	Honaker	U-09 Set-Up Operator B
Julia	Hozian	U-09 Assembly Technician B
Xianyuan	Hu	U-09 Assembly Technician B
Christina	Hubbard	Administrative Assistant 1
Christopher	Huffman	Senior Associate
Anthony	Huncovsky	U-09 SPM Sanitizer Tech
Ashlyn	Hunt	U-09 Inspector B
India	Hunter	Quality Inspector
William	Hurley	U-09 Inspector B
Nerman	Huskovic	Quality Control Analyst 4
Theresa	Hutchison	Procurement Specialist
Angela	Isaacs	U-09 Inspector B
Deairelle	Ivy	Environmental Compliance Technician I
Christopher	Jackson	Document Coordinator
Earl	Jackson	Quality Inspector
Aaron	Jackson	U-09 SPM Clean & Prep Tech B
DeOntae	Jackson	U-09 Sr SPM Sanitizer Tech B
Earl	Jackson	Training Specialist, Packaging and Inspection
Kimerica	Jackson	U-09 Material Handler B
Angela	Jager	U-09 Assembly Technician B
Zachary	Jahns	U-09 SPM Production Mechanic B
Adley	James	U-09 SPM Filling Technician B
Vinson	James	U-09 SPM Filling Technician B
Gawain	Jameson	Supervisor/TL Production-SPM
Kathleen	Janis	Senior Supply Planner
Ryan	Jasper	U-09 Inspector B
Timothy	Jensen	Device Engineer
Alexis	Johnson	Environmental Compliance Technician I
Dennis	Johnson	Project Manager Engineering

Juanita	Johnson	Aseptic Compliance Specialist- Sterile Product Manufacturing
Mark	Johnson	U-09 Assembly Technician B
Randolph	Johnson	U-09 Sr Assembler B
Steven	Johnson	U-09 SPM Filling Technician B
Mark	Johnson	U-09 SPM Production Mechanic B
Randy	Johnson	Supervisor, Warehouse
Tinera	Johnson	Associate Microbiologist
Stephanie	Jolly	Quality Engineer
Alfred	Jones	Metrology Engineer 1
Kenneth	Jones	U-09 SPM Filling Technician B
Kimberly	Jones	U-09 Assembly Technician B
Mike	Jones	U-09 SPM Filling Technician B
Jennifer M	Jones	Regulatory Affairs CMC Manager
Janese	Jones-Barney	MQA Specialist I
Betty	Jordan Garner	Data Integrity Manager
Shrijwal	Joshi	Quality Engineer
Tara	Jovcevski	Manager/TL Project Engineering
Jeffrey	Jull	U-09 Sr Assembler B
Shelly	Kakouris	Records Management Specialist
Naveed	Kamal	Associate Validation Specialist
Jasmin	Kapic	U-09 SPM Filling Technician B
Arnel	Karabegovic	Manager Production
Alexander	Karpman	Technical Project Manager, Pro
Erica	Kayser	MQA Specialist II
Nathan	Keller	U-09 SPM Production Mechanic B
Dwone	Kelly	Technical Writer 1
Conor	Kelly	Senior Associate Biomedical Engineer
Michele	Kennedy	Accountant II
Darrell	Kent	Investigational Analyst

Tamara	Kesselring	Category Strategy Manager/TL- Labels and Packaging
Victoria	Ketterer	Fixed Asset Accountant
Michael	Kidd	U-09 P&I Production Mechanic B
Donna	Killian	Sr. QO Specialist - Compendial
Joao	Kimuene	U-09 Plant Sanitation Worker B
Francine	King	Project Manager
Tina	King	U-09 Assembly Technician B
Edna	Kisker	U-09 SPM Clean & Prep Tech B
Benjamin	Klaustermeier	MQA Specialist II
Richard	Kleinhans	U-09 SPM Filling Technician B
Marvin	Kley	U-09 SPM Production Mechanic A
Gary	Klipfel	Sr. Project Engineer
Lisa	Knowles	Sr. QO Specialist- Internal Auditor
Mira	Kolasinac	U-09 Assembly Technician B
Erica	Kontson	Biomedical Engineer
Robert	Kozieja	U-09 Inspector B
Lynn	Krieg	Microbiologist
Miron	Krinitskiy	U-09 SPM Formulation Tech B
Dzemal	Krlicevic	U-09 Sr Assembler B
Ryan	Kroenung	Complaint Investigator - Quality Analyst
Pamela	Kromer	Sr Planner
Daniel	Kudlinski	U-09 SPM Clean & Prep Tech B
David	Kudlinski	U-09 SPM Sanitizer Tech B
Bernard	LaBlance	U-09 SPM Production Mechanic B
Dayne	Lagemann	U-09 SPM Production Mechanic B
Richele	Landa	Operational Excellence Professional
Norman	Lane	MQA Component Coordinator
Shaina	Lane	QA Inspector

Andrew	Lang	Senior Manager/TL, Validation
Dalton	Lang	U-09 SPM Production Mechanic B
Hershey Hope	Lanier	U-09 Inspector B
Taylor	Laramie	Chemist 2
Craig	Laury	Raw Material Tech 3
Mitchell	Lawless	Sr. QA Technical Specialist
Garry	Laznicka	Manager Project Management
Nathan	Leaser	U-09 SPM Production Mechanic B
Gregory	LeClaire	U-09 SPM Production Mechanic B
Jason	Lee	Maintenance Planner/Scheduler
Yongjae	Lee	MQA Specialist II
Richard	Leeder	U-09 Assembly Technician B
Jeremy	Leitschuh	Maintenance Team Lead, Asset Improvement and Compliance
Shawna	Lenz	Manager/TL Production
Ronald	Leonard	Sr Environmental, Health & Saf
Joshua	Lewis	U-09 Plant Sanitation Worker B
Morganna	Lewis	U-09 Set-Up Operator B
Priscilla	Lewis	U-09 Assembly Technician B
Stephen	Lichtenberg	Chemist 1
Rowena	Lingenfelter	U-09 Inspector B
Paul	Lippner	Director, Int'l Govt Sales
Lucy Xin	Liu	Chemist 2
Robert	Loeffel	Quality Control Analyst 3
Alison Riley	Lohrmann	AVI/ MVI Inspection Manager
Kenneth	Lopez	Sr Packaging Engineer
Monika	Lorenz	Sr Supervisor, QC Laboratory -
Jason	Louis	Manager Packaging & Inspection
Tyler	Love	U-09 Inspector B
Sean	Lowery	Manager/TL - Training Systems

Brandon	Loyd	U-09 SPM Formulation Tech B
Sheila	Lunsford	Procurement Specialist
Adrian	Lykam	U-09 Inspector B
George	Lykam	U-09 Assembly Technician B
Skyler	Lykam	U-09 Inspector B
Richard	Mabie	Maintenance Planner/Scheduler
Jace	MacKellar	Continuous Improvement (CI) Specialist20
Karen	Mackey-Moore	Inspector
Crystal	Majors	Supplier Process Engineer 3
Cristina	Makela	Director, Regulatory Cluster L
Michael	Manahan	Senior Manager
Nicholas	Maners	U-09 Plant Sanitation Worker B
Steven	Manning	U-09 SPM Production Mechanic B
Jennifer	Mantese	Mgr/TL- Corrective Action and Preventive Action (CAPA)
Jerad	Marler	Quality Assurance Inspector
Diana	Martin	U-09 Plant Sanitation Worker B
Larry	Martin	U-09 Assembly Technician B
Amanda	Martinez	Sr Assoc HR, TA North America, GTS
Christian	Martinez Martin	Manager/TL QC Device Laboratory
Felix	Martinson	Director, Combination Product Program
Patrick	Matney	U-09 Inspector B
Robert	Matney	U-09 Inspector B
Cheryl	Matthews	Training Administrator, LMS
Aaron	Matthews	U-09 Sr Inspector B
Michael	Mayfield	Quality Control Analyst II
Laressa	Mays	U-09 Inspector B
Tonette	Mayweather	U-09 SPM Clean & Prep Tech B
Marion	McAlone	Accounting Clerk 3

Carmen	McBride	MQA Specialist I
Christina	McCabe	U-09 Assembly Technician B
Twain	McCulley	Senior Associate
Lambus	McGhee	U-09 Assembly Technician B
Alexander	Mcneely	Supervisor/TL, Production SPM
Amanda	Meek	Quality Assurance Coordinator
Christopher	Melton	U-09 Assembly Technician B
Robert	Mense	Associate Project Manager
Christopher	Meredith	U-09 P&I Production Mechanic B
Angela	Merkson	Complaint Investigator
Brian	Merriman	Program Manager/TL, Mold & Tooling
JoElla	Meunier	Sr. Compliance Accountant
Danny	Miller	Sr Supervisor, Maintenance
Jolanda	Miller	U-09 SPM Filling Technician B
Dina	Millich	SrAssociat Compliance
Paula	Milner	Manager, Transportation & Trade Compliance
Dennis	Miner	U-09 Assembly Technician B
Dorca	Miranda	QO Specialist - Compliance
Jameel	Mirza	Analytical Dev. Scientist 2
James	Mitchell	U-09 SPM Production Mechanic B
Justin	Mitchell	Analytical Development Scientist I
Christie	Mitchum	Validation Quality Engineer
Sandra	Mojarro Guerra	Chemist 3
Edson	Montalvo-Quinones	SrAssociat Compliance
Carlos	Moraga	MQA Specialist I
Nancy	Morales	Sr Supervisor, Warehouse
Kimberly	Morris	Accounting Clerk III
Stacy	Morrison	Compliance Auditor 2

Nancy	Mount	U-09 Dock Attendant B
Devon	Mowery	U-09 SPM Filling Technician B
Jordan	Mroz	Environmental Compliance Technician II
Julia	Mueller	Supplier Process Engineer III
Samar	Mukherjee	Sr Manufacturing Eng
Laura	Mullen	Digital - Sr. Compliance Analyst
Marcus	Mumphard	U-09 Material Handler B
Cheryl	Munie	Document Control Coordinator II
Sandi	Muratovic	Environmental Compliance Technician I
Howard	Murray	Project Manager, Operational E
Kisa	Mwenelupembe	Supervisor/TL, Production SPM
Jaclyn	Nahn	Complaint Investigator
Willie	Neeley	U-09 Plant Sanitation Worker B
Matthew	Neihart	U-09 Material Handler B
Alexis	Newsom	U-09 SPM Clean & Prep Tech B
Muhammad Kashif	Niazi	Validation Engineer III
James	Nickel	Sr. Project Engineer
Faiza	Nisar	Document Coordinator II
Amy	Nolte	Manager/TL - Site Change Management
Carolina	Nunez	Manager/TL,Reliability Engineer
Ada L	Nunez Ortiz	Sr Manager/TL QA
MIRIAM	NYOKABI	Environmental Compliance Technician 2
Stephen	Okumu	U-09 SPM Formulation Tech B
Glenn	Oliver	U-09 Assembly Technician B
Jessica	Omalla-Cowley	Supervisor/TL, Production SPM
Marko	Oroz	Senior Planner
Mirsad	Osmancevic	U-09 Assembly Technician B
Craig	Ostovitz	Accountant I
Robert	Otto	U-09 SPM Clean & Prep Tech B

Rebekah	Outman	Senior Complaint Investigator
Ramiro	Pacheco	Senior Supply Planner
Preston	Page	U-09 Sr Inspector B
Preston	Page Jr	U-09 Assembly Technician B
Edmund	Papes	Senior Manager/TL, Maintenance and Utilities
Vickie	Parish	U-09 Sr Assembler B
Manuel	Pate	U-09 Set-Up Operator B
Amy	Patterson	U-09 Sr SPM Filling Technician B
Shannon	Patterson	U-09 SPM Production Mechanic B
Deborah	Pavia	U-09 Sr Assembler A
Eric	Peckitt	Digital Business Analyst
Dylan	Peek	U-09 SPM Sanitizer Tech B
Ryan	Pennell	U-09 Assembly Technician B
Stacy	Perry	
Sally	Pessin	Data Analyst, Operational Excellence
Jeffrey	Petersimes	U-09 SPM Filling Technician B
Anthony	Peterson	U-09 Set-Up Operator B
John	Phipps	Chemist 3
Mirsada	Pilipovic	U-09 Sr Inspector B
Lauren	Pitchford	Complaint Investigator
Robert	Pittman	U-09 SPM Sanitizer Tech B
Robert	Place	U-09 SPM Filling Technician B
Robert	Plummer	Manager QualityAssurance
Tammy	Powell	Category Strategy Manager/TL - Container Closure
Yolanda	Presswood	U-09 SPM Formulation Tech B
Bryon	Prokopf	QC Specialist, Lab Equipment
Torey	Pryor	Analytical Development Scientist 1
Michael	Puckett	Environmental Compliance Technician II

Denis	Pupic	Quality Control Analyst 3
Barbara	Putnam	Contracts Manager
Robin	Pyatt	U-09 Assembly Technician B
Latashia	Pye	U-09 Inspector B
Joe Akers	Quick	Compliance Manager P&I
Kathy	Quinn	U-09 Inspector B
Carandrea	Raigans	Supervisor/TL- Production
Patricia	Raimondi	U-09 Assembly Technician B
Kathleen	Ramsey	Sr. Procurement Contracts Administrator
Marie	Ravellette	U-09 Sr Inspector B
Alexandria	Recker	U-09 SPM Filling Technician B
Anthony	Recker	Supervisor/TL Production-SPM
Avery	Recker	U-09 Set-Up Operator B
James	Redman	U-09 SPM Production Mechanic B
Randy	Reed	U-09 SPM Filling Technician B
Calvin	Reed Jr	U-09 SPM Sanitizer Tech B
Deena	Reese	Supervisor/TL Clean & Prep/Formulation
Bond	Reid	U-09 SPM Production Mechanic B
Brian	Reimer	Director, Government and Commercial Contracts
Annette	Reinhardt	U-09 Assembly Technician B
Danita	Remspecher	Manager
Lawrence	Repple	U-09 SPM Production Mechanic A
Andrew	Repple	Supervisor/TL, Operations
Conrad	Reuscher	Environmental Compliance Technician II
Michael	Reynolds	U-09 Assembly Technician B
Patrice	Rice	U-09 SPM Sanitizer Tech B

Tayja	Rice	U-09 SPM Filling Technician B
Kimberly	Richardson	Quality Inspector
Eddie	Richardson	U-09 Set-Up Operator B
Jacqueline	Richie	U-09 Inspector A
Ruby	Rideout	Quality Control- Analyst 2
Lewis	Robinson	Site Environmental, Health & Safety Lead
Devrick	Robinson	U-09 SPM Filling Technician B
John	Rochon	Supervisor/TL, SPM
Jose Edwin	Rodriguez Sellas	Technical Documentation Writer
Oleg	Romaniuk	U-09 Set-Up Operator B
Samuel	Rooney	U-09 SPM Filling Technician B
Anthony	Ross	U-09 SPM Sanitizer Tech B
Tava	Ross	U-09 Sr SPM Sanitizer Tech B
Jeffery	Roth	Category Strategy Manager/TL- MRO, Chemicals and Indirect Materials
Emeline	Roth	U-09 Inspector B
Shaylah	Roundtree	U-09 Inspector B
Alexandra	Rowles	Quality Inspector
Candace	Rowles	QA Inspector
Barry	Rulo	U-09 Sr Inspector B
Stephen	Rutherford	SR. Quality Inspector
Matthew	Saganski	EHS Specialist
Elizabeth	Salazar	Complaint Investigator
Geetika	Salazar	Laboratory Manager
Sameh	Salib	U-09 Inspector B
Fatima	Saltaga	U-09 Inspector B
Vahid	Saltaga	Supervisor - Quality Assurance
Steven	Salvato	U-09 Assembly Technician B
Eric	Sanders	MQA Specialist III
Kevin	Sanders	Manager/TL, SPM Maintenance and Reliability
Joshua	Sanders	U-09 SPM Sanitizer Tech B
Samantha	Sandusky	Inside Sales Specialist

Jessica	Sanneman	U-09 SPM Clean & Prep Tech B
Nilda	Santiago	Sr. Supervisor / TL Training Packaging & Inspection (P&I)
Michael	Savage	U-09 SPM Clean & Prep Tech B
Michael	Scalise	Manager Security&Surveil (M)
Linda	Schlef	U-09 SPM Clean & Prep Tech A
Bryce	Schmidt	Senior Quality Engineer, Design Control
Eric	Schmitz	Chemist 2
Jennifer	Schmitz-Weber	603354 - Sr Manager Procur/BuySuppt (M)-
Benjamin	Schneider	Chemist 1
Terry	Schneider	QC Chemist1
Melissa	Schnorbus	Manager Accounting (M)
Nicholas	Schnorbus	U-09 Inspector B
Christina	Schoen	Sr Supervisor, Statistical QC
Holly	Schuettenberg	U-09 SPM Formulation Tech B
Scott	Schuler	Sr Cost Accountant
Darius	Scott	U-09 SPM Clean & Prep Tech B
Tiara	Scott	U-09 Inspector B
Sarah	Scroggins	Sr. Training Specialist
Dagmar	Sebastian	SrDirector- Complex Programs Lead
Jonathan	Sedivy	Analytical Development Scientist I
Clinton	Seidenstricker	Production Specialist-Packaging & Inspection
Catalin	Serpe	Principal Biomedical Engineer
Nancy	Serrano	Specialist, Global Trade Controls
Garrett	Shaffer	U-09 SPM Filling Technician B
Collin	Shale	Device Engineer
David	Sheetz	Senior System Engineer
Justin	Shelley	U-09 SPM Filling Technician B
Amanda	Shelton	U-09 Assembly Technician B

Vilma	Shelton	Mgr, Analytical Development USPR Manager
Kathy	Short	Senior Supervisor, Production / Manufacturing
Michael	Short	Administrative Assistant II - Packaging & Inspection
Leanna	Shoults	U-09 Inspector B
David	Sikorski	QUality Inspector Lead
Julie	Simmons	U-09 Assembly Technician B
Jay	Singh	Business / Systems Analyst - ERP
Elvir	Sisic	CAD Specialist
Mark	Slivinski	U-09 SPM Production Mechanic B
Carmen	Slivinski	U-09 Sr SPM Filling Tech B
Kimmie	Slivinski	U-09 Assembly Technician B
Victoria	Smith	U-09 Assembly Technician B
Tamara	Smith	Contingent Worker Program Administrator
Chandler	Smith	Project Manager Tooling
Sanel	Smlatic	U-09 SPM Filling Technician B
Christopher	Snipes	U-09 Set-Up Operator B
John	Solomon	Sr. Associate, IT Quality and Compliance Analyst
Sylvia	Spraggins	U-09 Dock Attendant B
Michael	St John	Quality Control Analyst III
Anna	St Yves	Office Coordinator
Megan	Stamm	Business Support, HR, Recruiting Coordinator North America
Joe	Starr	U-09 SPM Filling Technician B
Colleen	Stayton	U-09 Sr Assembler B
Eric	Steele	Validation Manager
Brandon	Stephens	Sr. Manufacturing Engineer
Eric	Stief	U-09 Inspector B

Amy	Stillman	U-09 Assembly Technician B
Megan	Stirling	Quality Assurance Inspector
Lakeshia	Stitt	Senior Complaint Investigator
Henry	Stolte	Sr. Aseptic Process Engineer/Technologist
Darrell	Storey	U-09 SPM Production Mechanic B
Ra'Shaun	Storrs	Manager, PGS Site HR, Communications & Engagement
Kelsie	Stoszkus	Inspection Qualification and Training Specialist
Shameka	Stuart	U-09 Sr SPM Filling Tech B
Danny	Stubenrouch	U-09 Plant Sanitation Worker B
Robert	Stuckey	Senior Manager/TL, Automation
Maxwell	Suits	MQA Specialist 1
Trevor	Swaine	Manager/ TL, Production – Packaging & Inspection
Sara	Szemraj	Senior Manager/TL Quality Systems
Pete	Szuba	U-09 SPM Production Mechanic B
Jacqueline	Taschler	Validation Quality Engineer 1
Melvin	Taschler	U-09 P&I Production Mechanic A
Herbert	Tate	U-09 SPM Sanitizer Tech B
Darlene	Taylor	Quality Control Analyst II
Sonya	Taylor	U-09 Sr SPM Filling Technician B
Barbara	Taylor-Miller	Quality Control Analyst 2
Timothy	Thannum	Maintenance Engineer
Demetrice	Thomas	Quality Inspector
James	Thomas	Manager/TL Maintenance & Reliability
Michael	Thomas	U-09 Material Handler B
Ricky	Thomas	U-09 Sr Assembler B
Andrea	Thomeczek	U-09 Inspector B

Hailey	Thompson	Environmental Compliance Technician I
Stefanie	Thompson	Manager, Technical Project
Edna	Thompson	U-09 Assembly Technician B
Pamela Ann	Tincknell	U-09 Sr SPM Filling Tech B
Derek	Toberman	U-09 P&I Production Mechanic B
Susan	Tonin	Data Analyst, Operational Excellence
Bernadette	Torrence	U-09 Sr SPM Filling Tech A
Lourdes	Torres-De Jesus	U-09 Assembly Technician B
Freddie	Townsend Jr	U-09 SPM Clean & Prep Tech B
Amanda	Townshend	Validation Quality Engineer I
Timothy	Trace	Senior Associate
Ghislain	Tremblay	Operational Excellence IMEx Program Owner
Nicole Michelle	Typaldos	Manager Quality Systems
Pamela	Uetrecht	Senior Manager, Regulatory
Brian	Uram	Director P&I Operations
Jared	Vahle	Metrology Engineer 1
Julio	Valentin-Nazario	Manager/TL Production
Catherine	Valentino	Scientist 3
Lauren	Valleroy	Document Coordinator I
Cheryl	Vaughn	Coordinator Site HR, Meridian
Floyd	Vaughn	Senior Automation Engineer
Kamilah	Vaughn	Plant Engineer
Shirla	Vega-Bulted	Validation Engineer III
Solmarie	Velez Rivera	Quality Inspection Readiness Manager
Kristen	Very	Associate, Supplier Quality Management
Angela	Viehland	Supervisor/TL, Production SPM
Elena	Vo	Environmental Compliance Technician I

Nikola	Vukanic	Senior Director, ApprovLiason
Michael	Waldmann	Maintenance Team Leader
Crystal	Walker	U-09 Dock Attendant B
Kathleen	Walker	U-09 Plant Sanitation Worker B
Jonathan	Walker	
James	Wall	U-09 SPM Production Mechanic B
Kayla	Wall	U-09 SPM Filling Technician B
Carolyn	Walla	U-09 Sr Inspector B
Todd	Wallen	U-09 SPM Production Mechanic B
Katherine	Walling	Sr. Training Specialist – QS
James	Ward	Quality Assurance Inspector
Rahman	Warner	Supervisor/TL, SPM
Janel	Washington	Manager/TL, Production - SPM
Christopher	Waugh	Site Investigation Lead
Regina	Welch	U-09 Set-Up Operator A
Bruce	Werner	Sr. Maintenance Supervisor
Dennis	West	Director Ops Support (P)
Cayla	Wester	Registered Nurse Practitioner
Aaliyah	Weston	U-09 Inspector B
Charles	White	Chemist 2
Nija	White	Senior Associate Device Engineer
Daniel	White	U-09 Set-Up Operator B
David	White	U-09 SPM Formulation Tech B
Dennis	White	U-09 Sr Inspector B
Martinique	White	U-09 Inspector B
Scott	White	U-09 Plant Sanitation Worker B
Sean	Whitt	Digital Site Lead St. Louis, Meridian
Melinda	Whittemore	Administrative Assistant
John	Whittier	Product Development Engineer
Kenneth	Whyte	Maintenance Team Leader

Robert	Wiedemann	U-09 P&I Production Mechanic B
James	Wiedmann	U-09 Assembly Technician A
Bentley	Wilbert	U-09 Inspector B
Vianeta	Wilkerson	Stockroom Attendant
Andrew	Wilkinson	Supervisor/TL Facility Services and Maintenance
Eric	Wilkinson	U-09 Inspector B
Anthony	Williams	Senior Device Engineer
Jamel	Williams	U-09 SPM Filling Technician B
John	Wilmot	SrDirector BiomedEngineer
Curtis	Wilson	U-09 P&I Production Mechanic B
Gregory	Wilson	U-09 Sr Assembler B
Michael	Wilson	Supervisor/TL, Operations
Ian	Wohlgemuth	Field Alert Reports Coordinator
Akeyla	Womack	Manufacturing Resources Coordinator
Dawne	Wozniak	SrAssociat GMP Training
Darion	Wright	U-09 Sr SPM Filling Technician B
Beverly	Yadlosky	Senior Account Representative
David	Yang	Sr. Aseptic Training Specialist
Girum	Yemane-Tekeste	Principal Biomedical Engineer
Macy	Yocom	U-09 Inspector B
Daniel	Youker	Assoc Proj Manag- Pharm Tech
Bryan	Young	U-09 Sr SPM Sanitizer Tech B
Demetrius	Young	Supervisor, Manufacturing
Sanjin	Zdrnja	Manager/TL QualityAssurance
Roger	Zemann	U-09 Set-Up Operator B
Victor	Zeppo	U-09 Sr Material Handler B
Karl	Zollner	U-09 Plant Sanitation Worker B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Meridian Medical Technologies, LLC

Physical Address 8030 Litzsinger Road

City Saint Louis State MO Zip 63144

Mailing Address (if different from physical address) 1945 Craig Road

City Saint Louis State MO Zip 63146

Telephone 314-682-3000 x 3130 Website https://www.meridianmeds.com/

Licensing Company Email MMTCompliance@meridianmt.com

Section 2: Personal Information

First Nicole Middle Michelle Last Typaldos

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Litzsinger Road

City Saint Louis State MO Zip 63144

Telephone [redacted] Email Nicole.Typaldos@meridianmt.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Applicant's initials MMT

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Washington University in St. Louis			2009-2013	
Address		City	State	Zip
1 Brookings Dr		Saint Louis	MO	63130
Diploma/Degree obtained, if any				
Bachelor of Science (B.S.), Biomedical/Medical Engineering				

School Name			From - To (MM/YY – MM/YY)	
Missouri State University			2007-2008	
Address		City	State	Zip
901 S National Ave		Springfield	MO	65897
Diploma/Degree obtained, if any				
Bachelor of Science (B.S.), Applied Mathematics; BiomedicalSciences				

School Name			From - To (MM/YY – MM/YY)	
Ozarks Technical Community College			2005-2007	
Address		City	State	Zip
1001 E Chestnut Expy		Springfield	MO	65802
Diploma/Degree obtained, if any				
Associate's degree, General Studies				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2/2019 to Present	[redacted] Tiara Drive	Arnold	MO	63010
05/12 – 02/19	[redacted] Huntington Valley Dr Apt [redacted]	St Louis	MO	63129
12/10 – 05/12	[redacted] Claypool DR	Metlville	MO	63125
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Meridian Medical Technologies, LLC			January 2022-Present
Business Address	**City**	**State**	**Zip**
8030 Litzsinger Road	Saint Louis	MO	63144
Phone	**Title**	**Number of Employed Hours**	
314-682-3000 x 3130	Quality Compliance Lead	160	
Description of Duties			
See Attached Resume			

Business Name			From - To (MM/YY – MM/YY)
Pfizer			June 2015-January
Business Address	**City**	**State**	**Zip**
235 E 42nd St	New York	New York	10017
Phone	**Title**	**Number of Employed Hours**	
1 212 5732323	Multiple Positions	11K	
Description of Duties			
See Attached Resume			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

09MAR2022
Date

Applicant's initials NMT

I, Nicole Typaldos, **certify that as the designated representative for**

Meridian Medical Technologies, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Nicole Typaldos

Print Name (First, Last)

Nicole Typaldos

Original Signature (electronic, copies or stamps not accepted)

09MAR2022

Date

Applicant's initials NMT

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicole Typaldos
Print Name (First, Last)

Nicole Typaldos — 09MAR2022
Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Missouri, ss. County of St. Louis

I, Nicole Typaldos, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Nicole Typaldos — 09MAR2022
Original Signature — **Date**

Subscribed and Sworn to before me this 9 day of March 2022.

Cheryl L. Vaughn
Notary Public Signature

CHERYL L. VAUGHN
Notary Public - Notary Seal
St Charles County - State of Missouri
Commission Number 14433290
My Commission Expires Jun 16, 2022

(Seal)

Applicant's initials NMT

Nicole Michelle Typaldos

Email: [redacted]@live.com

[redacted] Tiara Drive Arnold, MO 63010

Telephone: [redacted]

EDUCATION

Bachelor of Science Biomedical Engineering, (2013)
Washington University in St. Louis, St. Louis, Missouri

Bachelor of Science, Applied Mathematics, (2008)
Missouri State University, Springfield, Missouri

PROFESSIONAL EXPERIENCE

Quality Compliance Lead St. Louis, MO
Meridian Medical Technologies, LLC November 2019 – Current
RESPONIBILITIES: Manage Quality Compliance day-to-day operations and implementation of new initiatives for compliance and customer improvement. Establish and monitor quality and regulatory compliance / quality standards for site. Oversee and lead multiple programs to ensure compliance: Inspection Readiness, Internal Audits, Compendial compliance, GMP compliance, Board of Pharmacy and distribution compliance. Own Quality Manual and Quality Improvement Plan. Direct activities during external inspections/audits from customers, regulatory agencies, and board of pharmacies. Provide technical advice and guidance on GMP compliance issues. Oversee the Compliance reporting hotline. As well as responsibilities outlined in Quality Plan Project Manager position held as a consultant.
DEA Controlled Substance Manager with Power of Attorney for DEA activities.

Quality Systems Manager St. Louis, MO
Meridian Medical Technologies, Inc., a Pfizer Company August 2018 – November 2019
RESPONIBILITIES: Continuation of responsibilities as Quality Operations Specialist – Compliance.
Manage Quality Systems Group day-to-day operations and implementation of new initiatives for process and customer improvement. Improving communication with other departments and end users of QS systems and services. Empowering individuals to perform their duties and promoting an OWNIT! culture across the department. Refocusing the Record Retention Program third party negotiations and method for addressing backlog. Initiating multiple continuous improvement efforts within Quality Systems, including: Designing a robust documentation revision program, transforming curricula review process, requiring full use of Pfizer Supplier Management System and corporate resources, improving Site Quality Review Team meeting agenda and impact, incorporating internal and external customer service strategy in day-to-day tasks.

Quality Operations Specialist – Compliance St. Louis, MO
Meridian Medical Technologies, Inc., a Pfizer Company June 2015- August 2018
RESPONIBILITIES: Determine course of action to meet regulatory, customer and Pfizer standards. Explain regulatory requirements and MMT commitments to colleagues. Assist with regulatory, customer and legal audits. Balance multiple critical priorities and meet tight deadlines under limited supervision. Negotiate and implement Quality Agreements with component, raw materials and GMP service suppliers. Provide guidance for investigations, deviations, nonconformities and other testing or compliance issues that may arise. Communicate nonconformance or potential issues to Site Leadership and stakeholders as necessary. Coordinate completion and approval of Pfizer Quality Standards (PQS) Compliance Analysis Status reports. QTS Admin for Laboratory Investigation, Manufacturing Investigation and Commitment Tacking module, and back up for Change Management module. As well as responsibilities outlined in Quality Plan Project Manager position held as a consultant.

Quality Plan Project Manager
Quality Resources, Inc. St. Louis, MO
Consultant at Meridian Medical Technologies, Inc., a Pfizer Company June 2014- June 2015
RESPONIBILITIES: Lead cross functional teams to meet regulatory and customer commitments as well as Pfizer Quality Standards requirements and present status at Site Quality Review Team meetings. Track, report, and follow up on commitments and general compliance initiatives. Coordinate drafting, review and approvals of documents for customer requests. Interpret upcoming regulatory regulations for impact to MMT. Develop deliverables to ensure requirements are fully met. Create and maintain evidence binders for regulatory and customer commitments. Collaborate with multiple departments and PHP for creation, improvement and implementation of dashboards, tracking tools and Excel spreadsheets, providing transparency of project status and for more informative reporting.

Materials, Process and Delivery - Packaging Project Manager
Lab Support, a division of On Assignment Scientific Staffing Company — St. Louis, MO
Contractor at Procter & Gamble, Liquids Plant, St. Louis, MO — July 2013- June 2014
JOB DUTIES: Write and route testing protocols and continuous improvement plans. Ensure the quality of packaging materials. Support new initiatives to project completion. Write testing protocols and technical procedures for various roles. Collect, interpret and summarize data for meetings and appropriate personnel. Conduct training of operations staff on procedural protocol changes and provide continued consulting where necessary. Work with suppliers and business leaders to implement comprehensive quality check processes to ensure no defective or nonconforming products are released. Identify the root cause of quality issues to minimize defects, improve quality and efficiency, and reduce costs. Responsible for obtaining and reviewing supplier Corrective Action Plans and 5 Whys reports. Responsible for ensuring all teams and involved departments are updated on company standards and requirements. Manage multiple projects at various stages. Directly supervise individuals responsible for corporate standards documentation. Lead teams on quality improvements and data collection assignments.

Validation Technician
Lab Support, a division of On Assignment Scientific Staffing Company — St. Louis, MO
Contractor at Procter & Gamble, Cascade Plant, St. Louis, MO (2 contract cycles) — February 2010, May-August 2011
JOB DUTIES: Validated and verified recently installed and upgraded production lines. Coordinated sampling for analysis for Quality Assurance department. Completed data entry and statistical analysis for all data collected. Reported updates to management across multiple concurrent projects. Assisted several levels of management in keeping projects on schedule.

Manufacturing Technician II, Preparation Laboratory — St. Louis, MO
American Red Cross Biomedical Services, Missouri-Illinois and River Valley Regions — March 2010-July 2010
JOB DUTIES: Produced quality results, recognized and corrected situations that compromise product safety. Inspected and performed all phases related to blood component production in accordance with all SOPs, organizational procedures, regulatory and cGMP requirements. Reported any irregularities, difficulties and protocol deviations immediately. Identified and disposed of noncompliant products and was responsible for follow up reports.

Component Laboratory Technician — Springfield, MO
Community Blood Center of the Ozarks — November 2006-July 2009
JOB DUTIES: Preparation of blood components. Maintain and document laboratory equipment. Conducted nightly computer database audits to ensure proper tracking of blood components. Trained laboratory staff and supervisors.

HARTFORD FIRE INSURANCE COMPANY
R I D E R

To be attached to and form part of:

Bond Number 83BSBIU1931

dated February 9, 2022

issued by the HARTFORD FIRE INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of MERIDIAN MEDICAL TECHNOLOGIES, LLC
(Principal)

and in favor of STATE OF NEVADA AND THE NEVADA STATE BOARD OF PHARMACY
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The Following Locations are covered under this bond:

- 6350 Stevens Forest Rad, Suite 301, Columbia, MD 21046
- 1945 Craig Road, Saint Louis, MO 63146
- 8030 Litzsinger Road, St. Louis, MO 63144

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 9th day of February, 2022.

Signed, Sealed & Dated this 17th day of May, 2022 .

HARTFORD FIRE INSURANCE COMPANY
(Surety)

By: _____
Aerie Walton, Attorney-in-Fact

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: 888-266-3488 *or fax:* 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: AON RISK SERVICES CENTRAL INC
Agency Code: 83-553702

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [X] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [X] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, ***up to the amount of*** Unlimited :

Derek J. Elston, Christopher P. Troha, Marcia K. Cesafsky, Rachel Fore, Jennifer L. Jakaitis, Bartlomiej Siepierski, Aerie Walton of CHICAGO, Illinois

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of May 17, 2022.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois

Keith D. Dozois, Assistant Vice President

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 83BSBIU1931

Application/License No. _____

MERIDIAN MEDICAL TECHNOLOGIES, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 6350 Stevens Forest Road, Suite 301 Columbia, MD 21046 (Address of Applicant/Principal), as PRINCIPAL, and HARTFORD FIRE INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of CT (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Hartford Plaza Hartford, CT 06155 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on February 9, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 9th day of February, 2022.

APPLICANT/PRINCIPAL
MERIDIAN MEDICAL TECHNOLOGIES, LLC

COMPANY

Authorized Representative

SURETY
HARTFORD FIRE INSURANCE COMPANY

Surety Company's Representative

Bartlomiej Siepierski, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Rachel Fore

Witness Ricky Casas

Countersigned by:

Nevada ~~Resident~~ Agent Christopher P. Troha, Non-Resident

Posted February 20, 2020

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: AON RISK SERVICES CENTRAL INC
Agency Code: 83-553702

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
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- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, ***up to the amount of*** Unlimited :

Derek J. Elston, Christopher P. Troha, Marcia K. Cesafsky, Rachel Fore, Jennifer L. Jakaitis, Bartlomiej Siepierski, Aerie Walton of CHICAGO, Illinois

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of 2/9/2022.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

ACKNOWLEDGEMENT BY SURETY

STATE OF ILLINOIS
COUNTY OF COOK

On this 9th day of February, 2022, before me, Derek Elston, a Notary Public, within and for said County and State, personally appeared Bartlomiej Siepierski to me personally known to be the Attorney-in-Fact of and for Hartford Fire Insurance Company and acknowledged that s/he executed the said instrument as the free act and deed of said Company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

Notary Public in the State of Illinois
County of Cook

OFFICIAL SEAL
DEREK ELSTON
NOTARY PUBLIC, STATE OF ILLINOIS
COOK
MY COMMISSION EXPIRES 09/08/2022

4H

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Is your facility a reverse distributor? ☐ Yes ☒ No

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☒ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☒ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH WH01431	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Meridian Medical Technologies, LLC

Physical Address: 1945 Craig Road

City: Saint Louis State: MO Zip: 63146

Mailing Address (if different from physical address): 1945 Craig Road

City: Saint Louis State: MO Zip: 63146

Telephone: (314) 682-3000 x3130 Website: https://www.meridianmeds.com/

Name of Designated Representative (DR): Travis Coffell

Licensing Company Email: MMTCompliance@meridianmt.com DR Email: travis.coffell@meridianmt.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☒ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others: Specialty Distributors, Military, Repackagers	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See attached.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): MMT Acquisition Company, LLC

Corporation/Organization Name: Meridian Medical Technologies, LLC

Mailing Address: 1945 Craig Road

City: Saint Louis State: MO Zip: 63146

Telephone: (314) 682-3000 x3130 Email: MMTCompliance@meridianmt.com

Contact Person Name: Nicole Typaldos

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicole Typaldos

Print Name of Authorized Person Submitting Application

Nicole Typaldos

Original signature of Authorized Person (copies or stamps not accepted)

02MAR2022

Date

Board Use Only	Date Received: _____	Amount: 500 check #15546

The Division of Professional Registration and its boards are open during the regular business hours of 8:00a.m. to 5:00p.m. Monday through Friday, excluding state holidays.

Did you know that there is a drop box located in the front of the Professional Registration building? Individuals may leave items for the division and its boards any time. We do ask that all items be placed in a sealed envelope labeled with the board name or name of the individual if not located in a board.

GENERAL INFORMATION ON COVID-19 (/general-covid-19.asp)

Missouri Division of Professional Registration

PR Home (https://pr.mo.gov/)

Detail

Primary Source Verification

The licensee search function of this website provides data extracted from our database and constitutes a Primary Source Verification.

Licensee Name:	Meridian Medical Technologies, LLC
Profession Name:	Temp Drug Distr.
Licensee Number:	2022003369
Expiration Date:	1/27/2023
Original Issue Date:	1/28/2022
Address:	Travis Wayne Coffell, MIC
Address Con't:	1945 Craig Road
City, State Zip:	Saint Louis, MO 63146
County:	St. Louis County
Practitioner DBA Name:	Meridian Medical Technologies, LLC
Certification Type:	
Classification:	Wholesale Drug Distributor
Current Discipline Status:	None

1930702

RECEIVED
JAN 13 2022
MISSOURI BOARD OF PHARMACY

MAILING ADDRESS:
MISSOURI BOARD OF PHARMACY
P.O. BOX 625
JEFFERSON CITY, MO 65102
(573) 751-0091

DELIVERY ADDRESS:
3605 MISSOURI BOULEVARD
JEFFERSON CITY, MO 65109

STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
DRUG DISTRIBUTOR LICENSE APPLICATION

PLEASE COMPLETE ALL QUESTIONS

SEE INSTRUCTION SHEET FOR COMPLETION OF THIS FORM.

ORI - AGENCY #MO920120Z

APPLICATION FEE IS NON-REFUNDABLE

FOR OFFICE USE ONLY

LICENSE NUMBER 20220033 69		
DATE TEMP. MAILED	DATE TEMP. ISSUED 1.28.22	APPROVED BY
DATE PERM. MAILED	DATE PERM. ISSUED	INSPECTOR

1. CHECK ONE OF THE FOLLOWING
☐ NEW APPLICATION ☒ CHANGE OF OWNERSHIP FOR A CURRENTLY LICENSED FACILITY LIC. NO. 2004030777
EFFECTIVE DATE OF CHANGE 1/1/22

2. APPLICANT NAME (SOLE PROPRIETOR, CORPORATION, PARTNERSHIP, LLC, LLP)
Meridian Medical Technologies, LLC

3. CORPORATE ADDRESS (STREET, CITY, STATE, ZIP CODE)
6350 Stevens Forest Road Suite 301, Columbia, MD 21046

4. D/B/A NAME - INDICATE NAME OF DISTRIBUTION FACILITY
Meridian Medical Technologies, LLC

FACILITY TELEPHONE NUMBER
(314) 682-3000

5. D/B/A MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)
1945 Craig Road, St. Louis, MO 63146

FACILITY FAX NUMBER
(314) 682-3001

6. FACILITY'S PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE, COUNTY)
1945 Craig Road, St. Louis, MO 63146, St. Louis County

NEW MANAGER'S E-MAIL ADDRESS
travis.coffell@meridianmt.com

7. REGISTERED AGENT – NON-RESIDENT DISTRIBUTORS MUST DESIGNATE A REGISTERED AGENT LOCATED IN MISSOURI. THE MISSOURI SECRETARY OF STATE WILL AUTOMATICALLY BE DESIGNATED AS ITS TRUE AND LAWFUL ATTORNEY FOR SERVICE OF PROCESS AS AUTHORIZED BY LAW IF NONE IS SPECIFICALLY LISTED HERE.

NAME	COMPANY
STREET ADDRESS	CITY/STATE/ZIP

8. MANAGER-IN-CHARGE. APPLICANT WILL PLACE THE FOLLOWING INDIVIDUAL AS MANAGER-IN-CHARGE OF THE DISTRIBUTION SITE.

FULL NAME	MO PH LIC #	DATE OF BIRTH	SSN
Travis Wayne Coffell	N/A	7/5/75	486[illegible]

MANAGER-IN-CHARGE EMPLOYMENT HISTORY – PROVIDE INFORMATION FOR PAST SEVEN (7) YEARS.

COMPANY NAME	CITY/STATE	JOB TITLE/POSITION HELD	
Meridian Medical Technologies	St. Louis, MO	Sr. Mgr, Supply Chain Planning	8/[illegible]rent
Meridian Medical Technologies	St. Louis, MO	Mrg. Warehouse Operations	[illegible]/1/21

9. TYPE OF PRODUCTS DISTRIBUTED
☐ HUMAN PRESCRIPTION DRUGS ☐ VETERINARY PRESCRIPTION DRUGS ☒ CONTROLLED SUBSTANCES ☐ LEGEND MEDICAL GAS ☒ LEGEND DRUG-RELATED MEDICAL DEVICES

IF YOU CHECK THE CONTROLLED SUBSTANCE BOX, YOU MUST ATTACH COPIES OF YOUR STATE & FEDERAL CONTROLLED SUBSTANCE LICENSES.

10. THE APPLICANT IS (CHECK ONE)
☐ SOLE PROPRIETOR ☐ PARTNERSHIP ☐ CORPORATION ☒ LLC ☐ LLP

IF A CORPORATION OR LLC, INDICATE STATE OF INCORPORATION
Delaware

NOTE: If sole proprietor, complete question 11

11. Pursuant to Section 324.010 RSMo:

☐ **CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

False statements are subject to criminal penalties and/or license discipline.
If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MERIDIAN MEDICAL TECHNOLOGIES, 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 TWENTY-FIFTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MERIDIAN MEDICAL TECHNOLOGIES, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF AUGUST, A.D. 1969.

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

Jeffrey W. Bullock, Secretary of State

724710 8300

SR# 20220244373

Authentication: 202482267

Date: 01-25-22

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

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through February 21, 2022

You have searched Finished drug products

Search Results: *'Meridian Medical'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Produc Name
ATNAA atropine and pralidoxime chloride	11704-777-01		KIT	INTRAMUSCULAR	NDA021175	Meridian Medical Technologies, Inc.	11704-777	atropine and pralidoxime chloride		HUMAN PRESCF DRUG
ATROPEN Auto-Injector	11704-101-01	2 mg/.7mL	INJECTION	INTRAMUSCULAR	NDA017106	Meridian Medical Technologies, Inc.	11704-101	atropine	ATROPINE	HUMAN PRESCF DRUG
ATROPEN Auto-Injector	11704-104-01	.5 mg/.7mL	INJECTION	INTRAMUSCULAR	NDA017106	Meridian Medical Technologies, Inc.	11704-104	atropine	ATROPINE	HUMAN PRESCF DRUG
ATROPEN Auto-Injector	11704-105-01	1 mg/.7mL	INJECTION	INTRAMUSCULAR	NDA017106	Meridian Medical Technologies, Inc.	11704-105	atropine	ATROPINE	HUMAN PRESCF DRUG
ATROPEN Auto-Injector	11704-106-01	2 mg/.7mL	INJECTION	INTRAMUSCULAR	NDA017106	Meridian Medical Technologies, Inc.	11704-106	atropine	ATROPINE	HUMAN PRESCF DRUG
ATROPEN Auto-Injector	11704-107-01	.25 mg/.3mL	INJECTION	INTRAMUSCULAR	NDA017106	Meridian Medical Technologies, Inc.	11704-107	atropine	ATROPINE	HUMAN PRESCF DRUG
Cyanokit	11704-370-01	5 g/250mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	NDA022041	Meridian Medical Technologies, Inc.	11704-370	Hydroxocobalamin	HYDROXOCOBALAMIN	HUMAN PRESCF DRUG
Diazepam	11704-600-01	10 mg/2mL	INJECTION	INTRAMUSCULAR	NDA020124	Meridian Medical Technologies, Inc.	11704-600	diazepam	DIAZEPAM	HUMAN PRESCF DRUG

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Produc Name
DuoDote	11704-620-01		KIT	INTRAMUSCULAR	NDA021983	Meridian Medical Technologies, Inc.	11704-620	atropine and pralidoxime chloride		HUMAN PRESCF DRUG
Seizalam	11704-650-10	5 mg/mL	INJECTION, SOLUTION	INTRAMUSCULAR	NDA209566	Meridian Medical Technologies, Inc.	11704-650	midazolam hydrochloride	MIDAZOLAM HYDROCHLORIDE	HUMAN PRESCF DRUG

Showing 1 to 10 of 10 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Menagement and Services

MERIDIAN
MEDICAL TECHNOLOGIES

Description of Operations

Meridian Medical Technologies, LLC is a Self -Manufacturer/Self- Distributor of prescription drugs and controlled substance (IIIN and IV). Meridian Medical Technologies, LLC manufactures and distributes their own labeled product.

Manufacturer Information:
Meridian Medical Technologies, LLC
1945 Craig Road
St. Louis, MO 63146
FDA Establishment Number: 1950222

Contact Person: Travis Coffell
Contact Number: 314-709-9102

Labeler Code:
11704

NDC Codes:
11704-620, 11704-777, 11704-104, 11704-105, 11704-106, 11704-107, 11704-600, 11704-650

Distributor Information:
For distribution into the commercial supply channels, Meridian Medical Technologies, LLC's provides distribution of Meridian Medical Technologies, LLC's product to wholesalers, repackagers, specialty distributors, and military

Meridian Medical Technologies, LLC
1945 Craig Road, Saint Louis, MO 63146
Contact: Travis Coffell (314) 709-9102

Meridian Medical Technologies, LLC has 793 employees working on site during normal business hours.

Meridian Medical Technologies, LLC's hours of operation are 8:30 am – 5:00pm Monday through Sunday.

MERIDIAN
MEDICAL TECHNOLOGIES

Company Information

Meridian Medical Technologies, LLC
1945 Craig Road
Saint Louis, MO 63146
(314) 682-3000 ext.3130
Website: https://www.meridianmeds.com
E-mail: MMTCompliance@meridianmt.com

FEIN: 52-0898764
State of Formation: Delaware
Date Incorporated: 8/16/1969
File Number: 724710

Ownership Information

Meridian Medical Technologies, LLC is 100% owned by MMT Acquisition Company, LLC who is 100% owned by Funds Affiliated by Altaris Capital Partners, LLC.

MMT Acquisition Company, LLC
10 E. 53rd Street Floor 31
New York, NY 10022
Parent Company FEIN: 87-3166433

Altaris Capital Partners, LLC
10 E. 53rd Street, Floor 31
New York, NY. 10022
Parent Company FEIN:

Officers

James Boyer, Chief Executive Officer
1945 Craig Road
Saint Louis, MO 63146
Ownership %: 0

Thomas Handel, Chief Commercial Officer
6350 Stevens Forest Road, Suite 301
Columbia, MD 20146
Ownership %: 0

Authorized Representative

Nicole Typaldos, Quality Compliance Lead
1945 Craig Road
Saint Louis, MO 63146
Ownership %: 0

Designated Representative

Travis Coffell, Sr. Manager, Supply Chain Planning and Logistics
1945 Craig Road
Saint Louis, MO 63146
Ownership %: 0

POWER OF ATTORNEY
STATE CONTROLLED SUBSTANCE REGISTRATIONS
STATE WHOLESALE DISTRIBUTOR LICENSING/PERMIT APPLICATIONS
DRUG ENFORCEMENT ADMINISTRATION REGISTRATION RENEWALS

Name of Registrant: **Meridian Medical Technologies, LLC**

Known by all these present that I, Thomas Handel, Chief Commercial Officer, Meridian Medical Technologies, LLC, a limited liability company organized and existing under the laws of Delaware, and with its principal offices at 6350 Stevens Forest Road, Suite 301, Columbia, Maryland 21046 (the "Company") do hereby constitute and appoint **Nicole Typaldos** as its true and lawful Attorney-in-Fact, in my name, place and stead, to do the following acts and things related to the Company's pharmaceutical distribution facilities:

1. In accordance with the regulations of the Drug Enforcement Administration, and state controlled substance regulations, to execute and verify the controlled substance distribution, import and export applications and renewals and all future amendments, as are necessary to permit the Company lawfully to distribute, import and export drug products regulated and controlled substances from its distribution sites, until with Power of Attorney is revoked. The Attorney-in-Fact understands that a copy of this Power of Attorney must accompany the state controlled substance application or Drug Enforcement Administration renewals.

2. In accordance with each State's administrative code to execute and verify the wholesale distributor licensing/permit applications and renewals and all future amendments, as are necessary to permit the Company lawfully to distribute pharmaceutical products from its distribution sites, until with Power of Attorney is revoked. The Attorney-in-Fact understands that a copy of this Power of Attorney must accompany the state wholesale distributor licensing/permit application.

Name: Thomas Handel

Title: Chief Commercial Officer

Signature: _____

State of **Maryland**
County of **Howard**

The foregoing instrument was acknowledged before me this 11th day of January, 2022, by **Thomas Handel** on the behalf of the applicant business. He/She is personally known to me.

Notary Public's Signature: Melinda S. Whittemore

Notary Public
Stamp or Seal below:

MELINDA S. WHITTEMORE
My Commission Expires
NOTARY PUBLIC
10-16-2023
HOWARD COUNTY, MD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Meridian Medical Technologies, LLC

Physical Address: 1945 Craig Road

City: Saint Louis State: MO Zip: 63146

Mailing Address (if different from physical address): 1945 Craig Road

City: Saint Louis State: MO Zip: 63146

Telephone: (314) 682-3000 x3130 Website: https://www.meridianmeds.com/

Licensing Company Email: MMTCompliance@meridianmt.com

Section 2: Personal Information

First: Travis Middle: Wayne Last: Coffell

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: 1945 Craig Road

City: Saint Louis State: MO Zip: 63146

Telephone: [redacted] Email: travis.coffell@meridianmt.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Travis Coffell
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

28 FEB 2022
Date

Please have this section completed in the presence of a Notary Public.

State of Missouri, ss. County of Saint Louis

I, Travis Coffell, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

28 FEB 2022
Date

Subscribed and Sworn to before me this 28 day of February 2022

Cheryl L. Vaughn
Notary Public Signature

CHERYL L. VAUGHN
Notary Public - Notary Seal
St Charles County - State of Missouri
Commission Number 14433290
My Commission Expires Jun 16, 2022
(Seal)

Applicant's initials _____

Travis Coffell
[redacted]Powder Drive; Saint Paul, MO 63366

Experience

Senior Manager Supply Chain Planning and Logistics

Meridian Medical Technologies - 1945 Craig Road, Saint Louis, Missouri 63146, (314) 682-3000
August 2021 to present

Responsible for all Meridian Medical Technologies production and materials planning functions

- 5 Direct reports: Manager, Warehouse Operations, Manager Trade Compliance and Transportation, Master Scheduler, Sr. Planner and Sr. Supply Planner
- Determines plant loading strategy based on sales and customer forecasts.
- Regularly communicates with customers about batch prioritization and schedule adherence.
- Reviews and approves Material Requirement Plans
- Ownership of the Logistics and Planning budgets including development, adherence and forecasting.
- Site SME for ERP, Warehousing and Material Tracking during regulatory audits and observation response development.

Manager, Warehouse Operations

Meridian Medical Technologies - 1945 Craig Road, Saint Louis, Missouri 63146, (314) 682-3000
March 2013 to August 2021

Responsible for all Meridian Medical Technologies warehouse operations including receiving, storage, inventory management, issuance, and shipping. These activities are performed across all MMT operated warehouses and one contract warehouse.

- Six direct reports: Sr. Warehouse Supervisor, Warehouse Supervisors and Shipping Coordinators Eighteen indirect reports
- Oversight of approximately $70M in inventory.
- Ownership of the Logistics budget including development, adherence, and forecasting.
- Site SME for ERP, Warehousing and Material Tracking during regulatory audits and observation response development.
- Site owner for Materials Review Board.

QA Plant Manager

Nesher Pharmaceutical (USA) LLC - 2303 Schuetz Road, Saint Louis, Missouri 63146, (314) 209-4700
November 2010 to March 2013

Responsible for plant level GMP leadership and decision making in three pharmaceutical manufacturing and packaging facilities remediating a consent decree with blending, compression, encapsulation, and creams processes.

- Three direct reports: QA Supervisors
- Ten indirect reports
- Responsible to provide oversight of and responsibility for quality issues and decisions that affect routine production
- Ensure that non-conformances and deviations are investigated in a timely and thorough manner.
- Ensure batch record review and quality issue resolution are complete prior to releasing product for commercial distribution

Manager Logistics and Warehousing
Sensient Colors Inc. - 2515 N Jefferson Ave, St. Louis, MO 63106, (800) 325-8110
July 2010 to November 2010

Responsible for receiving, warehousing, shipping, and transportation functions in a high-volume food ingredient manufacturing facility.

Provided leadership to hourly and non-exempt direct reports

- Coordinated raw material availability and shipping activities for six warehouses: 145,000 square feet on site and five contract warehouses.
- Maintained inventory accuracy by ensuring cycle counts are performed in accordance with procedures.
- Reported departmental metrics to senior management monthly.
- Ownership of the logistics and freight budgets.

Quality Assurance Supervisor
KV Pharmaceutical – Saint Louis, Missouri

November 2010 to March 2013
Responsible for sampling, analytical data review and disposition of raw materials and packaging components.

- Provided leadership to hourly and salary direct reports in multiple facilities.
- Applied appropriate AQL evaluation criteria in analytical test methods.
- Coordinated with laboratory, planning, supply chain and operations teams to ensure availability of materials.
- Reviewed technical packets to assign final approval or reject disposition for all materials used in batch processing.

Education

Lindenwood University, Saint Charles, MO – BA, Business Administration

Summa Cum Laude

HARTFORD FIRE INSURANCE COMPANY
R I D E R

To be attached to and form part of:

Bond Number 83BSBIU1931

dated February 9, 2022

issued by the HARTFORD FIRE INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of MERIDIAN MEDICAL TECHNOLOGIES, LLC
(Principal)

and in favor of STATE OF NEVADA AND THE NEVADA STATE BOARD OF PHARMACY
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The Following Locations are covered under this bond:

- 6350 Stevens Forest Rad, Suite 301, Columbia, MD 21046
- 1945 Craig Road, Saint Louis, MO 63146
- 8030 Litzsinger Road, St. Louis, MO 63144

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 9th day of February, 2022.

Signed, Sealed & Dated this 17th day of May, 2022 .

HARTFORD FIRE INSURANCE COMPANY
(Surety)

By: _____
Aerie Walton, Attorney-in-Fact

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: 888-266-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: AON RISK SERVICES CENTRAL INC
Agency Code: 83-553702

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [X] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [X] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, ***up to the amount of*** Unlimited :

Derek J. Elston, Christopher P. Troha, Marcia K. Cesafsky, Rachel Fore, Jennifer L. Jakaitis, Bartlomiej Siepierski, Aerie Walton of CHICAGO, Illinois

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of May 17, 2022.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 83BSBIU1931

Application/License No. _____

MERIDIAN MEDICAL TECHNOLOGIES, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 6350 Stevens Forest Road, Suite 301 Columbia, MD 21046 (Address of Applicant/Principal), as PRINCIPAL, and HARTFORD FIRE INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of CT (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Hartford Plaza Hartford, CT 06155 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on February 9, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 9th day of February, 2022.

APPLICANT/PRINCIPAL
MERIDIAN MEDICAL TECHNOLOGIES, LLC

COMPANY

Authorized Representative

SURETY
HARTFORD FIRE INSURANCE COMPANY

Surety Company's Representative

Bartlomiej Siepierski, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Rachel Fore

Witness Ricky Casas

Countersigned by:

Nevada ~~Resident~~ Agent Christopher P. Troha, Non-Resident

Posted February 20, 2020

POWER OF ATTORNEY

Direct inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: AON RISK SERVICES CENTRAL INC
Agency Code: 83-553702

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [X] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [X] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, ***up to the amount of*** Unlimited :

Derek J. Elston, Christopher P. Troha, Marcia K. Cesafsky, Rachel Fore, Jennifer L. Jakaitis, Bartlomiej Siepierski, Aerie Walton of CHICAGO, Illinois

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of 2/9/2022.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois

Keith D. Dozois, Assistant Vice President

ACKNOWLEDGEMENT BY SURETY

STATE OF ILLINOIS
COUNTY OF COOK

On this 9th day of February, 2022, before me, Derek Elston, a Notary Public, within and for said County and State, personally appeared Bartlomiej Siepierski to me personally known to be the Attorney-in-Fact of and for Hartford Fire Insurance Company and acknowledged that s/he executed the said instrument as the free act and deed of said Company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

Notary Public in the State of Illinois
County of Cook

OFFICIAL SEAL
DEREK ELSTON
NOTARY PUBLIC, STATE OF ILLINOIS
COOK
MY COMMISSION EXPIRES 09/08/2022

First Name	Last Name	Business Title
Eric	Abbott	U-09 Inspector B
Joseph	Abbott	U-09 Inspector B
Meela	Abby	U-09 Inspector B
Mysa	Abby	U-09 Inspector B
Linda	Abell	QA Manager
Marisa	Abrams	U-09 Inspector B
Rebecca	Abrams	Validation Quality Engineer
Andrew	Agler	U-09 SPM Clean & Prep Tech B
Anthony	Agwuedu	U-09 Sr Assembler B
Said	AitKassou	Supervisor, Manufacturing
Allexis	Akins	Sr. Change Management Specialist
Abigail	Alagna	Sr. Quality Operations Specialist
Sherry	Alexander	U-09 SPM Filling Technican B
Jose Mario	Alonso	Supervisor/TL-Production
Jason	Althoff	Lead Investigator - P & I
Everlyne	Amailuk	Supervisor/TL, Operations
Albina	Amaral	U-09 Inspector B
Daniel	Ambrosecchia	Work Team Enabler
Stacy	Ambrosecchia	U-09 Inspector B
Varsha	Anbil	Senior Associate Device Engineer
Grady	Anderson	Metrologist
Rick	Ankoviak	U-09 Set-Up Operator B
Kiley	Anselmo	Investigational Analyst
Estella	Armstrong	Administrative Assistant I - Asset Improvement & Compliance
Alicia	Arnold	U-09 Assembly Technician B
Janine	Arthur	Document Coordinator
Damien	Austin	Sr. Maintenance Supervisor / Team Lead
Richard	Averhart	Shipping Coordinator 2
Vickie	Ayers	U-09 Sr Assembler B
Tareq	Azan	Manager/TL, Maintenance and Utilities

Allan	Bailey	Manager/TL Quality Assurance
Keith	Bailey	U-09 P&I Production Mechanic B
Kathleen	Baker	U-09 Plant Sanitation Worker B
Walter	Baldes	Metrologist
Vanessa	Balladares	Senior Associate Biomedical Engineer
Ryan	Banister	U-09 SPM Sanitizer Tech B
Kylee	Banks	U-09 SPM Clean & Prep Tech B
Melvis	Banks	U-09 Assembly Technician B
Richaell	Barlow	Manufacturing Resources Coordinator (MRC)
Kristen	Barr	Sr. Director, Marketing and Communications
Kristin	Barrett	Manager, Accounting
David	Baruch	Supervisor/TL, Operations
Edward	Bauer	U-09 Assembly Technician B
Melissa	Baugh	Sr. Change Management Specialist
David	Baumgartner	Manager Project Management
Stephen	Bausano	Supervisor, Manufacturing (2nd or 3rd Shift)
Ryan	Behrle	QA Inspector
Brittany	Bell	Business Operations Manager
Daniel	Bellavia	Chemist 2
Marjana	Bello	CI Qual. Compliance & MRO Sup.
Kyera	Belton	U-09 Inspector B
Wade	Benny	Lead Investigator P&I
Tron	Bentley	U-09 Sr SPM Sanitizer Tech B
Dianna	Besch	U-09 Plant Sanitation Worker B
Chloe	Bess	Validation Quality Engineer

Joseph	Betz	U-09 Assembly Technician B
Kevin	Beutelmann	Director/TL Engineering
David	Birdsall	Sr. Data Scientist, OpEx
Duane	Birks	Maintenance TL
Thanas	Bitri	U-09 Inspector B
Christopher	Black	U-09 SPM Production Mechanic B
Rachael	Black	SrAssociat Compliance
Katherine	Blakely	Senior Specialist, Operational Excellence
Rodney	Blanchard	U-09 SPM Filling Technician B
Ramia	Bond	U-09 SPM Filling Technician B
Shavona	Bonner	U-09 SPM Clean & Prep Tech B
Jamie	Boring	U-09 Inspector B
Abbigail	Borkowski	QA Manager/TL, Customer Complaints
Adam	Bortner	Environmental Compliance Technician I
Rayang Ne Wende	Bouda	U-09 Inspector B
Patricia	Bourbon	Administrative Assistant
Christopher	Bowers	U-09 Assembly Technician B
James	Boyer	Meridian Chief Executive Officer (CEO)
Kenneth	Boyer	Director, Supply Chain Logistics & Planning
Steven	Boyle	U-09 Set-Up Operator B
Robert	Bradford	Manager, Program Management Office
Toni	Bradley	U-09 Dock Attendant B
Wesley	Brakefield	Quality Control Analyst 2
Billie	Brand	U-09 SPM Production Mechanic B
Kurt	Brehm	Systems Engineer
Theresa	Brewer	U-09 Sr Assembler B
Christopher	Brewster	U-09 Dock Attendant B
Ronald	Brewster	Quality Control Analyst 2
Michael	Brice	Environmental Technician 2
Joseph	Bright	U-09 Sr SPM Formulation Tech B
Belinda	Broadus	Sr.Quality Operations Specialist - Compliance

Terence	Bronner	U-09 SPM Clean & Prep Tech B
Terron	Brooks	U-09 Set-Up Operator B
Bonnie	Brooks	Training Administrator
Shelvy	Brown	U-09 Plant Sanitation Worker B
Brian	Brown	U-09 SPM Production Mechanic B
Nelson	Brown	U-09 SPM Production Mechanic A
Sydney	Brown	Environmental Compliance Technician I
Jeffrey	Brundt	Digital Business Analyst
Drew	Bruning	U-09 Set-Up Operator B
Keith	Bryant	Procurement Specialist
Scott	Buchanan	U-09 Set-Up Operator B
Joshua	Buchheit	U-09 SPM Formulation Tech B
Jasminka	Buljubasic	U-09 SPM Clean & Prep Tech B
Jane	Bullington	Contingent Worker Program Administrator
James	Bullock	Sr. Automation Engineer
Sabina	Bunic	Project Specialist 1
Emily	Buo	U-09 Sr Inspector B
Antonio	Burr	U-09 SPM Sanitizer Tech B
Phyllis	Bursey	U-09 SPM Sanitizer Tech B
Judith	Burton	U-09 Sr SPM Formulation Tech B
Blake	Bush	Supervisor/TL, Production SPM
Stephenie	Buzzetta	U-09 Sr Inspector B
Justin	Byers	U-09 Inspector B
Eddie	Cadamey	Supervisor/TL, Operations
Derrick	Caldwell	Senior Supervisor, Packaging & Inspection
Omar	Calzada	Sr. Associate, Continuous Improvement Manufacturing
Kerhia	Canady	Chemist 2
Thomas	Caniff	U-09 Material Handler B
Justin	Cano	Sr. Financial & Planning Analysis Manager

Lauren	Carothers	Sr. Aseptic Training Specialist
Brandon	Carper	U0-9 SPM Sanitizer Tech B
Chase	Carroll	Sr. Training Specialist, Aseptic
Judith	Carroll	U-09 Inspector B
Andre	Carter	U-09 SPM Production Mechanic B
James	Casagrande	Operational Excellence Manager
Vedran	Catovic	U-09 Set-Up Operator B
Igor	Caus	Supervisor/TL, Operations
Senad	Caus	U-09 Sr Inspector B
Adisa	Cekic	U-09 SPM Filling Technician B
Danijal	Ceric	Aseptic Compliance Specialist
Antonio	Chevis	Stockroom Attendant
Dyan	Chong	Senior Manager, Product Technology
Cole Hunter	Christman	U-09 SPM Formulation Tech B
Amira	Cikota	U-09 Assembly Technician B
Christopher	Clamors	Shipping Coordinator 2
Chelsea	Clay	Sr Specialist QO
Cedrick	Coburn	U-09 Inspector B
Ernest	Cody	U-09 Sr Assembler B
Charles	Coerver	Sr Manager QE/Special Projects
Travis	Coffell	Sr. Manger, Supply Chain Planning & Logistics
Allison	Coffey	Senior Associate Compliance
Shorna	Coffey	Senior Maintenance Supervisor
Jason	Coker	U-09 P&I Production Mechanic B
Sherrita	Collier	U-09 Inspector B
Deandre	Combs	U-09 Sr SPM Filling Technician B
Terry	Compton	Sr Complaint Investigator
James	Conlisk	Quality Control Analyst 2
Jill	Cook	U-09 Inspector B

David	Cook	Manager - Cost, Pricing & Govt
Shannon	Cooley	Manager/TL Quality Assurance - Aseptic
Lance	Coonrod	Director, STL Laboratories (Chemistry, Microbiology and Environmental Control)
Ashley	Cooper	Sr. Supervisor SPM
Gabrielle	Cooper	U-09 Inspector B
Maria	Cooper	Manager, Validation- Lab Instruments and Measurement
Dawn Michelle	Cope	Mgr/TL, Aseptic Manufacturing
John	Cordes	Sr. Quality Inspector
Christian	Corich	Maintenance Engineer
Ronald	Cottle	Supervisor - Manufacturing
Donna	Cotton	Sr. Government Contract Specia
Sabina	Coutinho	Analytical Development Scientist 2
Sabrina	Cover	U-09 Assembly Technician B
Meagan	Covert	Stability Specialist
Amy	Cox	Material Control Lead
Lynnette	Cox	U-09 Inspector B
Gregory Velvon	Crawford	Senior Automation Engineer
Michael	Crites	Sr. Associate, Continuous Improvement Manufacturing
Ronald	Crook	U-09 Sr Inspector B
Cheryle	Cross-Northington	Supervisor- Manufacturing
Desiree	Cruz	U-09 Inspector B
Jose	Cruz Velez	Manager, Metrology
Maria	Cruz-Fisher	Senior Manager, Regulatory Aff
Rebecca	Csak	Senior Compliance Specialist-Quality
Carol	Cullen	U-09 Assembly Technician B
Tyrone	Current	U-09 Set-Up Operator B

Jeffrey	Curtis	U-09 Assembly Technician B
Leslie	Curtis	Procurement Specialist
John	Cygan	U-09 SPM Filling Technician B
Veronica	Dalton	Visual Inspection Trainer
Nicholas	Dalton	Supervisor/TL, Production
Jeffery	Daniel	U-09 SPM Filling Technician B
Jeremy	Daniel	U-09 Set-Up Operator B
Mark	Daniel	U-09 Inspector B
Jonathan	Daproza	Sr. Manager, National Sales
Bayley	Daues	SrAssociat Investigations
Brian	David	QA Manager
Ryan	Davis	U-09 SPM Filling Technician B
Travis	Davis	Supervisor/TL Production SPM
Jerry	Davis	Supplier Process Engineer 3
Mischell	Davis	Quality Inspector
Sara	De Jesus-Torres	Manager QualityAssurance
Brian	Dell	Sr. Supervisor, Microbiology Lab
Joseph	Derleth	U-09 SPM Clean & Prep Tech B
John	Dinga	Manager/TL- Environmental Compliance/Micro Services
April	Dixon-Sutherlin	Marketing Associate
Sanela	Dizdar	Sr Supervisor, MQA
Claire	Dmuchovsky	MQA (Manufacturing Quality Assurance) Specialist I
Richard	Doerr	U-09 Plant Sanitation Worker B
Sharita	Donald	Manager, Regulatory Affairs
Jacquelyne	Donaldson	U-09 Inspector B
Carl	Dotson	U-09 SPM Clean & Prep Tech B
Christin	Doyle	Manager Accounting

James	Duckett	Maintenance Team Leader
Nazif	Dudakovic	U-09 Assembly Technician B
John	Dudley	U-09 P&I Production Mechanic B
Benedict	Dumonceaux	Sr. Training Specialist-QS
William	Dunham	Microbiologist
Trenton	Dunsford-Goldwasser	Quality Inspector
Michael	Dunsky	Sr. Process (Reliability) Engineer/Technologist
Sanel	Dzafic	U-09 SPM Filling Technician B
Theresa	Earner	U-09 Assembly Technician B
Dina	Easter	U-09 Inspector B
Ryan	Eckstein	U-09 SPM Filling Technician B
James	Edwards	Compliance Manager – Aseptic Operations
Michael	Edwards	U-09 Sr Assembler B
George	Edwards	U-09 Sr Material Handler B
Michael	Eilerman	Senior Supervisor, QA
Kelly	Ekroos	Sr. Director, Global Emergency Care Markets Lead
Domonique	Elkins	U-09 SPM Sanitizer Tech B
~~Craig~~	~~Ellis~~	~~U-09 Material Handler B~~
Alisha	Emert	U-09 Inspector B
Michelle	Epps	U-09 Inspector B
Brenda	Erler	U-09 SPM Clean & Prep Tech B
Martha	Esch	U-09 Inspector A
Mary	Eudy	Senior Associate, Project Support Specialist
Katelynn C	Evans	Manufacturing Quality Assurance (MQA) Specialist 1
Benjamin	Eyers	U-09 Set-Up Operator B
James	Eyers	MQA Specialist I
Gerald	Fabrizio	Manufacturing Process Engineer
Wajma	Faez	Associate, Business Services
Amy	Faith	MQA Specialist I

Luke	Fanger	U-09 SPM Filling Technician B
Cindy	Farris	Administrative Assistant 1
Edi	Fazlagic	Quality Inspector- Aseptic
Sydnee	Feldmann	MQA Specialist 1
David	Fenwick	Maintenance Team Leader
Tiffany Lynn	Ferguson	Inspection Qualification/Training Specialist
Stephanie	Ferguson Mora	Quality Inspector- Aseptic
Larissa	Fernandez	Supplier Compliance Auditor 1
Jeffrey	Filipiak	U-09 SPM Production Mechanic B
Deborah	Finch	Supervisor, QA Inspection
Jennifer	Finnegan	Operations Planner
Thomas	Fish	U-09 P&I Production Mechanic B
Julie	Flint	Chemist 2
David	Foeller	Supervisor-Manufacturing
Kevin	Foley	Senior Lab Systems Analyst
Tiffany	Foote	Quality Inspector
Jacqueline	Ford	U-09 SPM Clean & Prep Tech B
Libra	Fortune	U-09 Assembly Technician B
Megan	Foster	Sr. Corrective Action and Preventive Action (CAPA) Coordinator
Michael	Fox	U-09 Assembly Technician B
Nicholas	Francis	U-09 SPM Filling Technician B
Chelsea	Fredericks	U-09 Inspector B
Matthew	Freeman	Manager APIMfgChem (M)
Amber	Frierson	U-09 SPM Clean & Prep Tech B
Jeffery	Frith	U-09 Assembly Technician B

Raina	Fritz	Sr. Supervisor Raw Materials Laboratory
Gerald	Fuller	Sr. Manager, PGS Site HR
Danielle	Gage	U-09 Assembly Technician B
Rodney	Galbraith	U-09 SPM Production Mechanic B
Angela	Gallardo	U-09 Dock Attendant B
Alvin	Garvin	U-09 Inventory Coordinator B
Clayton	Gaskill	U-09 SPM Production Mechanic B
Kaitlynn	Gaskill	U-09 SPM Clean & Prep Tech B
Kennady	Gee	Validation Quality Engineer 1
Jeffrey	Gensler	Site Quality Operations Leader - St Louis
Melinda	Gerber	Quality Assurance Inspector
Katherine	Gerhart	U-09 Inspector B
May	Giddens	Document Coordinator I
Dorian	Gill	Quality Engineer 3
Alicia	Gilmore	Supervisor, Microbiological Services
John	Gioia	U-09 SPM Filling Technician B
Benjamin	Girard	U-09 SPM Sanitizer Tech B
Curtis	Givens	Sr Technical Specialist Microbiology
Cynthia	Good	Associate Director Reg CMC (P)
Christopher	Goodheart	Microbiologist
George	Gordon	U-09 SPM Sanitizer Tech B
Sammy	Grace	U-09 Inspector B
Asia	Grady	U-09 SPM Filling Technician B
Steven James	Grate	Assoc. Project Manager Tooling
Akio	Gray	U-09 SPM Filling Technician B
Martha	Grayson	Environmental Compliance Laboratory- Technical Specialist
Deandre	Green	U-09 Sr Assembler B

Michael	Green	U-09 Sr SPM Filling Tech B
Travis	Green	Supervisor/TL, Operations
Cameron	Gregory	U-09 SPM Clean & Prep Tech B
Lavonda	Gregory	U-09 Assembly Technician B
Kim	Griest	Quality Control Laboratory Technician
Clinton	Griffin	U-09 SPM Production Mechanic B
Dana	Groothuis	Sr. Aseptic Process Engineer/Technologist
Jeffrey	Gruhala	U-09 SPM Production Mechanic B
Leonardo	Guerra Mendoza	U-09 Inspector B
Yaye	Gueye	Sr. Project Manager- Device Combination Products
Sidy	Gueye	Supervisor/TL, Production SPM
Thomas	Hackney	Metrologist
Senija	Hadzic	U-09 Assembly Technician B
Chad	Hafer	Senior Manager Aseptic Operations (Process Centric Team Leader)
Ceiara	Haffner	U-09 SPM Filling Technician B
Elizabeth	Haile	Microbiologist
Joseph	Ham	Sr. Maintenance Supv/Team Lead
Consuella	Hampton	U-09 Sr Assembler B
Thomas	Handel	General Manager, Meridian
Debra	Handler	Sr. Payroll/Accounting Specialist
Kimberly	Hannon	U-09 SPM Filling Technician B
Vernisha	Harbin	Supervisor/TL, Operations
Paul	Harmon	MQA Specialist I
Charles	Harrington	Warehouse Supervisor
Andre	Harris	U-09 Sr Assembler B
Jameca	Harris	U-09 SPM Formulation Tech B

Margo	Harris	U-09 Sr Inspector B
Richard	Harris	Environmental Compliance Technician I
Christine	Hartwig	Financial Analyst
Jessiickka	Hathor	MQA (Manufacturing Quality Assurance) Specialist I
Paul	Haynes	U-09 Sr Assembler B
Alexandra	Hedlesky	U-09 Assembly Technician B
Frederick	Heger	Site Finance Controller
Jacob	Heinicke	U-09 P&I Production Mechanic B
Leon	Heitgerd	U-09 Sr Assembler B
Rachel	Helgen	Aseptic Compliance Specialist
Daniel	Helm	Technical Project Manager
Kyle	Helm	Manager Project Management
Jeffrey	Henderson	Sr. Manager/Team Lead-Supplier Quality
Andrew	Henderson	U-09 Inspector B
Jace	Henderson	Sr. Manufacturing Engineer
Pamela	Henderson	U-09 Inspector B
William	Hendree	U-09 Assembly Technician B
Steve	Hendricks	U-09 Assembly Technician B
Martin	Heriford	U-09 Inspection B
Travis	Herring	U-09 P&I Production Mechanic B
Kevin	Hicks	Transformation Director
Cole	Highlander	Manager, Production Planning
Al	Hill	Sr Cost Accountant (Govt.)
Robert	Hill	Director of Design and Development
Gary	Hillis	
Michael	Hindes	U-09 SPM Clean & Prep Tech B
cory	Hoehn	
Devon	Hoesl	Combination Products Engineer
Mia	Hogan	U-09 Sr Inspector B

Holly	Holtzmann	Accounting Clerk III
Cheryl	Homer	U-09 Inspector B
Joshua	Honaker	U-09 Set-Up Operator B
Julia	Hozian	U-09 Assembly Technician B
Xianyuan	Hu	U-09 Assembly Technician B
Christina	Hubbard	Administrative Assistant 1
Christopher	Huffman	Senior Associate
Anthony	Huncovsky	U-09 SPM Sanitizer Tech
Ashlyn	Hunt	U-09 Inspector B
India	Hunter	Quality Inspector
William	Hurley	U-09 Inspector B
Nerman	Huskovic	Quality Control Analyst 4
Theresa	Hutchison	Procurement Specialist
Angela	Isaacs	U-09 Inspector B
Deairelle	Ivy	Environmental Compliance Technician I
Christopher	Jackson	Document Coordinator
Earl	Jackson	Quality Inspector
Aaron	Jackson	U-09 SPM Clean & Prep Tech B
DeOntae	Jackson	U-09 Sr SPM Sanitizer Tech B
Earl	Jackson	Training Specialist, Packaging and Inspection
Kimerica	Jackson	U-09 Material Handler B
Angela	Jager	U-09 Assembly Technician B
Zachary	Jahns	U-09 SPM Production Mechanic B
Adley	James	U-09 SPM Filling Technician B
Vinson	James	U-09 SPM Filling Technician B
Gawain	Jameson	Supervisor/TL Production-SPM
Kathleen	Janis	Senior Supply Planner
Ryan	Jasper	U-09 Inspector B
Timothy	Jensen	Device Engineer
Alexis	Johnson	Environmental Compliance Technician I
Dennis	Johnson	Project Manager Engineering

Juanita	Johnson	Aseptic Compliance Specialist- Sterile Product Manufacturing
Mark	Johnson	U-09 Assembly Technician B
Randolph	Johnson	U-09 Sr Assembler B
Steven	Johnson	U-09 SPM Filling Technician B
Mark	Johnson	U-09 SPM Production Mechanic B
Randy	Johnson	Supervisor, Warehouse
Tinera	Johnson	Associate Microbiologist
Stephanie	Jolly	Quality Engineer
Alfred	Jones	Metrology Engineer 1
Kenneth	Jones	U-09 SPM Filling Technician B
Kimberly	Jones	U-09 Assembly Technician B
Mike	Jones	U-09 SPM Filling Technician B
Jennifer M	Jones	Regulatory Affairs CMC Manager
Janese	Jones-Barney	MQA Specialist I
Betty	Jordan Garner	Data Integrity Manager
Shrijwal	Joshi	Quality Engineer
Tara	Jovcevski	Manager/TL Project Engineering
Jeffrey	Jull	U-09 Sr Assembler B
Shelly	Kakouris	Records Management Specialist
Naveed	Kamal	Associate Validation Specialist
Jasmin	Kapic	U-09 SPM Filling Technician B
Arnel	Karabegovic	Manager Production
Alexander	Karpman	Technical Project Manager, Pro
Erica	Kayser	MQA Specialist II
Nathan	Keller	U-09 SPM Production Mechanic B
Dwone	Kelly	Technical Writer 1
Conor	Kelly	Senior Associate Biomedical Engineer
Michele	Kennedy	Accountant II
Darrell	Kent	Investigational Analyst

Tamara	Kesselring	Category Strategy Manager/TL- Labels and Packaging
Victoria	Ketterer	Fixed Asset Accountant
Michael	Kidd	U-09 P&I Production Mechanic B
Donna	Killian	Sr. QO Specialist - Compendial
Joao	Kimuene	U-09 Plant Sanitation Worker B
Francine	King	Project Manager
Tina	King	U-09 Assembly Technician B
Edna	Kisker	U-09 SPM Clean & Prep Tech B
Benjamin	Klaustermeier	MQA Specialist II
Richard	Kleinhans	U-09 SPM Filling Technician B
Marvin	Kley	U-09 SPM Production Mechanic A
Gary	Klipfel	Sr. Project Engineer
Lisa	Knowles	Sr. QO Specialist- Internal Auditor
Mira	Kolasinac	U-09 Assembly Technician B
Erica	Kontson	Biomedical Engineer
Robert	Kozieja	U-09 Inspector B
Lynn	Krieg	Microbiologist
Miron	Krinitskiy	U-09 SPM Formulation Tech B
Dzemal	Krlicevic	U-09 Sr Assembler B
Ryan	Kroenung	Complaint Investigator - Quality Analyst
Pamela	Kromer	Sr Planner
Daniel	Kudlinski	U-09 SPM Clean & Prep Tech B
David	Kudlinski	U-09 SPM Sanitizer Tech B
Bernard	LaBlance	U-09 SPM Production Mechanic B
Dayne	Lagemann	U-09 SPM Production Mechanic B
Richele	Landa	Operational Excellence Professional
Norman	Lane	MQA Component Coordinator
Shaina	Lane	QA Inspector

Andrew	Lang	Senior Manager/TL, Validation
Dalton	Lang	U-09 SPM Production Mechanic B
Hershey Hope	Lanier	U-09 Inspector B
Taylor	Laramie	Chemist 2
Craig	Laury	Raw Material Tech 3
Mitchell	Lawless	Sr. QA Technical Specialist
Garry	Laznicka	Manager Project Management
Nathan	Leaser	U-09 SPM Production Mechanic B
Gregory	LeClaire	U-09 SPM Production Mechanic B
Jason	Lee	Maintenance Planner/Scheduler
Yongjae	Lee	MQA Specialist II
Richard	Leeder	U-09 Assembly Technician B
Jeremy	Leitschuh	Maintenance Team Lead, Asset Improvement and Compliance
Shawna	Lenz	Manager/TL Production
Ronald	Leonard	Sr Environmental, Health & Saf
Joshua	Lewis	U-09 Plant Sanitation Worker B
Morganna	Lewis	U-09 Set-Up Operator B
Priscilla	Lewis	U-09 Assembly Technician B
Stephen	Lichtenberg	Chemist 1
Rowena	Lingenfelter	U-09 Inspector B
Paul	Lippner	Director, Int'l Govt Sales
Lucy Xin	Liu	Chemist 2
Robert	Loeffel	Quality Control Analyst 3
Alison Riley	Lohrmann	AVI/ MVI Inspection Manager
Kenneth	Lopez	Sr Packaging Engineer
Monika	Lorenz	Sr Supervisor, QC Laboratory -
Jason	Louis	Manager Packaging & Inspection
Tyler	Love	U-09 Inspector B
Sean	Lowery	Manager/TL - Training Systems

Brandon	Loyd	U-09 SPM Formulation Tech B
Sheila	Lunsford	Procurement Specialist
Adrian	Lykam	U-09 Inspector B
George	Lykam	U-09 Assembly Technician B
Skyler	Lykam	U-09 Inspector B
Richard	Mabie	Maintenance Planner/Scheduler
Jace	MacKellar	Continuous Improvement (CI) Specialist20
Karen	Mackey-Moore	Inspector
Crystal	Majors	Supplier Process Engineer 3
Cristina	Makela	Director, Regulatory Cluster L
Michael	Manahan	Senior Manager
Nicholas	Maners	U-09 Plant Sanitation Worker B
Steven	Manning	U-09 SPM Production Mechanic B
Jennifer	Mantese	Mgr/TL- Corrective Action and Preventive Action (CAPA)
Jerad	Marler	Quality Assurance Inspector
Diana	Martin	U-09 Plant Sanitation Worker B
Larry	Martin	U-09 Assembly Technician B
Amanda	Martinez	Sr Assoc HR, TA North America, GTS
Christian	Martinez Martin	Manager/TL QC Device Laboratory
Felix	Martinson	Director, Combination Product Program
Patrick	Matney	U-09 Inspector B
Robert	Matney	U-09 Inspector B
Cheryl	Matthews	Training Administrator, LMS
Aaron	Matthews	U-09 Sr Inspector B
Michael	Mayfield	Quality Control Analyst II
Laressa	Mays	U-09 Inspector B
Tonette	Mayweather	U-09 SPM Clean & Prep Tech B
Marion	McAlone	Accounting Clerk 3

Carmen	McBride	MQA Specialist I
Christina	McCabe	U-09 Assembly Technician B
Twain	McCulley	Senior Associate
Lambus	McGhee	U-09 Assembly Technician B
Alexander	Mcneely	Supervisor/TL, Production SPM
Amanda	Meek	Quality Assurance Coordinator
Christopher	Melton	U-09 Assembly Technician B
Robert	Mense	Associate Project Manager
Christopher	Meredith	U-09 P&I Production Mechanic B
Angela	Merkson	Complaint Investigator
Brian	Merriman	Program Manager/TL, Mold & Tooling
JoElla	Meunier	Sr. Compliance Accountant
Danny	Miller	Sr Supervisor, Maintenance
Jolanda	Miller	U-09 SPM Filling Technician B
Dina	Millich	SrAssociat Compliance
Paula	Milner	Manager, Transportation & Trade Compliance
Dennis	Miner	U-09 Assembly Technician B
Dorca	Miranda	QO Specialist - Compliance
Jameel	Mirza	Analytical Dev. Scientist 2
James	Mitchell	U-09 SPM Production Mechanic B
Justin	Mitchell	Analytical Development Scientist I
Christie	Mitchum	Validation Quality Engineer
Sandra	Mojarro Guerra	Chemist 3
Edson	Montalvo-Quinones	SrAssociat Compliance
Carlos	Moraga	MQA Specialist I
Nancy	Morales	Sr Supervisor, Warehouse
Kimberly	Morris	Accounting Clerk III
Stacy	Morrison	Compliance Auditor 2

Nancy	Mount	U-09 Dock Attendant B
Devon	Mowery	U-09 SPM Filling Technician B
Jordan	Mroz	Environmental Compliance Technician II
Julia	Mueller	Supplier Process Engineer III
Samar	Mukherjee	Sr Manufacturing Eng
Laura	Mullen	Digital - Sr. Compliance Analyst
Marcus	Mumphard	U-09 Material Handler B
Cheryl	Munie	Document Control Coordinator II
Sandi	Muratovic	Environmental Compliance Technician I
Howard	Murray	Project Manager, Operational E
Kisa	Mwenelupembe	Supervisor/TL, Production SPM
Jaclyn	Nahn	Complaint Investigator
Willie	Neeley	U-09 Plant Sanitation Worker B
Matthew	Neihart	U-09 Material Handler B
Alexis	Newsom	U-09 SPM Clean & Prep Tech B
Muhammad Kashif	Niazi	Validation Engineer III
James	Nickel	Sr. Project Engineer
Faiza	Nisar	Document Coordinator II
Amy	Nolte	Manager/TL - Site Change Management
Carolina	Nunez	Manager/TL,Reliability Engineer
Ada L	Nunez Ortiz	Sr Manager/TL QA
MIRIAM	NYOKABI	Environmental Compliance Technician 2
Stephen	Okumu	U-09 SPM Formulation Tech B
Glenn	Oliver	U-09 Assembly Technician B
Jessica	Omalla-Cowley	Supervisor/TL, Production SPM
Marko	Oroz	Senior Planner
Mirsad	Osmancevic	U-09 Assembly Technician B
Craig	Ostovitz	Accountant I
Robert	Otto	U-09 SPM Clean & Prep Tech B

Rebekah	Outman	Senior Complaint Investigator
Ramiro	Pacheco	Senior Supply Planner
Preston	Page	U-09 Sr Inspector B
Preston	Page Jr	U-09 Assembly Technician B
Edmund	Papes	Senior Manager/TL, Maintenance and Utilities
Vickie	Parish	U-09 Sr Assembler B
Manuel	Pate	U-09 Set-Up Operator B
Amy	Patterson	U-09 Sr SPM Filling Technician B
Shannon	Patterson	U-09 SPM Production Mechanic B
Deborah	Pavia	U-09 Sr Assembler A
Eric	Peckitt	Digital Business Analyst
Dylan	Peek	U-09 SPM Sanitizer Tech B
Ryan	Pennell	U-09 Assembly Technician B
Stacy	Perry	
Sally	Pessin	Data Analyst, Operational Excellence
Jeffrey	Petersimes	U-09 SPM Filling Technician B
Anthony	Peterson	U-09 Set-Up Operator B
John	Phipps	Chemist 3
Mirsada	Pilipovic	U-09 Sr Inspector B
Lauren	Pitchford	Complaint Investigator
Robert	Pittman	U-09 SPM Sanitizer Tech B
Robert	Place	U-09 SPM Filling Technician B
Robert	Plummer	Manager QualityAssurance
Tammy	Powell	Category Strategy Manager/TL - Container Closure
Yolanda	Presswood	U-09 SPM Formulation Tech B
Bryon	Prokopf	QC Specialist, Lab Equipment
Torey	Pryor	Analytical Development Scientist 1
Michael	Puckett	Environmental Compliance Technician II

Denis	Pupic	Quality Control Analyst 3
Barbara	Putnam	Contracts Manager
Robin	Pyatt	U-09 Assembly Technician B
Latashia	Pye	U-09 Inspector B
Joe Akers	Quick	Compliance Manager P&I
Kathy	Quinn	U-09 Inspector B
Carandrea	Raigans	Supervisor/TL- Production
Patricia	Raimondi	U-09 Assembly Technician B
Kathleen	Ramsey	Sr. Procurement Contracts Administrator
Marie	Ravellette	U-09 Sr Inspector B
Alexandria	Recker	U-09 SPM Filling Technician B
Anthony	Recker	Supervisor/TL Production-SPM
Avery	Recker	U-09 Set-Up Operator B
James	Redman	U-09 SPM Production Mechanic B
Randy	Reed	U-09 SPM Filling Technician B
Calvin	Reed Jr	U-09 SPM Sanitizer Tech B
Deena	Reese	Supervisor/TL Clean & Prep/Formulation
Bond	Reid	U-09 SPM Production Mechanic B
Brian	Reimer	Director, Government and Commercial Contracts
Annette	Reinhardt	U-09 Assembly Technician B
Danita	Remspecher	Manager
Lawrence	Repple	U-09 SPM Production Mechanic A
Andrew	Repple	Supervisor/TL, Operations
Conrad	Reuscher	Environmental Compliance Technician II
Michael	Reynolds	U-09 Assembly Technician B
Patrice	Rice	U-09 SPM Sanitizer Tech B

Tayja	Rice	U-09 SPM Filling Technician B
Kimberly	Richardson	Quality Inspector
Eddie	Richardson	U-09 Set-Up Operator B
Jacqueline	Richie	U-09 Inspector A
Ruby	Rideout	Quality Control- Analyst 2
Lewis	Robinson	Site Environmental, Health & Safety Lead
Devrick	Robinson	U-09 SPM Filling Technician B
John	Rochon	Supervisor/TL, SPM
Jose Edwin	Rodriguez Sellas	Technical Documentation Writer
Oleg	Romaniuk	U-09 Set-Up Operator B
Samuel	Rooney	U-09 SPM Filling Technician B
Anthony	Ross	U-09 SPM Sanitizer Tech B
Tava	Ross	U-09 Sr SPM Sanitizer Tech B
Jeffery	Roth	Category Strategy Manager/TL- MRO, Chemicals and Indirect Materials
Emeline	Roth	U-09 Inspector B
Shaylah	Roundtree	U-09 Inspector B
Alexandra	Rowles	Quality Inspector
Candace	Rowles	QA Inspector
Barry	Rulo	U-09 Sr Inspector B
Stephen	Rutherford	SR. Quality Inspector
Matthew	Saganski	EHS Specialist
Elizabeth	Salazar	Complaint Investigator
Geetika	Salazar	Laboratory Manager
Sameh	Salib	U-09 Inspector B
Fatima	Saltaga	U-09 Inspector B
Vahid	Saltaga	Supervisor - Quality Assurance
Steven	Salvato	U-09 Assembly Technician B
Eric	Sanders	MQA Specialist III
Kevin	Sanders	Manager/TL, SPM Maintenance and Reliability
Joshua	Sanders	U-09 SPM Sanitizer Tech B
Samantha	Sandusky	Inside Sales Specialist

Jessica	Sanneman	U-09 SPM Clean & Prep Tech B
Nilda	Santiago	Sr. Supervisor / TL Training Packaging & Inspection (P&I)
Michael	Savage	U-09 SPM Clean & Prep Tech B
Michael	Scalise	Manager Security&Surveil (M)
Linda	Schlef	U-09 SPM Clean & Prep Tech A
Bryce	Schmidt	Senior Quality Engineer, Design Control
Eric	Schmitz	Chemist 2
Jennifer	Schmitz-Weber	603354 - Sr Manager Procur/BuySuppt (M)-
Benjamin	Schneider	Chemist 1
Terry	Schneider	QC Chemist1
Melissa	Schnorbus	Manager Accounting (M)
Nicholas	Schnorbus	U-09 Inspector B
Christina	Schoen	Sr Supervisor, Statistical QC
Holly	Schuettenberg	U-09 SPM Formulation Tech B
Scott	Schuler	Sr Cost Accountant
Darius	Scott	U-09 SPM Clean & Prep Tech B
Tiara	Scott	U-09 Inspector B
Sarah	Scroggins	Sr. Training Specialist
Dagmar	Sebastian	SrDirector- Complex Programs Lead
Jonathan	Sedivy	Analytical Development Scientist I
Clinton	Seidenstricker	Production Specialist-Packaging & Inspection
Catalin	Serpe	Principal Biomedical Engineer
Nancy	Serrano	Specialist, Global Trade Controls
Garrett	Shaffer	U-09 SPM Filling Technician B
Collin	Shale	Device Engineer
David	Sheetz	Senior System Engineer
Justin	Shelley	U-09 SPM Filling Technician B
Amanda	Shelton	U-09 Assembly Technician B

Vilma	Shelton	Mgr, Analytical Development USPR Manager
Kathy	Short	Senior Supervisor, Production / Manufacturing
Michael	Short	Administrative Assistant II - Packaging & Inspection
Leanna	Shoults	U-09 Inspector B
David	Sikorski	QUality Inspector Lead
Julie	Simmons	U-09 Assembly Technician B
Jay	Singh	Business / Systems Analyst - ERP
Elvir	Sisic	CAD Specialist
Mark	Slivinski	U-09 SPM Production Mechanic B
Carmen	Slivinski	U-09 Sr SPM Filling Tech B
Kimmie	Slivinski	U-09 Assembly Technician B
Victoria	Smith	U-09 Assembly Technician B
Tamara	Smith	Contingent Worker Program Administrator
Chandler	Smith	Project Manager Tooling
Sanel	Smlatic	U-09 SPM Filling Technician B
Christopher	Snipes	U-09 Set-Up Operator B
John	Solomon	Sr. Associate, IT Quality and Compliance Analyst
Sylvia	Spraggins	U-09 Dock Attendant B
Michael	St John	Quality Control Analyst III
Anna	St Yves	Office Coordinator
Megan	Stamm	Business Support, HR, Recruiting Coordinator North America
Joe	Starr	U-09 SPM Filling Technician B
Colleen	Stayton	U-09 Sr Assembler B
Eric	Steele	Validation Manager
Brandon	Stephens	Sr. Manufacturing Engineer
Eric	Stief	U-09 Inspector B

Amy	Stillman	U-09 Assembly Technician B
Megan	Stirling	Quality Assurance Inspector
Lakeshia	Stitt	Senior Complaint Investigator
Henry	Stolte	Sr. Aseptic Process Engineer/Technologist
Darrell	Storey	U-09 SPM Production Mechanic B
Ra'Shaun	Storrs	Manager, PGS Site HR, Communications & Engagement
Kelsie	Stoszkus	Inspection Qualification and Training Specialist
Shameka	Stuart	U-09 Sr SPM Filling Tech B
Danny	Stubenrouch	U-09 Plant Sanitation Worker B
Robert	Stuckey	Senior Manager/TL, Automation
Maxwell	Suits	MQA Specialist 1
Trevor	Swaine	Manager/ TL, Production – Packaging & Inspection
Sara	Szemraj	Senior Manager/TL Quality Systems
Pete	Szuba	U-09 SPM Production Mechanic B
Jacqueline	Taschler	Validation Quality Engineer 1
Melvin	Taschler	U-09 P&I Production Mechanic A
Herbert	Tate	U-09 SPM Sanitizer Tech B
Darlene	Taylor	Quality Control Analyst II
Sonya	Taylor	U-09 Sr SPM Filling Technician B
Barbara	Taylor-Miller	Quality Control Analyst 2
Timothy	Thannum	Maintenance Engineer
Demetrice	Thomas	Quality Inspector
James	Thomas	Manager/TL Maintenance & Reliability
Michael	Thomas	U-09 Material Handler B
Ricky	Thomas	U-09 Sr Assembler B
Andrea	Thomeczek	U-09 Inspector B

Hailey	Thompson	Environmental Compliance Technician I
Stefanie	Thompson	Manager, Technical Project
Edna	Thompson	U-09 Assembly Technician B
Pamela Ann	Tincknell	U-09 Sr SPM Filling Tech B
Derek	Toberman	U-09 P&I Production Mechanic B
Susan	Tonin	Data Analyst, Operational Excellence
Bernadette	Torrence	U-09 Sr SPM Filling Tech A
Lourdes	Torres-De Jesus	U-09 Assembly Technician B
Freddie	Townsend Jr	U-09 SPM Clean & Prep Tech B
Amanda	Townshend	Validation Quality Engineer I
Timothy	Trace	Senior Associate
Ghislain	Tremblay	Operational Excellence IMEx Program Owner
Nicole Michelle	Typaldos	Manager Quality Systems
Pamela	Uetrecht	Senior Manager, Regulatory
Brian	Uram	Director P&I Operations
Jared	Vahle	Metrology Engineer 1
Julio	Valentin-Nazario	Manager/TL Production
Catherine	Valentino	Scientist 3
Lauren	Valleroy	Document Coordinator I
Cheryl	Vaughn	Coordinator Site HR, Meridian
Floyd	Vaughn	Senior Automation Engineer
Kamilah	Vaughn	Plant Engineer
Shirla	Vega-Bulted	Validation Engineer III
Solmarie	Velez Rivera	Quality Inspection Readiness Manager
Kristen	Very	Associate, Supplier Quality Management
Angela	Viehland	Supervisor/TL, Production SPM
Elena	Vo	Environmental Compliance Technician I

Nikola	Vukanic	Senior Director, ApprovLiason
Michael	Waldmann	Maintenance Team Leader
Crystal	Walker	U-09 Dock Attendant B
Kathleen	Walker	U-09 Plant Sanitation Worker B
Jonathan	Walker	
James	Wall	U-09 SPM Production Mechanic B
Kayla	Wall	U-09 SPM Filling Technician B
Carolyn	Walla	U-09 Sr Inspector B
Todd	Wallen	U-09 SPM Production Mechanic B
Katherine	Walling	Sr. Training Specialist – QS
James	Ward	Quality Assurance Inspector
Rahman	Warner	Supervisor/TL, SPM
Janel	Washington	Manager/TL, Production - SPM
Christopher	Waugh	Site Investigation Lead
Regina	Welch	U-09 Set-Up Operator A
Bruce	Werner	Sr. Maintenance Supervisor
Dennis	West	Director Ops Support (P)
Cayla	Wester	Registered Nurse Practitioner
Aaliyah	Weston	U-09 Inspector B
Charles	White	Chemist 2
Nija	White	Senior Associate Device Engineer
Daniel	White	U-09 Set-Up Operator B
David	White	U-09 SPM Formulation Tech B
Dennis	White	U-09 Sr Inspector B
Martinique	White	U-09 Inspector B
Scott	White	U-09 Plant Sanitation Worker B
Sean	Whitt	Digital Site Lead St. Louis, Meridian
Melinda	Whittemore	Administrative Assistant
John	Whittier	Product Development Engineer
Kenneth	Whyte	Maintenance Team Leader

Robert	Wiedemann	U-09 P&I Production Mechanic B
James	Wiedmann	U-09 Assembly Technician A
Bentley	Wilbert	U-09 Inspector B
Vianeta	Wilkerson	Stockroom Attendant
Andrew	Wilkinson	Supervisor/TL Facility Services and Maintenance
Eric	Wilkinson	U-09 Inspector B
Anthony	Williams	Senior Device Engineer
Jamel	Williams	U-09 SPM Filling Technician B
John	Wilmot	SrDirector BiomedEngineer
Curtis	Wilson	U-09 P&I Production Mechanic B
Gregory	Wilson	U-09 Sr Assembler B
Michael	Wilson	Supervisor/TL, Operations
Ian	Wohlgemuth	Field Alert Reports Coordinator
Akeyla	Womack	Manufacturing Resources Coordinator
Dawne	Wozniak	SrAssociat GMP Training
Darion	Wright	U-09 Sr SPM Filling Technician B
Beverly	Yadlosky	Senior Account Representative
David	Yang	Sr. Aseptic Training Specialist
Girum	Yemane-Tekeste	Principal Biomedical Engineer
Macy	Yocom	U-09 Inspector B
Daniel	Youker	Assoc Proj Manag- Pharm Tech
Bryan	Young	U-09 Sr SPM Sanitizer Tech B
Demetrius	Young	Supervisor, Manufacturing
Sanjin	Zdrnja	Manager/TL QualityAssurance
Roger	Zemann	U-09 Set-Up Operator B
Victor	Zeppo	U-09 Sr Material Handler B
Karl	Zollner	U-09 Plant Sanitation Worker B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Meridian Medical Technologies, LLC

Physical Address: 1945 Craig Road

City: Saint Louis State: MO Zip: 63146

Mailing Address (if different from physical address): 1945 Craig Road

City: Saint Louis State: MO Zip: 63146

Telephone: (314) 682-3000 x3130 Website: https://www.meridianmeds.com/

Licensing Company Email: MMTCompliance@meridianmt.com

Section 2: Personal Information

First: Travis Middle: Wayne Last: Coffell

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: 1945 Craig Road

City: Saint Louis State: MO Zip: 63146

Telephone: [redacted] Email: travis.coffell@meridianmt.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Lindenwood University		01/99 – 03/10	
Address	**City**	**State**	**Zip**
209 S Kingshighway St	Saint Charles	MO	63301
Diploma/Degree obtained, if any			
BA, Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Fort Zumwalt North High School		08/89 – 05/93	
Address	**City**	**State**	**Zip**
1230 Tom Gimnever Avenue	O'Fallon	MO	63366
Diploma/Degree obtained, if any			
High School diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/13 – Current	[redacted] Powder Drive	Saint Paul	MO	63366
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Meridian Medical Technologies			From - To (MM/YY – MM/YY): 08/21	
Business Address: 1945 Craig Road	City: Saint Louis		State: MO	Zip: 63146
Phone: (314) 682-3000	Title: Senior Manager Supply Chain Planning and Logistics		Number of Employed Hours: 1120	
Description of Duties: See attached resume				

Business Name: Meridian Medical Technologies			From - To (MM/YY – MM/YY): 03/13 - 08/21	
Business Address: 1945 Craig Road	City: Saint Louis		State: MO	Zip: 63146
Phone: (314) 682-3000	Title: Manager, Warehouse Operations		Number of Employed Hours: 17,920	
Description of Duties: See attached resume				

Business Name:			From - To (MM/YY – MM/YY):	
Business Address:	City:		State:	Zip:
Phone:	Title:		Number of Employed Hours:	
Description of Duties:				

Business Name:			From - To (MM/YY – MM/YY):	
Business Address:	City:		State:	Zip:
Phone:	Title:		Number of Employed Hours:	
Description of Duties:				

Business Name:			From - To (MM/YY – MM/YY):	
Business Address:	City:		State:	Zip:
Phone:	Title:		Number of Employed Hours:	
Description of Duties:				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

I, Travis Coffell, **certify that as the designated representative for**

Meridian Medical Technologies, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Travis Coffell

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

28 FEB 2022

Date

Applicant's initials

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located? ☐ Nevada ■ Out-of-State

Is your facility a reverse distributor? ☐ Yes ■ No

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) Viatris Specialty LLC is wholly owned by Viatris Inc. which is publicly traded. ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Viatris Specialty LLC

Physical Address: 2898 Manufacturers Road (Office Phase 2)

City: Greensboro State: NC Zip: 27406

Mailing Address (if different from physical address): 3711 Collins Ferry Road

City: Morgantown State: WV Zip: 26505

Telephone: 336-271-6571 Website: www.viatris.com

Name of Designated Representative (DR): Chad M. Wittenbrook

Licensing Company Email: marie.kidder@viatris.com DR Email: chad.wittenbrook@viatris.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
■ Pharmacies	■ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	■ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
■ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pharmacia & Upjohn Company LLC
Address: 7000 Portage Road City: Kalamazoo State: MI Zip: 49001
Name: Pfizer Pharmaceuticals LLC
Address: BO Carmelita Road 689 Km 1.9 City: Vega Baja State: PR Zip: 00693
Name: Pfizer Italia S.r.l.
Address: 63100 Marino Del Tronto Ascoli Piceno, Al City: State: Zip:
Name: Fareva Amboise
Address: Zone Industrielle 29 route des industries City: Amboise, France State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE
Parent Company (if any): Viatris Inc.
Corporation/Organization Name: Viatris Inc.
Mailing Address: 3711 Collins Ferry Road
City: Morgantown State: WV Zip: 26505
Telephone: 336-271-6571 Email: marie.kidder@viatris.com
Contact Person Name: Marie Kidder

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pharmacia & Upjohn Company LLC
Address: 7000 Portage Road City: Kalamazoo State: MI Zip: 49001

Name: Pfizer Pharmaceuticals LLC
Address: BO Carmelita Road 689 Km 1.9 City: Vega Baja State: PR Zip: 00693

Name: Pfizer Italia S.r.l.
Address: 63100 Marino Del Tronto Ascoli Piceno, Al City: State: Zip:

Name: Fareva Amboise
Address: Zone Industrielle 29 route des industries City: Amboise, France State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE
Parent Company (if any): Viatris Inc.
Corporation/Organization Name: Viatris Inc.
Mailing Address: 3711 Collins Ferry Road
City: Morgantown State: WV Zip: 26505
Telephone: 336-271-6571 Email: marie.kidder@viatris.com
Contact Person Name: Marie Kidder

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✔" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✔	✔		
• **List the top four corporation shareholders and their percent ownership.**	✔			
• **List of all corporation shareholders and their percent ownership.**		✔		
• **List of all partners and their percent ownership.**			✔	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✔	✔	✔	✔
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✔	✔	✔
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A		✔	✔	✔
• **Copy of DEA certificate if handling controlled substances**	✔	✔	✔	✔
• **Copy of current SEC 10K or 8K**	✔			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✔	✔	✔	✔
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✔	✔	✔	✔
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✔	✔	✔
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✔	✔	✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bradly Zambito

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

6/21/2022

Date

Board Use Only	Date Received: _____	Amount: 500 CK # 10442

Viatris Specialty LLC

2898 Manufacturers Road

Office Phase 2

Greensboro, NC 27406

Corporate Officers

Janice Christensen, Vice President

Ownership 0%

Timothy Coakley, Vice President

Ownership 0%

Walmon Leal, Vice President

Ownership 0%

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Maria Herrera

From: Marie Kidder <Marie.Kidder@viatris.com>
Sent: Friday, June 17, 2022 8:38 AM
To: Maria Herrera
Cc: Bradly Zambito; Heather Desper; Faina Bhagat
Subject: RE: EXTERNAL:RE: Nevada Out-Of-State Wholesaler Application-Viatris Specialty, LLC

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good morning,

Thank you for reaching out. Viatris Specialty LLC is a virtual manufacturer and only has 1 employee at the facility, Chad M. Wittenbrook the Designated Representative.

Please let me know if you have any additional questions.

Best Regards,

Marie

Marie Kidder
Senior Specialist, Regulatory Affairs State Licensing

Viatris
5005 Greenbag Road
Morgantown, WV 26501
marie.kidder@viatris.com
Direct: 304.554.4758
Mobile: 304[redacted]
Viatris.com

VIATRIS

North Carolina Department of Agriculture
and Consumer Services
Food and Drug Protection Division

Inspection Report

Viatris Specialty LLC
2898 Manufacturers Road
Office Phase 2
Greensboro, NC 27406

Inspected 02/23/2022
By: Bob Braswell
Drug Specialist

Steven W. Troxler
Commissioner

North Carolina Department of Agriculture and Consumer Services
Food and Drug Protection Division

Christina L. Waggett
Assistant Commissioner
for Consumer Protection

Anita MacMullan
Director

Inspection Report

Viatris Specialty LLC
2898 Manufacturers Road
Office Phase 2
Greensboro, NC 27406

Inspected 02/23/2022
By: Bob Braswell

History of Business

Upjohn US 1 LLC, part of the Upjohn division of Pfizer, maintained Virtual Manufacturer registration #092-1679 with NCDA&CS from its location in Peapack, NJ. Following the sale of the Upjohn division and the merger of Mylan and Upjohn as Viatris, Inc. in 2020, it became a subsidiary of Viatris. Upjohn US 1 became Viatris Specialty, established as a limited liability corporation in Delaware in January 2022, and relocated operations from its former location to the Mylan distribution center in Greensboro in February 2022.

Corporate Address

Viatris Specialty LLC
3711 Collins Ferry Road
Morgantown, WV 26505
(304) 599-2595

Corporate Officers

Janice Christenson	Vice President
Timothy Coakley	Vice President
Walmon Leal	Vice President

Person(s) Interviewed and Individual Responsibility

Credentials were presented to and Notice of Inspection issued to Mr. Chad Wittenbrook, Designated Representative. He and representatives of Mylan Pharmaceuticals, including Mr. Bob Teper, Director of

Distribution Operations, Mr. Steven Sharples, Head of Quality, Ms. Janet Kinsley, Quality Assurance Director, and Ms. Elizabeth Joyce, Manager of Regulatory Compliance/Inventory Control, provided requested documents for review and answered questions and provided information relative to Greenstone business operations.

Background

This visit was the initial inspection of this virtual manufacturer of prescription drugs following relocation into this state. The purpose of this inspection was to verify compliance with NCGS §106 Article 12 and Article 12A prior to registration approval at this facility. Viatris Specialty LLC operated as Upjohn US 1 prior to relocation and maintained active registration #092-1584 in good standing with NCDA&CS at its NJ location.

Operations

Viatris Specialty LLC, previously part of the Upjohn division of pharmaceutical manufacturer Pfizer, now operates as a wholly-owned subsidiary of Viatris, Inc. They utilize contract manufacturing organizations and a third-party logistics (3PL) provider for drug product storage and distribution.

Business operations for Viatris Specialty are now based at the Mylan Pharmaceuticals distribution center, which serves as the primary 3PL provider for all Viatris Specialty prescription drug products; the Mylan facility maintains active 3PL license #094-372 in good standing with NCDA&CS and is routinely inspected annually for compliance. Viatris Specialty has established a written policy defining existing Mylan procedures for product receipt, storage, management, rotation, recall, and quarantine that will be applicable to all Viatris Specialty drug products delivered to this facility.

Observations

There were no significant objectionable conditions noted during the inspection; registration as a Virtual Manufacturer at this location is approved.

Compliance

This firm will be re-inspected on a routine or as-needed basis.

Attachments

Notice of Inspection

https://apps.ncagr.gov/agrsysportal/publiclicensesearch/CoursesPrintable?LID=410699 5/24/2022

NC Dept. of Agriculture & Consumer Services

Food & Drug Protection Division

Firm Name: VIATRIS SPECIALTY LLC

Address: 2898 MANUFACTURERS ROAD OFFICE#2 GREENSBORO, NC 27406

License Type: Virtual Manufacturer

License Number: 1679

Status: Active - in good standing

Discipline: No

Issue Date: 1/4/2022

Original Issue: 12/21/2020

Expiration Date: 12/31/2022

NC Dept. of Agriculture & Consumer Services

Food & Drug Protection Division

Firm Name: VIATRIS SPECIALTY LLC

Address: 2898 MANUFACTURERS ROAD OFFICE#2 GREENSBORO, NC 27406

License Type: Virtual Manufacturer

License Number: 1679

Status: Active - in good standing

Discipline: No

Issue Date: 1/4/2022

Original Issue: 12/21/2020

Expiration Date: 12/31/2022

2022

NOT TRANSFERABLE
STATUTE GS 81.106.119

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

LICENSE/CERTIFICATE NO.
1679

LICENSE/CERTIFICATE: **Virtual Manufacturer**
TYPE
Expiration Date **12/31/2022**

LICENSEE OR CERTIFICATOR
VIATRIS SPECIALTY LLC
2898 MANUFACTURERS ROAD OFFICE#2
GREENSBORO NC 27406

LICENSED 2022 NORTH CAROLINA

THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

STEVE TROXLER, COMMISSIONER

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIATRIS SPECIALTY 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 THIRTEENTH DAY OF JANUARY, A.D. 2022.

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

Jeffrey W. Bullock, Secretary of State

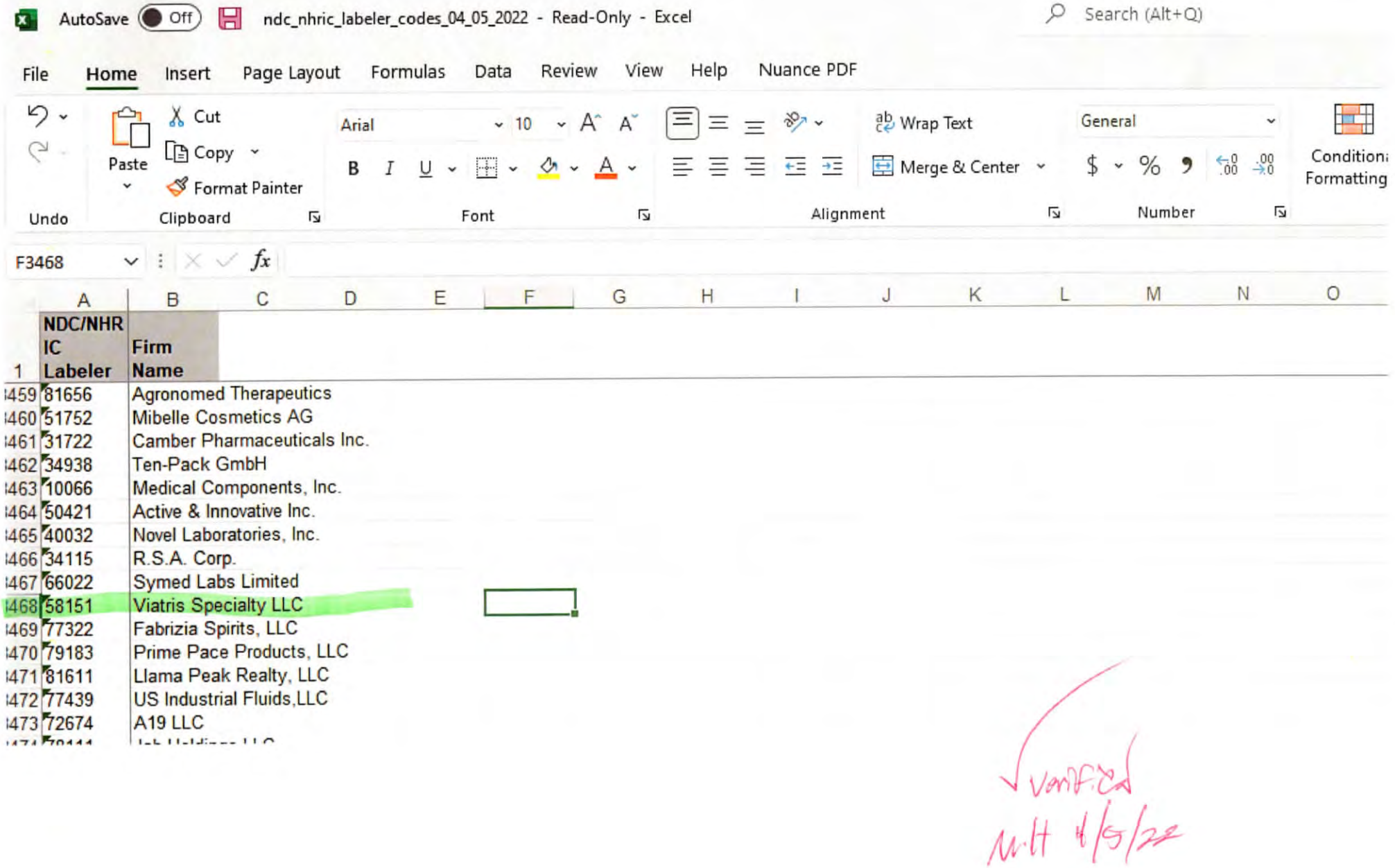
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SR# 20220120270

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

Authentication: 202392650

Date: 01-13-22



AutoSave Off ndc_nhric_labeler_codes_04_05_2022 - Read-Only - Excel

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	A	B
1	NDC/NHRIC Labeler	Firm Name
459	81656	Agronomed Therapeutics
460	51752	Mibelle Cosmetics AG
461	31722	Camber Pharmaceuticals Inc.
462	34938	Ten-Pack GmbH
463	10066	Medical Components, Inc.
464	50421	Active & Innovative Inc.
465	40032	Novel Laboratories, Inc.
466	34115	R.S.A. Corp.
467	66022	Symed Labs Limited
468	58151	Viatris Specialty LLC
469	77322	Fabrizia Spirits, LLC
470	79183	Prime Pace Products, LLC
471	81611	Llama Peak Realty, LLC
472	77439	US Industrial Fluids,LLC
473	72674	A19 LLC

Verified M.H 4/5/22

VIATRIS™

Viatris Specialty LLC
2898 Manufacturers Road, Office Phase 2
Greensboro, NC 27406

Description of Operations:

Viatris Specialty LLC is a virtual manufacturer that plans to commercialize prescription drugs across the United States. As a virtual manufacturer, Viatris Specialty LLC does not manufacture, distribute, or store product at their North Carolina facility. At no time do contract manufacturers own Viatris Specialty LLC's products, contract with its customers, invoice or sell its products.

docVerify

Viatris Specialty LLC POA.docx

DocVerify ID:	501D376F-6E3D-43D0-895D-72E0A04461BB
Created:	February 04, 2022 06:24:28 -8:00
Pages:	2
Remote Notary:	Yes / State: PA

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E-Signature Summary

E-Signature 1: Bradly Zambito (BZ)
February 04, 2022 06:37:35 -8:00 [83537ABEFD27] [66.66.73.250]
Bradly.Zambito@viatris.com (Principal) (Personally Known)

E-Signature 2: Janice Christensen (JC)
February 04, 2022 06:37:35 -8:00 [5F837E5AE8CE] [100.37.149.96]
Janice.Christensen@viatris.com (Principal) (Personally Known)

E-Signature Notary: Katy Murson (KM)
February 04, 2022 06:37:35 -8:00 [3CC2AC5F43E3] [138.207.135.253]
katy.murson@viatris.com
I, Katy Murson, did witness the participants named above electronically sign this document.

DocVerify documents cannot be altered or tampered with in any way once they are protected by the DocVerify VeriVault System. Best viewed with Adobe Reader or Adobe Acrobat. All visible electronic signatures contained in this document are symbolic representations of the persons signature, and not intended to be an accurate depiction of the persons actual signature as defined by various Acts and/or Laws.

POWER OF ATTORNEY

Viatris Specialty LLC ("Viatris"), acting through its authorized officer named below, hereby appoints Bradly Zambito, Viatris' true and lawful attorney-in-fact for the limited purpose of executing and submitting state licensing applications.

The undersigned hereby grants to such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary, or proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as the undersigned might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that such attorney-in-fact, or such attorney-in-fact's substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

This Power of Attorney shall be effective immediately and may be revoked by Viatris Specialty LLC at any time by providing written notice to the foregoing attorney-in-fact.

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 4th day of February 2022.

Janice Christensen
Signed on 2022-02-04 08:37:35 -8:00

Viatris Specialty LLC
By: Janice Christensen, Vice President

Commonwealth of Pennsylvania
County of Washington

On this, the 4th day of February 2022, before me a notary public, the undersigned officer, personally appeared Janice Christensen, known to me (or satisfactorily proven) to be the person whose above name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes stated therein contained.

In witness whereof, I hereunto set my hand and official stamp.

Signed on 2022-02-04 08:37:35 -8:00

Notary Public

Commonwealth of Pennsylvania - Notary Seal
Katy Murson, Notary Public
Washington County
My Commission Expires Nov 16, 2023
Commission Number 1294676

Notary Stamp 2022-02-04 07:37:35 PST
30C2AC5F43E3

Notarial act performed by audio-visual communication

DocVerify ID: 501D376E-6E3D-43D0-895D-72E0A04461BB

Acknowledgement

I, Bradly Zambito, hereby affirm that I am the person named herein as attorney-in-fact and that the signature affixed hereto is my signature. I hereby accept this appointment for the limited purposes set forth therein.

Bradly Zambito

Bradly Zambito

Commonwealth of Pennsylvania
County of Washington

On this, the 4th day of February 2022, before me a notary public, the undersigned officer, personally appeared Bradly Zambito, known to me (or satisfactorily proven) to be the person whose above name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes stated therein contained.

In witness whereof, I hereunto set my hand and official stamp.

Notary Public

Commonwealth of Pennsylvania - Notary Seal
Katy Murson, Notary Public
Washington County
My Commission Expires Nov 16, 2023
Commission Number 1294676

Notarial act performed by audio-visual communication

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RM0130093	01-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	DISTRIBUTOR	12-07-2021

MYLAN PHARMACEUTICAL INC
2898 MANUFACTURERS RD
GREENSBORO, NC 27406-4600

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Viatris Specialty LLC

Physical Address: 2898 Manufacturers Road (Office Phase 2)

City: Greensboro State: NC Zip: 27406

Mailing Address (if different from physical address): 3711 Collins Ferry Road

City: Morgantown State: WV Zip: 265050

Telephone: 304-554-4758 Website: www.viatris.com

Licensing Company Email: marie.kidder@viatris.com

Section 2: Personal Information

First: Chad Middle: M. Last: Wittenbrook

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Collins Ferry Road

City: Morgantown State: WV Zip: 265050

Telephone: [redacted] Email: chad.wittenbrook@viatris.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: RW

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Northeast Guilford High School		04/94 - 06/97	
Address	**City**	**State**	**Zip**
6700 McLeansville Rd.	McLeansville	NC	27301
Diploma/Degree obtained, if any			
Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/20 present	[redacted] W Hunting Ridge Dr.	Thomasville	NC	27360
10/15 – 03/20	[redacted] Huffine Farm Rd.	Gibsonville	NC	27249
02/11 - 10/15	[redacted] Ridge Crest Dr.	Greensboro	NC	27410
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials RW

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Viatris / Mylan Pharmaceuticals Inc.			From - To (MM/YY – MM/YY): 04/15 - present
Business Address: 2898 Manufacturers Rd.	City: Greensboro	State: NC	Zip: 27406
Phone: 336-271-6571	Title: Manager - Inbound Operations		Number of Employed Hours: 60,331
Description of Duties: Manage 3 shifts of operation for the Receiving department. Consult with each shift on a daily basis ensuring the full operation of the department is in full compliance.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials CW

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

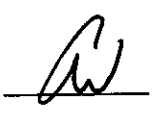
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials 

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials 

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

02/24/22
Date

Applicant's initials

I, Chad M. Wittenbrook, **certify that as the designated representative for**

Viatris Specialty LLC.

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Chad M. Wittenbrook

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/24/22

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Chad W. Hitchcock
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/24/22
Date

Please have this section completed in the presence of a Notary Public.

State of North Carolina, ss. County of Guilford

I, Chad W. Hitchcock, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

02/24/22
Date

Subscribed and Sworn to before me this 24 day of February, 2022.

Julie O. Morgan
Notary Public Signature

My commission expires: 04/04/2023

JULIE O MORGAN
Notary
Public
Guilford County, NC
(Seal)

Applicant's initials CW

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 019082085

Application/License No. Pending

Viatris Specialty LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2898 Manufacturers Road (Office Phase 2), Greensboro, NC 27406 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street, Boston, MA 02118 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on February 25, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 28th day of February, 2022.

APPLICANT/PRINCIPAL
Viatris Specialty LLC

Authorized Representative

SURETY COMPANY
Liberty Mutual Insurance Company

Surety Company's Representative

Karen L. Roider, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Cynthia L. Choren

Witness Debra C. Schneider

Countersigned by:

n/a

Nevada Resident Agent

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8204866

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Karen L. Roider

all of the city of St. Louis, state of Missouri each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 15th day of February, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 15th day of February, 2021, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duty authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions ere now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 28th day of February, 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

March 22, 2022

Re: Viatris Specialty LLC – Application

To Nevada State Board of Pharmacy,

Hello,

Attached is an initial application for Viatris Specialty LLC. We have included all required documents and check.

Thank you in advance for your time and consideration. If you have any questions or concerns upon reviewing the contents of this envelope, please do not hesitate to contact us at compliance.mylan@gmail.com

Sincerely,

Viatris Specialty LLC



4J

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: Edwards Lifesciences LLC

Physical Address: One Edwards Way

City: Irvine State: CA Zip: 92614

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 949-250-2500 Website: www.edwards.com

Name of Designated Representative (DR): JoJo Bugay

Licensing Company Email: _____ DR Email: JoJo_Bugay@edwards.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☒ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: TE Connectivity (dba Creganna)
Address: 5905 Trenton Lane North City: Plymouth State: MN Zip: 55442
Name: Benchmark
Address: 4065 Theurer Boulevard City: Winona State: MN Zip: 55987
Name: Nordson
Address: 105 E Tasman Drive City: San Jose State: CA Zip: 95134
Name: Amphenol
Address: Road 402 North, KM. 1.0 Industrial Park City: Anasco State: PR Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Edwards Lifesciences Corporation
Corporation Name: Edwards Lifesciences LLC
Mailing Address: One Edwards Way
City: Irvine State: CA Zip: 92614
Telephone: 949-250-2500 Email: JoJo_Bugay@edwards.com
Contact Person Name: JoJo Bugay
Date of SEC Registration: 9/10/1999 SEC Registration Number: 0001099800 Stock Exchange Symbol: EW

Section 5: Non-Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lindsay Bui

Print Name of Authorized Person Submitting Application

Lindsay Bui

Original signature of Authorized Person (copies or stamps not accepted)

9/1/2021

Date

Board Use Only	Date Received: _____	Amount: 500 cc ✓ Processed 10/1/21

+25

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

MEDICAL DEVICE MANUFACTURING LICENSE

Edwards Lifesciences LLC
One Edwards Way
Irvine, CA 92614

LICENSE NUMBER: 60190
EXPIRATION DATE: 9/13/2023

The person named herein is licensed to manufacture devices through the expiration date of this license. This license is issued in accordance with the provisions of Division 104, Chapter 6, Article 6 of the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

Faviola Michelot
Edwards Lifesciences LLC - 60190
One Edwards Way
Irvine, CA 92614

Addendum B

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EDWARDS LIFESCIENCES CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Jeffrey W. Bullock, Secretary of State

3093796 8300

SR# 20212906892

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

Authentication: 203858557

Date: 08-06-21

. **Edwards Lifesciences, LLC employee List**

- Chester Zelaya
- Gary Sorsher
- Jim Bourne
- Joanne Page
- Ken Eliasen
- Margie Ojea
- Nathan Tenzer
- Rob Laviano
- Rob Sackett
- Roy South
- Zef Cisneros
- Brian Hudson
- Dennett Kouri
- Jeffrey Blatnik
- Linnette Torres
- Mark Gayle
- Wendel Smith

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440
Wholesaler Application

Section 9 Supplement
Applicant: Edwards Lifesciences LLC

SECTION 9

1. List of all Officers and Directors.

NAME	TITLE
Gallahue, Kieran T.	Director
Heisz, Leslie Stone	Director
LaViolette, Paul A.	Director
Loranger, Steven R.	Director
Marsh, Martha H.	Director
Mussallem, Michael A.	Director
Sequeira, Ramona Audry	Director
Valeriani, Nicholas J.	Director
Bobo, Jr. Donald E.	Corporate Vice President, Strategy and Corporate Development
Brinton, Todd J.	Corporate Vice President, Advanced Technology and Chief Scientific Officer
Chopra, Daveen	Corporate Vice President, Surgical Structural Heart
Lehman, Dirksen	Corporate Vice President, Public Affairs
Lemercier, Jean-Luc M.	Corporate Vice President, Europe, Middle East, Africa, Canada, and Latin America
McCauley, Christine Z.	Corporate Vice President, Human Resources
Mussallem, Michael A.	Chairman of the Board and Chief Executive Officer
Nuzzolese, Joseph	Corporate Vice President, GSC & Quality

Park, Linda Ja	Vice President, Associate General Counsel and Secretary
Pinkston, Arnold A.	Corporate Vice President, General Counsel
Saison, Tania M.	Vice President, Chief Responsibility Officer
Sellers, Robert W.A.	Vice President, Corporate Controller (Principal Accounting Officer)
Sorsher, Gary I.	Vice President, Quality and Regulatory Compliance
Szyman, Catherine M.	Corporate Vice President, Critical Care
Ullem, Scott B.	Corporate Vice President, Chief Financial Officer (Principal Financial Officer)
Wang, M.D. Huimin	Corporate Vice President, Japan, Asia Pacific
Wilterding, Mark	Treasurer
Wood, Larry L.	Corporate Vice President, TAVR
Zovighian, Bernard J.	Corporate Vice President, TMTT

2. List the top four (4) corporation shareholders and their percent ownership.

   - *See attached Addendum A*

3. Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.

   - *See attached Addendum B*

4. Copy of DEA Certificate if handling controlled substances.

   - *N/A*

5. Copy of current SEC 10K or 8K.

   - *See attached Addendum C*

6. A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.

   - *Extract from the Form 10-K for the fiscal year ended December 31, 2020 (Item 15. Exhibits):*

[Continued on next page]

4.3 Indenture, dated as of September 6, 2013, between Edwards Lifesciences Corporation and Wells Fargo Bank, National Association, as trustee (incorporated by reference to Exhibit 4.5 in Edwards Lifesciences' Registration Statement on Form S-3 (File No. 333-191022) filed on September 6, 2013) (the "Indenture")

4.4 First Supplemental Indenture, dated as of October 3, 2013, to the Indenture (incorporated by reference to Exhibit 4.1 in Edwards Lifesciences' report on Form 8-K, filed on October 3, 2013)

4.5 Second Supplemental Indenture, dated as of June 15, 2018, to the Indenture (incorporated by reference to Exhibit 4.2 in Edwards Lifesciences' report on Form 8-K, filed on June 15, 2018) ("Second Supplemental Indenture")

4.6 Form of Global Note for the 4.300% Senior Notes due 2028 (incorporated by reference to Exhibit A in the Second Supplemental Indenture filed as Exhibit 4.2 in Edwards Lifesciences' report on Form 8-K, filed on June 15, 2018)

10.1 Five-Year Credit Agreement, dated as of April 30, 2018, among Edwards Lifesciences Corporation and certain of its subsidiaries, as Borrowers, the lenders signatory thereto, Bank of America, N.A., as Administrative Agent, JPMorgan Chase Bank, N.A., as Syndication Agent, and Morgan Stanley MUFG Loan Partners, LLC, Deutsche Bank Securities Inc., HSBC Bank USA, National Association, and Wells Fargo Bank, National Association, as Co-Documentation Agents (incorporated by reference to Exhibit 10.1 in Edwards Lifesciences' report on Form 8-K, filed on April 30, 2018)

SECURITY OWNERSHIP OF CERTAIN BENEFICIAL OWNERS AND MANAGEMENT

The following table sets forth certain information regarding beneficial ownership of the Company's common stock by each stockholder known by the Company to own beneficially more than 5% of the Company's common stock as of January 31, 2021.

Principal Stockholder Name and Address	Total Shares Beneficially Owned	Percentage of Class
The Vanguard Group[1] 100 Vanguard Blvd. Malvern, PA 19355	48,347,685	7.76%
BlackRock, Inc.[2] 55 East 52nd Street New York, NY 10055	58,596,560	9.40%

(1) Based solely on information contained in the Schedule 13G/A filed with the SEC by The Vanguard Group, on its own behalf, on February 10, 2021. The Schedule 13G/A indicates The Vanguard Group has shared voting power for 1,075,814 shares, sole dispositive power for 45,572,591 shares and shared dispositive power for 2,775,094 shares as of December 31, 2020.

(2) Based solely on information contained in the Schedule 13G/A filed with the SEC by BlackRock, Inc. on its own behalf, on January 29, 2021. The Schedule 13G/A indicates BlackRock, Inc. has sole voting power for 51,687,237 shares and sole dispositive power for 58,596,560 shares as of December 31, 2020.

The following table sets forth certain information regarding beneficial ownership of the Company's common stock as of January 31, 2021 by (i) each of the NEOs (as named below); (ii) each of our current directors and director nominees; and (iii) all of our current directors and executive officers as a group. Percent of beneficial ownership is based upon 624,518,873 shares of the Company's common stock outstanding as of January 31, 2021.

Under the column "RSUs and Shares Underlying Options," we include the number of shares that could be acquired within 60 days of January 31, 2021 pursuant to the exercise of stock options or the vesting of stock unit awards. These shares are not deemed outstanding for purposes of computing the beneficial ownership of any other person. Unless otherwise indicated, we believe that the stockholders listed have sole voting and investment power with respect to all shares, subject to applicable community property laws.

Named Executive Officers, Executive Officers and Directors	Outstanding Shares Beneficially Owned[1]	RSUs and Shares Underlying Options	Total Shares Beneficially Owned	Percentage of Class
Mr. Mussallem	3,399,525	2,150,847	5,550,370	*
Mr. Bobo	188,205	439,761	627,966	*
Mr. Wood	340,579	181,725	522,304	*
Mr. Ullem	229,251	189,225	418,476	*
Mr. Lemercier	124,557	191,436	315,993	
Mr. Gallahue	52,413	39,312	91,725	*
Mr. Loranger	58,662	9,873	68,535	*
Dr. Link	62,025	–	62,025	*
Ms. Heisz	15,969	35,565	51,534	*
Ms. Marsh	20,859	28,722	49,581	*
Mr. Valeriani	41,985	–	41,985	*
Ms. Sequeira	–	–	–	*
Mr. LaViolette	–	–	–	*
All current directors and executive officers as a group (16 persons)	4,620,282	3,876,376	8,496,658	1.35%

* Less than 1%

(1) Includes shares held by family trust, members of his or her household, in the 401(k) Plans, or jointly, as follows: Mr. Mussallem, 3,285,316; Mr. Ullem, 229,251; Mr. Bobo, 161,897; Mr. Lemercier, 45,000; Mr. Wood, 495; Mr. Gallahue, 52,413; Mr. Loranger, 15,000; and Dr. Link, 32,316.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the Fiscal Year Ended December 31, 2020

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the Transition Period From to
Commission File Number 1-15525

EDWARDS LIFESCIENCES CORPORATION

(Exact name of registrant as specified in its charter)

Delaware	**36-4316614**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)

One Edwards Way	**Irvine**	**California**	**92614**
(Address of Principal Executive Offices)			(Zip Code)

(949) 250-2500
Registrant's telephone number, including area code

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	**Trading Symbol(s)**	**Name of each exchange on which registered:**
Common Stock, par value $1.00 per share	EW	New York Stock Exchange

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined by Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Exchange Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☒	Accelerated filer	☐	Non-accelerated filer	☐	Smaller reporting company	☐	Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report ☒.

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value of the registrant's common stock held by non-affiliates as of June 30, 2020 (the last trading day of the registrant's most recently completed second quarter): $42,640,586,293 based on the closing price of the registrant's common stock on the New York Stock Exchange. This calculation does not reflect a determination that persons are affiliates for any other purpose.

The number of shares outstanding of the registrant's common stock, $1.00 par value, as of January 31, 2021, was 624,518,873.

Documents Incorporated by Reference

Portions of the registrant's proxy statement for the 2021 Annual Meeting of Stockholders (to be filed within 120 days of December 31, 2020) are incorporated by reference into Part III, as indicated herein.

4K

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Y

Where is the facility located?	☐ Nevada ■ Out-of-State
Is your facility a reverse distributor?	☐ Yes ■ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler	* If making a change, provide current license number:	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: FedEx Supply Chain, Inc.

Physical Address: 1200 South Noah Drive

City: Saxonburg State: PA Zip: 16056

Mailing Address (if different from physical address): 145 Lt. George W. Lee Ave.

City: Memphis State: TN Zip: 38103

Telephone: 814-671-3515 Website: supplychain.fedex.com

Name of Designated Representative (DR): June Winske

Licensing Company Email: FSC-pharmalicensing@fedex.com DR Email: june.winske@fedex.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☐ Pharmacies	■ Legend Pharmaceuticals, Supplies or Devices
■ Practitioners	☐ Controlled Substances
■ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Bayer Healthcare LLC
Address: 100 Bayer Blvd. City: Whippany State: NJ Zip: 07981
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): N/A
Corporation Name: FedEx Corporation
Mailing Address: 942 S. Shady Grove Rd.
City: Memphis State: TN Zip: 38120
Telephone: 800-463-3339 Email: FSC-pharmalicensing@fedex.com
Contact Person Name: Company Contact: Allan Brown Licensing Contact: Robert Penn

Date of SEC Registration: 10/2/1997	SEC Registration Number: 1-15829	Stock Exchange Symbol: FDX

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Allan Brown
Print Name of Authorized Person Submitting Application

Allan Brown
Original signature of Authorized Person (copies or stamps not accepted)

3/23/22
Date

Board Use Only	Date Received: _____	Amount: 500 cc	5/27/22

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FEDEX SUPPLY CHAIN, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Jeffrey W. Bullock, Secretary of State

2513710 8300

SR# 20220723267

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

Authentication: 202767886

Date: 02-25-22

427

Certificate of Registration

Certificate No. 6000010325
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

Category:

Devices

FEDEX SUPPLY CHAIN, INC.
1200 SOUTH NOAH DRIVE
SAXONBURG, PA 16056

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: July 13, 2021
Expiration Date: The Last Day of July, 2022

Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Alison V. Beam
Acting Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Maria Herrera

From: FSC-Pharma Licensing <FSC-PharmaLicensing@fedex.com>
Sent: Friday, June 3, 2022 7:54 AM
To: Maria Herrera
Cc: FSC-Pharma Licensing
Subject: RE: Nevada Out-of-State Wholesaler Application-FedEx Supply Chain, Inc.

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good Morning Maria,

The employees we have at the facility are:

- June Winske (listed as DR on application)
- Joe Bennett

Please let me know if you require any additional information. Additionally, can you confirm if this application will be reviewed in the July meeting?

Thank you,

Robert Penn | Analyst, Regulatory Data & Licensing | FedEx Supply Chain, Inc, part of FedEx Logistics
mobile 814.671.3515 | 700 Cranberry Woods Dr., Cranberry Twp. 16066 | fedex.com

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Friday, May 27, 2022 1:51 PM
To: FSC-Pharma Licensing <FSC-PharmaLicensing@fedex.com>
Subject: [EXTERNAL] Nevada Out-of-State Wholesaler Application-FedEx Supply Chain, Inc.

Caution! This email originated outside of FedEx. Please do not open attachments or click links from an unknown or suspicious origin.

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from FedEx Supply Chain, Inc. The application is incomplete due to the following missing item(s).

- list of employees Pursuant to NRS 639.500 (2)

FedEx Supply Chain, Inc.
FEIN: 25-1766580
Incorporated in the State of Delaware on June 7, 1995

FedEx Supply Chain Holdings, Inc.
Address: 700 Cranberry Woods Drive, Cranberry Twp., PA 16066
Ownership: 100%

Scott Temple, CEO/President (Effective 01/14/2019)
Business Address: 700 Cranberry Woods Drive, Cranberry Twp., PA 16066
Business Phone: 800-677-3110

Michael Schimpf, CFO/Treasurer (Effective 11/23/18)
Business Address: 700 Cranberry Woods Drive, Cranberry Twp., PA 16066
Business Phone: 800-677-3110

Allan Brown, Secretary (Effective 02/08/20)
Business Address: 700 Cranberry Woods Drive, Cranberry Twp., PA 16066
Business Phone: 800-677-3110

Addendum to Application – Disciplinary Response

No disciplinary actions are pending by a professional licensing authority. The Applicant was cited by the Ohio Board of Pharmacy in 2015 for an incorrect response to an application question and by the Colorado Board of Pharmacy in 2018 for failure to provide notice of a change in designated representative within the time period allotted by the Board of Pharmacy's rules (30 days). No other disciplinary action has been taken by a professional licensing authority.

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2018-4829

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT WHOLESALER REGISTRATION IN THE STATE OF COLORADO OF FEDEX SUPPLY CHAIN, INC., REGISTRATION NO. WHO 7476,

Respondent Outlet.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and FedEx Supply Chain, Inc. ("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2018-4829, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Outlet, its registration as a non-resident wholesaler outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2018).

2. Respondent Outlet was originally registered in the State of Colorado on or about January 13, 2009, being issued registration number WHO 7476, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Outlet's address of record with the Board and current location is 1600 Ruffin Mill Rd., Bldg. E, Colonial Heights, VA 23834.

4. Respondent Outlet admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent Outlet failed to timely submit an application to the Board detailing a change in designated representative and fee. In this case, 524 days transpired between December 1, 2014, the date the previous designated representative ceased the position, and October 1, 2016, the date the application and fee were received.

6. On or about June 21, 2018, the Board initiated a complaint against Respondent Outlet because of the delay of 524 days in submitting an application for change in designated representative and fee.

7. Respondent Outlet's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

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:

(II) The lawful rules of the board;

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

12-42.5-303. Wholesaler license requirements.

(5) The designated representative of an applicant for a wholesaler license shall:

(i) Update all of the information required in this part 3 whenever changes occur.

Pharmacy Board Rules and Regulations

15.01.11 Minimum required information for registration.

b. Changes in any information in section 15.01.11 shall be submitted to the Board within thirty calendar days thereof.

15.01.14 Change of name, location, or ownership, or designated representative.

c. Any change in the designated representative of a wholesaler shall be reported to the Board on a form supplied by the Board within thirty (30) calendar days of such change. The incoming designated representative must undergo the required background check.

TERMS OF DISCIPLINE

8. Fine with Surcharge. Pursuant to section 12-42.5-124(5)(a)(I), C.R.S., Respondent Outlet shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent Outlet understands and acknowledges that, pursuant to section 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 Outlet shall

therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No Cents **($1,150.00)**. The total amount shall be payable to the State of Colorado and shall be remitted in one (1) lump sum to be included when Respondent Outlet submits this signed Final Agency Order to the Board. Respondent Outlet shall write its registration number (WHO 7476) and the case number (2018-4829) on the check.

9. Compliance. Respondent Outlet shall report all future applications and appropriate fees to the Board detailing changes in designated representative within the required time frame specified by Board rule or statute in effect at the time of such change in designated representative.

10. Other Requirements. Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:

    a. promptly pay all Respondent Outlet's 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 wholesaler outlets and pharmaceuticals in the State of Colorado.

11. Advisements and Waivers. Through its undersigned Authorized Representative, Respondent Outlet 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 Outlet acknowledges its understanding that it has the following rights:

    a. to have 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 sections 12-42.5-123 and 12-42.5-124, C.R.S.; and

    d. to appeal this Final Agency Order.

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

12. Acknowledgments. The undersigned Authorized Representative of Respondent Outlet 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 Outlet understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Outlet is not relying

on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further acknowledges that it is not entering into this Final Agency Order under any duress.

13. Violations. Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet 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 section 12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Outlet's 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 Outlet to comply with all terms and conditions of this Final Agency Order.

14. Completion of Terms. Upon satisfactory completion of all terms and conditions set forth in this Final Agency Order, the Board shall release Respondent Outlet from the Final Agency Order, and Respondent Outlet's registration will be restored to active and unencumbered status.

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 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 Outlet at Respondent Outlet's address of record with the Board, or (b) service by electronic means on Respondent Outlet at Respondent Outlet's electronic address of record with the Board. Respondent Outlet hereby consents to service by electronic means if Respondent Outlet has an electronic address on file with the Board.

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 11th day of January 2019, addressed as follows:

By electronic mail to Respondent:
FedEx Supply Chain, Inc.
Attn: Outlet Manager
1600 Ruffin Mill Rd, Bldg. E
Colonial Heights, VA 23834
Email: FSC-pharmalicensing@fedex.com

John D. Kendzior, Esq.
Reed Smith LLP
Email: JKendzior@reedsmith.com

Linda Stanko
Agent of the Board

ACCEPTED AND AGREED BY

Respondent Outlet

_____ Dated: 1/4/19

Authorized Representative

Bradley Peacock / SVP GC

Name / Title

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 10 day of January, 2019.

State Board of Pharmacy

BY: _____

Dmitry Kunin

Program Director

Steven W. Schierholt, Esq.
Executive Director

STATE OF OHIO
BOARD OF PHARMACY

John R. Kasich
Governor

name prior 1/11/17

IN THE MATTER OF:

Genco I, Inc.
~~100~~ Papercraft Park
Pittsburgh, PA 15238

CASE NO. 2015-1334

WDDD License No. 01-2490200

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (OSBP) and Genco I, Inc., for the purpose of resolving all issues between the parties relating to the OSBP investigation of Genco I, Inc. incorrectly answering "No" to the legal question on their WDDD application. Together, OSBP and Genco I, Inc. are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the OSBP has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.56 of the Ohio Revised Code to practice pharmacy the state of Ohio.

2. Genco I, Inc. is a licensed Wholesale Distributor of Dangerous Drugs under license number 01-2490200.

FACTS

1. On or about April 4, 2015, the OSBP initiated an investigation of Genco I, Inc., Wholesale Distributor of Dangerous Drugs license number 01-2490200, related to Genco I, Inc. incorrectly answering "No" to the legal question on their WDDD application.

2. On or about November 9, 2015, the OSBP sent a Notice of Opportunity for Hearing to Genco I, Inc., which outlined the allegations and provided notice of their right to a hearing, their rights in such hearing, and their right to submit contentions in writing.

3. On or about December 8, 2015, Genco I, Inc. timely requested an administrative hearing, which was subsequently scheduled for May 3, 2016.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Genco I, Inc. denies the allegations stated in the Notice of Opportunity for hearing letter dated November 9, 2015; however, the OSBP has evidence sufficient to sustain the allegations and hereby adjudicates the same.

3. Genco I, Inc. agrees to pay to the OSBP the amount of $2,000.00, by means of a cashier's check made payable to "Treasurer, State of Ohio," mailed with the enclosed form to the OSBP, 77 South High Street, 17th Floor, Columbus, Ohio 43215-6126, no later than 30 days from the effective date of this Agreement.

4. Genco I, Inc. must submit a corrected application and pay the application fee.

5. Genco I, Inc. agrees and acknowledges that this OSBP disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction in which they currently hold a professional license, as required by law, including the OSBP on renewal applications or applications for a new license.

6. Genco I, Inc. agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729 and the Rules adopted thereunder, Chapter 3719, and the Rules adopted thereunder, Chapter 3715 and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Genco I, Inc. of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Genco I, Inc. by the OSBP and will NOT discharge Genco I, Inc. from any obligation under the terms of this Agreement.

7. Genco I, Inc. agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

8. Genco I, Inc. understands that they have the right to be represented by counsel for review and execution of this agreement.

9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Genco I, Inc. will operate.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

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

13. This Agreement shall become effective upon the date of the Board President's signature below.

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Genco I, Inc., Respondent — Date of Signature: 4/28/16

Lisa Pierce Reisz, Attorney for Respondent — Date of Signature: 4/29/16

Kiled S. Yarosh, R.Ph., President, Ohio State Board of Pharmacy — Date of Signature: 5/2/16

Matthew J. Lampke, Ohio Assistant Attorney General — Date of Signature: 5/2/16

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): March 25, 2022

FedEx Corporation
(Exact name of registrant as specified in its charter)

Commission File Number 1-15829

Delaware	**62-1721435**
(State or other jurisdiction of incorporation)	**(IRS Employer Identification No.)**
942 South Shady Grove Road, Memphis, Tennessee	**38120**
(Address of principal executive offices)	**(ZIP Code)**

Registrant's telephone number, including area code: (901) 818-7500

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol	Name of each exchange on which registered
Common Stock, par value $0.10 per share	**FDX**	**New York Stock Exchange**
0.450% Notes due 2025	**FDX 25A**	**New York Stock Exchange**
1.625% Notes due 2027	**FDX 27**	**New York Stock Exchange**
0.450% Notes due 2029	**FDX 29A**	**New York Stock Exchange**
1.300% Notes due 2031	**FDX 31**	**New York Stock Exchange**
0.950% Notes due 2033	**FDX 33**	**New York Stock Exchange**

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

SECTION 5. CORPORATE GOVERNANCE AND MANAGEMENT.

Item 5.02. Departure of Directors or Certain Officers; Election of Directors; Appointment of Certain Officers; Compensatory Arrangements of Certain Officers.

On March 25, 2022, Frederick W. Smith, Chairman of the Board and Chief Executive Officer of FedEx Corporation ("FedEx" or the "Company"), informed the Company's Board of Directors (the "Board") that he will step down as Chief Executive Officer of FedEx effective May 31, 2022. Effective June 1, 2022, the Board has appointed Mr. Smith to serve as Executive Chairman and Chairman of the Board. Mr. Smith will report directly to the Board as Executive Chairman, and will continue to serve as a full-time officer and employee of the Company in this role.

Rajesh Subramaniam, who previously served as President and Chief Operating Officer of FedEx, has been appointed President and Chief Executive Officer—Elect of FedEx effective March 25, 2022, and President and Chief Executive Officer of FedEx effective June 1, 2022. Mr. Subramaniam will report directly to the Board in his new role. The role of Chief Operating Officer of FedEx will not be backfilled.

Mr. Subramaniam, 56, has held the position of President and Chief Operating Officer of FedEx since March 2019 and has served as a director of FedEx since January 2020. He was President and Chief Executive Officer of Federal Express Corporation ("FedEx Express") from January 2019 to March 2019, Executive Vice President – Chief Marketing & Communications Officer of FedEx from January 2017 to December 2018, Executive Vice President – Marketing & Communications of FedEx Corporate Services, Inc. ("FedEx Services") from 2013 to January 2017, Senior Vice President – Marketing of FedEx Services from 2006 to 2013, Senior Vice President – Canada of FedEx Express from 2003 to 2006, Vice President – Marketing/APAC of FedEx Express from 2000 to 2003, Vice President – APAC, EC & CS of FedEx Express from 1999 to 2000, and held various management and marketing analyst positions at FedEx Express from 1991 to 1999. Mr. Subramaniam serves as a director of First Horizon Corporation, a financial holding company.

Certain transactions since the beginning of the Company's last fiscal year in which FedEx is a participant and in which certain members of Mr. Subramaniam's immediate family have an interest that are required to be reported under Item 404(a) of Regulation S-K are described under "Related Person Transactions" in FedEx's Definitive Proxy Statement on Schedule 14A filed with the Securities and Exchange Commission on August 16, 2021. The appointment of Mr. Subramaniam was not pursuant to any arrangement or understanding between him and any person, other than a director or executive officer of FedEx acting in his or her official capacity. Executive officers are elected by, and serve at the discretion of, the Board. There are no family relationships between Mr. Subramaniam and any other executive officer or director of FedEx, or any person nominated or chosen to become a director or executive officer.

The Compensation Committee and Board of FedEx will evaluate the respective compensation of Mr. Smith as Executive Chairman and Chairman of the Board and Mr. Subramaniam as President and Chief Executive Officer at a later date.

Additionally, effective March 25, 2022, the Board has appointed R. Brad Martin, Chairman of the Audit Committee of the Board, to serve as non-executive Vice Chairman of the Board. As Vice Chairman of the Board, Mr. Martin is the Board's designated successor to serve as Chairman of the Board. David P. Steiner, as Chairman of the Governance, Safety, and Public Policy Committee of the Board, continues to serve as Lead Independent Director, and the composition of the Board and its respective committees did not otherwise change as a result of the appointments discussed above.

A copy of the press release announcing these changes is attached hereto as Exhibit 99.1 and is incorporated by reference herein.

SECTION 9. FINANCIAL STATEMENTS AND EXHIBITS.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits.

Exhibit Number	Description
99.1	Press Release of FedEx Corporation dated March 28, 2022.
104	Cover Page Interactive Data File (the cover page XBRL tags are embedded within the Inline XBRL document).

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

FedEx Corporation

Date: March 28, 2022

By: /s/ Mark R. Allen
Name: Mark R. Allen
Title: Executive Vice President,
General Counsel and Secretary



Contact:

Jenny Robertson
FedEx
901-434-8100

FOR IMMEDIATE RELEASE

Raj Subramaniam to become President and CEO of FedEx Corporation; Frederick W. Smith to serve as Executive Chairman

MEMPHIS, Tenn. (March 28, 2022) – FedEx Corp. (NYSE: FDX) announced today that, effective June 1, 2022, Frederick W. Smith, Chairman and Chief Executive Officer, will become Executive Chairman, and Raj Subramaniam, President and Chief Operating Officer, will be promoted to President and CEO.

In addition, R. Brad Martin, Chair of the Board's Audit Committee, is now non-executive Vice Chairman of the Board. As Vice Chairman of the Board, Martin is the Board's designated successor to serve as Chairman of the Board. David P. Steiner, Chair of the Board's Governance, Safety, and Public Policy Committee, will continue to serve as Lead Independent Director. Smith and Subramaniam will both report directly to the Board, and the Chief Operating Officer position will not be backfilled. As part of the transition, Subramaniam has been named President and CEO-elect of FedEx Corp. effective immediately.

"FedEx has changed the world by connecting people and possibilities for the last 50 years," Smith said. "As we look toward what's next, I have a great sense of satisfaction that a leader of the caliber of Raj Subramaniam will take FedEx into a very successful future. In my role as Executive Chairman, I look forward to focusing on Board governance as well as issues of global importance, including sustainability, innovation, and public policy."

"When Fred Smith founded FedEx, he disrupted conventional thinking and created an industry. In his role as Executive Chairman, he will focus on the key issues, policies, and innovations that will continue moving FedEx and the world forward," Steiner said. "Raj is an accomplished and proven leader, and he has the full support of the Board. He has more than 30 years of global experience across strategy and operations and has led the company through a period of tremendous growth. I am confident that Raj will build on this foundation and take the company to even greater heights."

Subramaniam was elected to the FedEx Board of Directors in 2020 and will maintain his seat on the Board. Prior to his role as President and Chief Operating Officer of FedEx Corp., Subramaniam was President and Chief Executive Officer of FedEx Express, the world's largest express transportation company. He also served as Executive Vice President and Chief Marketing and Communications Officer of FedEx Corp., where he was responsible for developing the corporate strategy. In addition, he served as the President of FedEx Express in Canada and in several other management and marketing roles throughout Asia and the U.S. since he joined FedEx in 1991.

"Fred is a visionary leader and a legend of the business world," Subramaniam said. "He founded one of the world's greatest and most admired companies, and it is my honor and privilege to step into this role and build upon what he has created. As we continue to transform as a company and reimagine what's next, we will keep our people-service-profit philosophy at our core. I am immensely proud of our 600,000 team members around the world. Together we've set into motion ideas that have changed the world for the better, and together we will unlock new value for our people, customers, and shareholders."

About FedEx Corp.

FedEx Corp. (NYSE: FDX) provides customers and businesses worldwide with a broad portfolio of transportation, e-commerce, and business services. With annual revenue of $92 billion, the company offers integrated business solutions through operating companies competing collectively, operating collaboratively, and innovating digitally under the respected FedEx brand. Consistently ranked among the world's most admired and trusted employers, FedEx inspires its nearly 600,000 team members to remain focused on safety, the highest ethical and professional standards, and the needs of their customers and communities. FedEx is committed to connecting people and possibilities around the world responsibly and resourcefully, with a goal to achieve carbon-neutral operations by 2040. To learn more, please visit fedex.com/about.

4L

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Y

Where is the facility located?	☐ Nevada ■ Out-of-State
Is your facility a reverse distributor?	☐ Yes ■ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler	* If making a change, provide current license number:	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: McKesson Medical-Surgical Inc.

Physical Address: 271 Omega Parkway

City: Shepherdsville State: KY Zip: 40165

Mailing Address (if different from physical address): McKesson Licensing Team c/o Deborah Bliss 6555 N State Highway 161

City: Irving State: TX Zip: 75039

Telephone: 502-281-5481 Website: www.mckesson.com

Name of Designated Representative (DR): Chad L. Bartlett

Licensing Company Email: Elaine.Stutman@McKesson.com DR Email: Chad.Bartlett@McKesson.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
■ Pharmacies	■ Legend Pharmaceuticals, Supplies or Devices
■ Practitioners	☐ Controlled Substances
■ Hospitals	■ Hypodermic Devices
■ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: US Government

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Virginia

Parent Company (if any): McKesson Medical Surgical Holdings Inc. (ultimate owner McKesson Corporation publicly traded)

Corporation Name: McKesson Medical-Surgical Inc.

Mailing Address: McKesson Licensing Team c/o Deborah Bliss 6555 N State Highway 161 I

City: Irving State: TX Zip: 75039

Telephone: 904.332.4179 Email: Elaine.Stutman@McKesson.com

Contact Person Name: Elaine Stutman

Date of SEC Registration: 7.7.1994 | SEC Registration Number: 2417015 | Stock Exchange Symbol: MCK

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification In Process 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Saralisa Brau

Print Name of Authorized Person Submitting Application

SCBrau

Original signature of Authorized Person (copies or stamps not accepted)

3-14-22

Date

Board Use Only	Date Received: _____	Amount: $500 CC ✓ Processed 5/4/22

COMMONWEALTH OF KENTUCKY

KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601

LICENSE/PERMIT: Third Party Logistic

EFFECTIVE DATE: 01/13/2022

NUMBER: TPL00396

EXPIRATION DATE: 09/30/2022

Issued to:
MCKESSON MEDICAL-SURGICAL INC

271 OMEGA PARKWAY
SHEPHERDSVILLE, KY 40165

License/Permit must be posted in public view.

The official status of this license/permit can be verified at www.pharmacy.ky.gov.

The facility above is hereby licensed or permitted at the above address. and is subject to the rules and regulations of the Kentucky Board of Pharmacy.

ATTN: MCKESSON LICENSING TEAM, DEBORAH BLISS
6555 NORTH STATE HIGHWAY 161
IRVING, TX 75039

elaine.stutman@mckesson.com

Commonwealth of Virginia

State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That McKesson Medical-Surgical Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on February 27, 1980;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

Signed and Sealed at Richmond on this Date:

April 22, 2022

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER : 2022042217205252


Ownership
McKesson Corporation
Federal ID 94-3207296
6535 N. State Highway 161
Irving, TX 75039
McKesson Medical-Surgical Top Holdings Inc.
Federal ID 59-2280364
6651 Gate Parkway
Jacksonville, FL 32216
McKesson Medical-Surgical Holdings Inc.
Federal ID 13-3734754
9954 Mayland Drive Suite 4000
Richmond, VA 23233
McKesson Medical-Surgical Inc.
Federal ID 94-2640465
9954 Mayland Drive, Suite 4000
Richmond, VA 23233
McKesson Medical-Surgical Inc.
Federal ID 94-2640465
271 Omega Parkway
Shepherdsville, KY 40165

Title	Name	Work Address
President; Director	Stanton J. McComb	9954 Mayland Drive, Suite 4000 Richmond, VA 23233
VP & Treasurer; Director	Willard Station	9954 Mayland Drive, Suite 4000 Richmond, VA 23233
VP & Secretary; Director	Saralisa Brau	6535 State Highway 161 Irving, TX 75039

Ronald	Parker	Material Handler
Ankit	Patel	Material Handler
Ionnie	Pellman	Material Handler
Jimmy	Perez	Material Handler
Surin	Phouthavong	Material Handler
Erica	Pope	Lead Material Handler
Emily	Popp	Material Handler
Amy	Richardson	Material Handler
Bernard	Russell	Material Handler
Rachael	Sanchez	Material Handler
Shawn	Scott	Material Handler
Joseph	Sellinger	Lead Material Handler
Antonio	Stacker	Material Handler
Samuel	Stamper	Material Handler
William	Tucker	Material Handler
William	Vandiver	Material Handler
Jennifer	Ward	Material Handler
Jeromy	Williams	Material Handler
Rashawn	Williams	Material Handler
William	Wise	Material Handler
Rene	Bauzon	Operations Supervisor
Josephine	Rivera	Operations Supervisor
Brittney	Metoyer	Operations Supervisor

Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.

McKesson Corporation and its wholly owned subsidiaries (hereinafter "McKesson") delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 100 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. ***The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions. This statement does not include any fines that are deemed non-disciplinary by the issuing state (for example, it does not include non-disciplinary Citations and Fines issued by California). Please let us know if your state requires information regarding non-disciplinary fines.***

In January 2017, **McKesson** entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson's practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay $150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the following distribution centers' DEA registrations were or will be suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances from January 17, 2017 to January 17, 2020; Livonia, Michigan - all controlled substances from January 17, 2017 to January 17, 2019; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension, from February 17, 2019 to February 17, 2021; and Lakeland, Florida - hydromorphone products from January 17, 2017 to January 17, 2018. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In March 2017, in response to the DEA Settlement, the New York State Department of Health, Bureau of Narcotic Enforcement, suspended the Class 2A (Out-of-State) controlled substance license for **McKesson**'s Livonia, Michigan distribution center. The permit was suspended until January 1, 2019, consistent with the suspension timeframes of the DEA Settlement. No other suspensions or fines were issued, and the New York action aligned with the suspension periods and expectations agreed to in the DEA Settlement.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson**'s distribution center in Aurora, Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of $45,000, with an additional surcharge of 15%, totaling $51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board $250.00 for administrative costs No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson's** distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of $2,000.00. No other suspensions of fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** (Lakeland distribution center) entered in a Settlement Agreement as disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of $10,000.00. No other suspensions of fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation**'s distribution centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state

until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and

- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson**'s distribution center in Washington Court House, Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

On May 31, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On November 7, 2018, the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Denver, Colorado distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of $1,150 was imposed and paid November 29, 2018. The Board released McKesson Medical-Surgical Inc. from the terms and conditions of the December 6, 2018, Stipulation and Final Agency Order and restored the Registration to unencumbered status.

On December 17, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019 **McKesson Corporation** entered into a settlement for a payment of $10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making

deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On March 1, 2019, the Ohio Board of Pharmacy sent a Notice of Opportunity for Hearing to the **McKesson Medical-Surgical Inc.** distribution center in Urbancrest, OH, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing. The allegations relate to an investigation that McKesson Medical-Surgical Inc. shipped dangerous drugs to an unlicensed site in September 2017. A monetary penalty of $4,5000 was imposed and paid on March 27, 2019.

On May 10, 2019, in response to the DEA Settlement, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by New Mexico aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio and Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars ($15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On June 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Reproval with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to both the Washington Court House, Ohio and Livonia, MI distribution centers. Subject to the terms of the settlement, McKesson was issued a public letter of Reproval, agreed to pay $4,000 in investigative fees.

On August 29, 2019, **McKesson** received a Letter of Admonition from the Colorado State Board of Pharmacy due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("McKesson St. Louis").

On August 29, 2019, **McKesson** entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of $1,150.00.

On January 7, 2020, **McKesson Corporation** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products that had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and butalbital products that continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019 (the "2020 Clear Lake Consent").

On January 14, 2020, **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Arizona State Board of Pharmacy, regarding its Tempe, AZ distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $1,000 was imposed and paid on January 14, 2020.

On February 20, 2020, in response to the DEA Settlement, **McKesson** entered into a final agreement with the Indiana Board of Pharmacy. The agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Indiana has been placed on indefinite probation until the facility's DEA Registration is fully re-instated on or about February 16, 2021. The suspension period imposed by Indiana aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 29, 2020, the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Roseville, CA distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of $1,150 was imposed and paid on July 1, 2020.

On April 20, 2021 **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Ohio Board of Pharmacy, regarding its Leetsdale, PA distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $1,125 was imposed and paid on April 20, 2021.

On May 05, 2021 **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Maine Board of Pharmacy, regarding its Roseville, CA distribution center, in relation to the late reporting of a disciplinary action that was imposed by the Colorado Board of Pharmacy, for failure to report a change of designated representative within the required timeframe. A $500 civil penalty/fine was paid on 5/7/2021.

On May 22, 2021, in response to the DEA Settlement, **McKesson Corporation** entered into a final agreement with the Illinois Department of Financial and Professional Regulation. The Illinois Consent Order applies to the McKesson distribution centers located in Aurora, Colorado, Livonia, Michigan and Washington Court House, Ohio.

- Aurora, Colorado - the facility's Illinois controlled substance was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2020 except for various exceptions that mirror exceptions in the DEA settlement;

- Livonia, Michigan - the facility's Illinois controlled substance was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and

- Washington Court House, Ohio - the facility's Illinois controlled substance was restricted. The facility was prohibited from distributing controlled substances into the state until 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On May 27, 2021, **McKesson Corporation** entered into a consent agreement with the Maine Board of Pharmacy regarding its Aurora, IL distribution center failing to report the Colorado disciplinary action to the Maine Board of Pharmacy within 10 days as required. The Colorado disciplinary action is now reported to the Maine Board of Pharmacy. The terms of the consent agreement included a fine in the amount of $500.00.

On June 6, 2021 **McKesson Medical-Surgical Inc.** entered into a Settlement Agreement with the Ohio Board of Pharmacy, regarding its Leetsdale, PA distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $500 was imposed and paid on June 8, 2021.

On June 15, 2021 **McKesson Medical-Surgical Inc.** entered into a Settlement Agreement with the Ohio Board of Pharmacy, regarding its Urbancrest, OH distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $3000.00 was imposed and paid on June 15, 2021.

On June 23, 2021 **McKesson Medical-Surgical Inc.** entered into a Settlement Agreement with the Ohio Board of Pharmacy, regarding its Urbancrest, OH distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $125 was imposed and paid on June 23, 2021.

On October 14, 2021, in response to the DEA Settlement, **McKesson Corporation** entered into a Settlement Agreement with the Ohio Board of Pharmacy (the "WCH Ohio Settlement"). The WCH Ohio Settlement applies to the McKesson distribution center located in Washington Court House, Ohio. The Ohio Settlement also resolved allegations of suspicious order reporting violations related to sales occurring between 2011 and 2017. Under the terms of terms of the WCH Ohio Settlement, there were no findings of any violation of law and McKesson made no admissions to the same. McKesson was subject to a reprimand and a fine of twenty-thousand dollars ($20,000).

On December 20, 2021, **McKesson Corporation** entered into a Consent Order with the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation (the "IDFPR") based on reciprocal state action from the 2020 Clear Lake Consent. The Illinois Consent applied to McKesson's Clear Lake, IA distribution center. Under the terms of the Illinois Consent Order, the facility was subject to a public reprimand by the IDFPR.

On January 18, 2022, **McKesson Medical-Surgical Inc.** entered into a Settlement Agreement with the Ohio Board of Pharmacy, regarding its Urbancrest, OH distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $500 was imposed and paid on January 18, 2022.

February 15, 2022, **McKesson Corporation** entered into a Settlement Agreement with the United States Department of Justice, the United States Attorney's Office for the Western District of Tennessee, and the Drug Enforcement Administration resolving allegations of recordkeeping and reporting deficiencies at one of its packaging facilities located in Memphis, Tennessee, known as McKesson **RxPak**. McKesson RxPak ceased all operations on March 4, 2020 and is no longer in business. There are no admissions of liability or wrongdoing under the terms of the Settlement Agreement

On March 24, 2022, **McKesson Corporation** and the California Board of Pharmacy (the "Board") entered into a settlement agreement which resolved allegations against McKesson relating to the sale of controlled substances in 2017 and 2018 to an outpatient hospital pharmacy that the pharmacy discovered were being stolen by a pharmacy employee. Pursuant to the settlement agreement, the Board publicly reproved McKesson's Santa Fe Springs distribution center permit, and McKesson agreed to pay the board's costs related to the investigation and enforcement of the matter. As set forth in the settlement agreement, McKesson denies any allegation that it violated California laws regarding the distribution of controlled substances and there are no findings of any violation of state or federal laws.

Table of Contents

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM 10-K

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended March 31, 2022

OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from_____ to_____

Commission File Number: 1-13252

McKESSON CORPORATION

(Exact name of registrant as specified in its charter)

Delaware	**94-3207296**
(State or other jurisdiction of incorporation or organization)	**(I.R.S. Employer Identification No.)**

6555 State Hwy 161,
Irving, TX 75039
(Address of principal executive offices, including zip code)
(972) 446-4800
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

(Title of each class)	*(Trading Symbol)*	*(Name of each exchange on which registered)*
Common stock, $0.01 par value	MCK	New York Stock Exchange
1.500% Notes due 2025	MCK25	New York Stock Exchange
1.625% Notes due 2026	MCK26	New York Stock Exchange
3.125% Notes due 2029	MCK29	New York Stock Exchange

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☒	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒

The aggregate market value of the voting and non-voting common equity held by non-affiliates of the registrant, computed by reference to the closing price as of the last business day of the registrant's most recently completed second fiscal quarter, September 30, 2021, was approximately $30.4 billion.

Number of shares of common stock outstanding on April 29, 2022: 145,365,324

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's Proxy Statement for its 2022 Annual Meeting of Shareholders are incorporated by reference into Part III of this Annual Report on Form 10-K.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of report (Date of earliest event reported): May 5, 2022

McKESSON CORPORATION
(Exact Name of Registrant as Specified in Charter)

Delaware	1-13252	94-3207296
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(I.R.S. Employer Identification No.)

6555 State Hwy 161
Irving, TX 75039
(Address of Principal Executive Offices, and Zip Code)

(972) 446-4800
Registrant's Telephone Number, Including Area Code

Not Applicable
(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (*see* General Instruction A.2. below):

☐ Written communication pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
☐ Pre-commencement communication pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
☐ Pre-commencement communication pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common stock, $0.01 par value	MCK	New York Stock Exchange
1.500% Notes due 2025	MCK25	New York Stock Exchange
1.625% Notes due 2026	MCK26	New York Stock Exchange
3.125% Notes due 2029	MCK29	New York Stock Exchange

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (17 CFR §230.405) or Rule 12b-2 of the Securities Exchange Act of 1934 (17 CFR §240.12b-2).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

4M

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

NON-REFUNDABLE $1,000.00 FEE

Rev (04/19/2022)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler		☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: ChemoCentryx, Inc.

Physical Address: 835 Industrial Rd. Ste 600

City: San Carlos State: CA Zip: 94070

Mailing Address (if different from physical address): 835 Industrial Rd. Ste 600

City: San Carlos State: CA Zip: 94070

Telephone: 650-210-2900 Website: www.chemocentryx.com

Name of Designated Representative (DR): Alok Bhatt

Licensing Company Email: licensing@chemocentryx.com DR Email: abhatt@chemocentryx.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others: Specialty Distributors	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: None

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): N/A

Corporation Name: ChemoCentryx, Inc.

Mailing Address: 835 Industrial Rd. Ste 600

City: San Carlos State: CA Zip: 94070

Telephone: 650-210-2900 Email: licensing@chemocentryx.com

Contact Person Name: Alok Bhatt

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol: CCXI

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tausif Butt, Executive Vice President, Chief Operating Officer

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/28/22

Date

Board Use Only	Date Received: _____	Amount: 1,000 CHECK # 16430 5/11/22

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 7936

NAME: CHEMOCENTRYX, INC.

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

835 INDUSTRIAL RD STE 600
SAN CARLOS CA 94070
SAN MATEO COUNTY

ISSUANCE DATE

JUNE 4, 2021

EXPIRATION DATE

JUNE 1, 2023

CURRENT DATE / TIME

JUNE 17, 2022
7:31:37 AM

LICENSE RELATIONSHIPS

NAME: LIEU, JERRY

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 70934 **PRIMARY STATUS:** CLEAR

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHEMOCENTRYX, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Jeffrey W. Bullock, Secretary of State

2680086 8300

SR# 20221790626

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

Authentication: 203349674

Date: 05-04-22



Ownership Information

ChemoCentryx, Inc.
835 Industrial Rd., Suite 600
San Carlos, CA 94070
Phone: 650-210-2900
Website: Chemocentryx.com
E-mail: licensing@chemocentryx.com

FEIN: 94-3254365
State of Formation: DE
Date Incorporated: 11/08/1996
File Number: 2680086

ChemoCentryx is a Publicly Traded company on the {NASDAQ stock exchange under the symbol CCXI.

Officers

Thomas Schall, President, Chief Executive Officer and Chairman of the Board

Markus Cappel, Chief Business Officer

Susan Kanaya, Chief Financial Officer

Tausif Butt, Executive Vice President, Chief Operating Officer

Rita Jain, Executive Vice President, Chief Medical Officer

CHEMOCENTRYX

Description of Operations

ChemoCentryx is a VirtualManufacturer. ChemoCentryx's products are manufactured by a Contract Manufacturer and will be distributed to Specialty Distributors, Specialty Pharmacies and hospital pharmacies by their Third-Party Logistics Provider, who is licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:
We are using the following contract manufacturer to produce our product:

Patheon Pharmaceuticals, Inc.
2110 E. Galbraith Rd.
Cincinnati, OH 45237
FDA Establishment Number: 1510437

Third Party Logistics Information:
We are using the following 3PL partner to distribute our product:

Cardinal Health 105, Inc.
501 Mason Rd. Suite 200
LaVergne, TN 37086

Contact Person: Goretti Le
Contact Number: 650-447-8034

Patheon manufactures ChemoCentryx's product and packages finished product. At no time does Patheon or own the product, contract with ChemoCentryx's customers, invoice, nor sell a ChemoCentryx product. ChemoCentryx's products are not Controlled Substances.

Labeler Code:
73556
Product: Avacopan (CCX168)

ChemoCentryx's hours of operation are 9:00 am – 5:00pm Monday through Friday.

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through April 01, 2022

You have searched Finished drug products

Search Results: *'chemocentryx'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date
TAVNEOS	73556-168-01	10 mg/1	CAPSULE	ORAL	NDA214487	ChemoCentryx, Inc.	73556-168	avacopan	AVACOPAN	HUMAN PRESCRIPTION DRUG	10/18/2021
TAVNEOS	73556-168-02	10 mg/1	CAPSULE	ORAL	NDA214487	ChemoCentryx, Inc.	73556-168	avacopan	AVACOPAN	HUMAN PRESCRIPTION DRUG	10/18/2021

Showing 1 to 2 of 2 entries Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Verified
N.H 6/1/22

Last name, First name	Job Title
Adenle, Adebisi	Medical Science Liaison
Alam, Md Shaheedul	Principal Analytical Chemist - Pharmaceutics
Alnagem, Susan	Associate Director of Accounting
Arungwa, Perpetua	Territory Sales Manager
Athey, Kelly	Territory Sales Manager
Avigliano, Michael	Medical Science Liaison
Bautista, Manuel	Vivarium Technician II
Bernstein, Robert	Senior Director, Patents and Research
Bhatt, Alok	Senior Quality Assurance Associate
Bickel, Neill	Senior Director, Facilities and EH&S
Blecha, Kathy	National Account Director
Bleibaum, Janice	Senior QC and Documentation Specialist II
Bonnemaison, Lucia	Director of Market Access Analytics and Contracting
Brittain, Donovan	Territory Sales Manager
Butler, Eric	Territory Sales Manager
Butt, Tausif	Executive Vice President, Chief Operating Officer
Calara, Edgar	Senior Manager, Marketing Operations
Campbell, James	Associate Director of Biology
Campione, Jill	Territory Sales Manager
Camporeale, Camille	Senior Director, Total Rewards & HR Operations
Cappel, Markus	Chief Business Officer
Casey, Sharon	Senior Director, Regulatory Affairs
Celestin, Clovis	Senior Director, Business Solutions
Cerda, Rene	Senior Research Associate
Chan, Cherine	Senior Director, Controller
Chao, Benson	Commercial Counsel, Contracting
Chen, Hang	Senior Medical Science Liaison
Chen, Michael	Manager of IT / DBA II
Cheng, Mark	Supply Chain Associate
Clancy, Stacyann	Territory Sales Manager
Cogan, Thomas	National Account Director
Collins, Lisa Marie	Field Operations Specialist
Costello, Danielle	Territory Sales Manager
Csont, Brennen	National Account Director
Dang, Ton	Scientist II
Davis, Arleen	Clinical Trial Manager
De La Rosa, Alex	Territory Sales Manager
deGoma, Emil	Senior Vice President, Clinical Development and Data Science
Dunlap, Carolyn	Senior Research Associate
Easterday, Ashton	Scientist I, DMPK
Ebsworth, Karen	Scientist II
El-Miaari, Otra	Talent Acquisition Coordinator
Enriquez, Horacio	Senior Director, Commercial Supply Chain

Ertl, Linda	Director of Vivarium
Fan, Pingchen	Senior Principal Scientist
Ferrari, Steven	Senior Manager of Purchasing
Fitt, Virginia	Senior Vice President, Head of Legal and Compliance
Flitter, Kevin	Manager, Facility Operations
Freeland, Ryan	Territory Sales Manager
Friedman, Samantha	Territory Sales Manager
Gagrat, Eric	Territory Sales Manager
Gaspar, Brigido Avila	Senior Vivarium Technician
Ghosh, Sangita	Senior Vice President, Technical Operations
Girardeau, Maurice	Territory Sales Manager
Gleason, Lynn	Territory Sales Manager
Goli, Surender	Associate Director, G&A Systems
Graves, Jeffrey	Territory Sales Manager
Groome, Kimberly	Regional Sales Manager
Gui, Ziqi	Director of Analytical Development and Quality Control
Gupta, Suprit	Scientist I
Harland, Aubrie	Scientist II
Harman, Kristen	Senior Manager, Regulated Bioanalysis & CRO Management
Hatch, Tucker	Territory Sales Manager
Heisler, Heidi	Territory Sales Manager
Hensley, Suzanne	Senior Director, Managed Markets
Hemdon, Robin	Territory Sales Manager
Hughes, Karina	Associate Director, Patient Marketing
Ivanovic, Igor	Territory Sales Manager
Jain, Rita	Executive Vice President, Chief Medical Officer
Johnson, James	Territory Sales Manager
Kanagala, Suhasini	Director, Regulatory Affairs
Kanaya, Susan	Executive Vice President, Chief Financial and Administrative Officer
Kavalakatt, Pauly	Associate Director, Pharmaceutics
Kedia, Priyanka	Associate Medical Director
Kenady, Michael	Territory Sales Manager
Kim, Tara	Territory Sales Manager
Knoll, Jim	Territory Sales Manager
Koebbeman, Pamela	Territory Sales Manager
Kokubun, Sharon	Executive Director, Financial Planning & Analysis
Krasinski, Antoni	Director of Chemical Development
Kurse, Gopalkrishna	Vice President, Quality
LaCivita, Eric	Territory Sales Manager
LaFave, Mark	Regional Sales Manager
LaLone, Tammy	Territory Sales Manager
Lange, Christopher	Scientist I
Larios, Norma	Senior Business Solutions Manager
Lau, Fiona	Associate Director, Quality Operations
Lawson, Lauryn	Manager Marketing Operations (Meetings & Conventions)
Le, Jennifer	Senior Analyst, Contract Operations

Lee, Samuel	Territory Sales Manager
Lee, Tommy	Sales Operations Manager
Leetch, Kari	Senior Vice President, Human Resources
Li, Shijie	Associate Director of Research
Lieu, Jerry	Associate Director, Medical Communications and Publications
Liu, Eric	Research Associate
Liu, Xiaoli	Associate Director, DMPK Operations
Lowe, Amanda	Territory Sales Manager
Lui, Rebecca	Principal Scientist
Luttrell, Alexis	Compliance Business Partner
MacDonald, David	Territory Sales Manager
Malathong, Viengkham	Associate Director, Clinical Development
Malone, Susan	Territory Sales Manager
Marshall, Daniel	Director of Medicinal Chemistry
Mayrand, Kurt	Vice President, Head of Market Access
McRee, Courtney	Territory Sales Manager
Mehta, Jayantkumar	Director, Quality Assurance
Mehta, Nikhil	Senior Director, Commercial Training & Development
Mendoza, Felipe	Territory Sales Manager
Miao, Shichang	Vice President of DMPK / Toxicology
Miao, Zhenhua	Principal Scientist
Michna, Melissa	Territory Sales Manager
Monroy, Charito	Senior Administrative Assistant
Monzon, Jennifer	Territory Sales Manager
Nelson, John	Vice President, Information Technology & Information Systems
O'Carroll, Diem	Senior Director, Commercial Analytics & Operations
Ooi, Liang	Senior Director, Regulatory Affairs
Owens, Bridget	Territory Sales Manager
Palmisano, Larry	Senior Medical Science Liaison
Paperiello, Beverly	Senior Vice President, Development Operations
Parsons, Reginald	Regional Sales Manager
Patel, Shruti	Research Scientist I, Pharmaceutics
Pham, An	Senior Medical Science Liaison
Phung, Hong	Associate Accountant / AP Lead
Pineiro, John	Regional Sales Manager
Polit, Jose	Territory Sales Manager
Pollock-Dove, Crystal	Associate Director, Product Development & Manufacturing
Prabhakaran, Seema	Senior Manager, Quality Assurance
Realin, Mary Ann	Senior Manager, Quality Systems
Richards, Kari	Territory Sales Manager
Rivera, Leonardo	Regional Sales Manager
Roberts-Houghton, Traci	Territory Sales Manager
Rodriguez, Vermali	Senior Medical Science Liaison
Roth, Howard	Senior Scientist
Rountree, Lorraine	Vice President, Clinical Operations
Ruppert, Erica Jon	Territory Sales Manager

Rushton, Kellie	Territory Sales Manager
Saechao, Kae	Senior Accountant, Payroll and Stock Administration
Sampat, Hamir	Senior Medical Science Liaison
Sarabia, Rafael	Executive Director of Pharmaceutical Development
Scamp, Ryan	Scientist II
Schall, Thomas	President and Chief Executive Officer
Schantz, Robin	Territory Sales Manager
Scheibler, Patrick	Regional Sales Manager
Schippers, Neil	Director, Trade and Distribution
Seybold, Darrin	Territory Sales Manager
Sheynis-Vega, Irene	Patient Access Services Manager
Slattery, William	Vice President, Investor Relations and Corporate Communications
Snyder, Gary	Territory Sales Manager
Solano, Shayne	Territory Sales Manager
Staff, Sean	National Account Director
Su, Fay	Senior Manager, Commercial Analytics
Sullivan, Kathleen	Vice President, Head of Biology
Takayoshi-Berta, Sandy	Executive Assistant
Thakker, Mamta	Associate Director, Clinical Operations
Thompson Jr., Robert	Territory Sales Manager
Thompson, Victoria	Regional Sales Manager
Torres, Lory	Executive Assistant
Trimpe, Darcy	Senior Medical Science Liaison
Truong, Ruth	Senior Manager, Market Research
Tucker, Tracy	Associate Director, GCP Quality Assurance
Underwood, Gary	Territory Sales Manager
Vanover, Charlene	Territory Sales Manager
Villagomez, Fabiola	Receptionist
Villano, Matthew	Vice President, Sales
Villegas, Robert	Facilities Operations Supervisor
Von Hennigs, Irene	Vice President, Medical Affairs
Waller, Carolyn	Territory Sales Manager
Wang, Yu	Director of Molecular Pharmacology
Watkins, Craig	Territory Sales Manager
Wishes, Jean	Accounts Payable Specialist
Wolfgang, Brett	Associate Director, HCP Marketing
Yandoc, Anna Lissa	Accounts Payable Specialist
Yang, Ju	Senior Scientist
Yao, Chih-Chieh	Manager, Regulatory Affairs
Young, Kimberly	Territory Sales Manager
Yue, Huibin	Vice President, Biometrics
Zaksek, John	Territory Sales Manager
Zeng, Yibin	Associate Director, Medicinal Chemistry
Zhang, Penglie	Vice President, Medicinal Chemistry
Zhang, Wen	Director, Statistical Programming
Zhang, Yan Ling	Associate Director, Analytical Chemistry / Technical Operations

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2020

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934 FOR THE TRANSITION PERIOD FROM TO**

Commission File Number 001-35420

ChemoCentryx, Inc.

(Exact name of Registrant as specified in its Charter)

Delaware	**94-3254365**
(State or other jurisdiction of incorporation or organization)	**(I.R.S. Employer Identification No.)**
850 Maude Avenue Mountain View, California	**94043**
(Address of principal executive offices)	**(Zip Code)**

Registrant's telephone number, including area code: (650) 210-2900

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $0.001 per share	CCXI	The Nasdaq Stock Market LLC

Securities registered pursuant to Section 12(g) of the Act: **None**

Indicate by check mark if the Registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the Registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the Registrant: (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the Registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the Registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the Registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☒	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
Emerging growth company	☐		

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the Registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value of the registrant's common stock held by non-affiliates of the registrant as of the last business day of the registrant's most recently completed second fiscal quarter was approximately $1.9 billion, based on the closing price of the registrant's common stock on the Nasdaq Global Select Market of $57.54 per share.

The number of outstanding shares of the registrant's common stock, par value $0.001 per share, as of February 22, 2021 was 69,613,267.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive proxy statement to be filed with the Securities and Exchange Commission pursuant to Regulation 14A in connection with the registrant's 2021 Annual Meeting of Stockholders, which will be filed subsequent to the date hereof, are incorporated by reference into Part III of this Annual Report on Form 10-K. Such proxy statement will be filed with the Securities and Exchange Commission not later than 120 days following the end of the registrant's fiscal year ended December 31, 2020.

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

SCHEDULE 14A

Proxy Statement Pursuant to Section 14(a) of the Securities Exchange Act of 1934 (Amendment No.)

Filed by the Registrant ☒ Filed by a Party other than the Registrant ☐

Check the appropriate box:

☐ Preliminary Proxy Statement

☐ Confidential, for Use of the Commission Only (as permitted by Rule 14a-6(e)(2))

☒ Definitive Proxy Statement

☐ Definitive Additional Materials

☐ Soliciting Material under §240.14a-12

ChemoCentryx, Inc.

(Name of Registrant as Specified In Its Charter)

(Name of Person(s) Filing Proxy Statement, if other than the Registrant)

Payment of Filing Fee (Check the appropriate box):

☒ No fee required.

☐ Fee computed on table below per Exchange Act Rules 14a-6(i)(1) and 0-11.

(1) Title of each class of securities to which transaction applies:

(2) Aggregate number of securities to which transaction applies:

(3) Per unit price or other underlying value of transaction computed pursuant to Exchange Act Rule 0-11 (set forth the amount on which the filing fee is calculated and state how it was determined):

(4) Proposed maximum aggregate value of transaction:

(5) Total fee paid:

☐ Fee paid previously with preliminary materials.

☐ Check box if any part of the fee is offset as provided by Exchange Act Rule 0-11(a)(2) and identify the filing for which the offsetting fee was paid previously. Identify the previous filing by registration statement number, or the Form or Schedule and the date of its filing.

(1) Amount Previously Paid:

(2) Form, Schedule or Registration Statement No.:

(3) Filing Party:

(4) Date Filed:

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835 Industrial Road, Suite 600
San Carlos, CA 94070

NOTICE OF ANNUAL MEETING OF
STOCKHOLDERS AND PROXY STATEMENT

Dear stockholder:

The annual meeting of stockholders of ChemoCentryx, Inc. will be held at the company's headquarters, located at 835 Industrial Road, Suite 600, San Carlos, CA 94070, on May 20, 2021 at 10:00 a.m., local time, for the following purposes:

1. To elect two directors to serve as Class I directors for a three-year term to expire at the 2024 annual meeting of stockholders;
2. To consider and vote upon the ratification of the selection of Ernst & Young LLP as our independent registered public accounting firm for the fiscal year ending December 31, 2021;
3. To approve the amendment and restatement of the 2012 Equity Incentive Award Plan;
4. To approve the amendment and restatement of the 2012 Employee Stock Purchase Plan;
5. To consider and vote upon, on an advisory basis, the compensation of our named executive officers as disclosed in this proxy statement pursuant to the compensation disclosure rules of the Securities and Exchange Commission;
6. To transact such other business as may be properly brought before the meeting or any adjournment or postponement thereof.

The foregoing items of business are more fully described in the attached proxy statement, which forms a part of this notice and is incorporated herein by reference. Our board of directors has fixed the close of business on March 31, 2021 as the record date for the determination of stockholders entitled to notice of and to vote at the annual meeting or any adjournment or postponement thereof.

Accompanying this notice is a proxy card. Whether or not you expect to attend our annual meeting, please complete, sign and date the enclosed proxy card and return it promptly, or complete and submit your proxy via phone or the internet in accordance with the instructions provided on the enclosed proxy card. If you plan to attend our annual meeting and wish to vote your shares personally, you may do so at any time before the proxy is voted.

All stockholders are cordially invited to attend the meeting.

By Order of the Board of Directors,



Thomas J. Schall, Ph.D.
President, Chief Executive Officer and Chairman

San Carlos, California
April 7, 2021

Your vote is important. Please vote your shares whether or not you plan to attend the meeting.

4N

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

NON-REFUNDABLE $1,000.00 FEE

Rev (04/19/2022)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler		☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: CVRx, Inc.

Physical Address: 9201 West Broadway Ave., #650

City: Brooklyn Park State: MN Zip: 55445

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 763.416.2840 Website: www.cvrx.com

Name of Designated Representative (DR): NA

Licensing Company Email: _____ DR Email: _____

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others: Surgery Centers	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: CVRx manufactures its own medical devices and sells them directly.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): _____

Corporation Name: CVRx, Inc.

Mailing Address: 9201 West Broadway Ave., #650

City: Brooklyn Park State: MN Zip: 55445

Telephone: 763.416.2840 Email: joasheim@cvrx.com

Contact Person Name: Jared Oasheim, Chief Financial Officer

Date of SEC Registration: July 1, 2021 | SEC Registration Number: CIK 0001235912 | Stock Exchange Symbol: CVRX

Section 5: Non-Publicly Traded Corporation

State of Incorporation: NA

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: NA

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: NA

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of all Officers and Directors.	✓	✓		
• List the top four corporation shareholders and their percent ownership.	✓			
• List of all corporation shareholders and their percent ownership.		✓		
• List of all partners and their percent ownership.			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K (First 15 pages only)	✓			
• A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jared Oasheim, Chief Financial Officer

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

5/20/2022

Date

Board Use Only	Date Received: 5.24.22	Amount: 1,000	Check # 35195

From: CDRH Registration and Listing
To: Dawn Biegert
Subject: [External] Registration Number 3007972010: Successful 2022 Medical Device Establishment Registration
Date: Tuesday, October 12, 2021 4:28:26 AM
Attachments: SignatureBlockLogo.png

Dear Dawn Biegert:

This e-mail provides confirmation that the annual registration for the following medical device establishment has been successfully completed for 2022:

Registration Number: 3007972010
Owner Operator Number: 10034991
CVRX, INC.
9201 W Broadway Ave Ste 650
Minneapolis, MN 55445
UNITED STATES

If you do not see a registration number assigned to the establishment and your establishment previously had one, please send an email to reglist@cdrh.fda.gov and include the registration number you believe is assigned to your establishment. We will review and determine if a duplicate registration has been created for your establishment.

Your registration is valid until December 31, 2022. Registration for 2023 will be conducted between October 1 and December 31, 2022.

Please note that registering your device facility and listing your devices does not, in any way, constitute FDA approval of your facility or your devices.

Should you have any questions, please send an e-mail to the CDRH Registration and Listing Helpdesk at reglist@cdrh.fda.gov.

CDRH Registration and Listing Helpdesk
Imports & Registration and Listing Team
Division 2 Establishment Support
Office of Regulatory Programs
Office of Product Evaluation and Quality
Center for Devices and Radiological Health
U.S. Food and Drug Administration

Tel: 301-796-7400, Option 1
Email: reglist@cdrh.fda.gov

Establishment Registration & Device Listing

New Search | Back To Search Results

Establishment:
CVRX, INC.
9201 W Broadway Ave Ste 650
Minneapolis, MN 55445
Registration Number: 3007972010
FEI Number*: 3007972010
Status: Active
Date Of Registration Status: 2022

Owner/Operator:
CVRx, Inc.
9201 West Broadway Avenue, Suite 650
Minneapolis, MN US 55445
Owner/Operator Number: 10034991

Official Correspondent:
Dawn Biegert
9201 West Broadway Avenue, Suite 650
Minneapolis, MN 55445
Phone: 763-4162356

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
CVRX, INC.
9201 W Broadway Ave Ste 650
Minneapolis, MN 55445
Registration Number: 3007972010
FEI Number*: 3007972010
Status: Active
Date Of Registration Status: 2022

Verified DZ 6/23/22

Owner/Operator:
CVRx, Inc.[6]
9201 West Broadway Avenue, Suite 650
Minneapolis, MN US 55445
Owner/Operator Number: 10034991[7]

Official Correspondent:
Dawn Biegert
9201 West Broadway Avenue, Suite 650
Minneapolis, MN 55445
Phone: 763-4162356

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

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U.S. Department of **Health & Human Services**

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7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10034991&OwnerOperatc

CVRx, Inc. Officers:

Title	Name
Chief Executive Officer	Nadim Yared
Chief Financial Officer	Jared Oasheim
Chief Strategy Officer	John Brintnall
VP, Regulatory & Quality	Dean Bruhn-Ding
VP, Global Clinical Research	Elizabeth Galle
Chief Marketing Officer	Paul Verrastro
SVP, U.S. Sales	Craig Palmer

CVRx, Inc. Directors:

Name
Ali Behbahani
John Nehra
Geoff Pardo
Joseph Slattery
Mudit Jain
Kirk Nielsen
Martha Shadan
Nadim Yared

CVRx, Inc. Officers:

Title	Name
Chief Executive Officer	Nadim Yared
Chief Financial Officer	Jared Oasheim
Chief Strategy Officer	John Brintnall
VP, Regulatory & Quality	Dean Bruhn-Ding
VP, Global Clinical Research	Elizabeth Galle
Chief Marketing Officer	Paul Verrastro
SVP, U.S. Sales	Craig Palmer

CVRx, Inc. Directors:

Name
Ali Behbahani
John Nehra
Geoff Pardo
Joseph Slattery
Mudit Jain
Kirk Nielsen
Martha Shadan
Nadim Yared

Top four corporation shareholders and percent ownership (as of 4/25/2022):

Shareholder	**Percentage**
Johnson & Johnson Innovation JJDC Inc.	19.5%
New Enterprise Associates	10.7%
Coöperatieve Gilde Healthcare IV U.A.	8.9%
Vensana Capital I, L.P	7.1%

Maria Herrera

From: Jared Oasheim <joasheim@cvrx.com>
Sent: Friday, June 10, 2022 6:46 AM
To: Maria Herrera
Subject: RE: Nevada Out-of-State Wholesaler Application- CVRx, Inc.
Attachments: CVRx Employees.pdf

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Ms. Herrera,

Thank you for your message.

Although Minnesota requires anyone engaged in wholesale drug distribution to obtain a license from the Board of Pharmacy, Minnesota does not license or register companies that exclusive manufacture, distribute or supply medical devices. MINN. STAT. § 151.47. The Board of Pharmacy website, General FAQs / https://mn.gov/boards/pharmacy/resourcesfaqs/faqs/generalfaqs.jspMinnesota Board of Pharmacy (mn.gov), explains this and contains the following FAQ under the "Licenses and Registrations" section:

> Does the Minnesota Board of Pharmacy license or register medical device or medical supply manufacturers, wholesale distributors, supplies or retailers?
>
> The Board does not license or register companies that exclusively manufacture, distribute, supply or sell medical devices or supplies. If a company that handles medical devices or supplies also manufactures or distributes drugs, it must be licensed as a drug manufacturer or drug wholesaler. Exception if the drug is coated on or embedded in the device (e.g. drug-coated stents) and the resultant product is approved by the FDA as a device, the company does not have to be licensed as a manufacturer or wholesale distributor.

A list of our employees is attached. Thank you for your efforts and please let me know if anything further is needed.

Jared Oasheim
Chief Financial Officer
O 763.416.2350

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CVRX, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Jeffrey W. Bullock, Secretary of State

3265491 8300

SR# 20220866261

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

Authentication: 202814302

Date: 03-03-22

CVRx Employees as of June 2022

First Name	Last Name
Candice	Gandler
Heidi	Coyle
Paul	Nash
Nicholas	Pineda
Todd	Van Buren
Darcey	Bovich
Christopher	Craigo
Y-Lan	Cruea
Michael	Levesque
Matilde	Licata
Jacob	Moore
Kevin	Morris
Craig	Palmer
Paige	Smith
Ivana	Stojanovic
Malik	Kamanzi
Raul	Alvarez
Alejandro	Avalos
Jonathan	Clemmons
Amber	Crossley
Timothy	McDonald
Kevin	Ryan
Kaden	Schlichenmaier
Kathleen	Shafer
Jason	Wyatt
Nadim	Yared
Nelson	Biden
Parker	Knight
Andrew	Lord
Ashley	Young
Leontyne	Banks
Mary C.	Bresnahan
Matthew	Dagley
Suvd	Davaadorj
Gregory	Snow
Mark	Sullivan
Seth	Wilks
John	Bratton
Jesse	Walton
Rebecca	Villandry
Monique	Benke
Melissa	Ball
Jordan	Beckman
Geraldine	Beiro

Jessica	Berger
Dawn E.	Biegert
Michael	Bissen
Dean A.	Bruhn-Ding
Jonelle	Burnham
Bart A.	Carey
Cathy S	Christopherson
Perkell	Collie
Alan J.	Crouse
Rhonda	Dean
Jennifer	Forcier
Elizabeth	Galie
Andrew	Ganton
Keith	Gehring
Dimitrios	Georgakopoulos
Delecia	Gilyard
Erin L.	Gisborne
Rita G.	Hammond
Sarah	Hicks
Joshua	Hoefs
Liam	Jackson
Wanli	Jiang
Joseph	Johnson
Krista	Joyce
Emily	Koschak
Laura	Kuhnke
Kelly	LaMotte
Boon	Lam
Joseph	London
May	Lor
Wendy	Mand
Gloria	Martinez-Arizala
Emily	Meyers
Amanda	Mitchell
Jared	Oasheim
Luke	Parker
Nehplainseh	Pay-Bayee
Paul A	Pignato
Mark	Pixler
Clifford C	Rockwell
Alicia	Schulzetenberge
Robert C.	Sermon
Gregory L.	Sundberg
Roxanne	Thao
Xai	Vang
Vanessa	Yang
Emily	Corson

Nathan	Lueckenhoff
Khary	Taylor
Stephanie	Dolan
Dexter	O'Steen
Jacqueline	Rivera
Kyle	Wolf
Robert	Danielewicz
Jonathan	McLellan
Charles	Tsokanos
Nicole	Winn
Edward	Sena
Christopher	Castillo
Alicia	McGlothin
Daniel	Duffy
Ariana	Peluso
Joseph	Russell
Robert	Tardio
Richard	Foradori
Jordan	Garner
Erin	Blattenberger
Tyler	Keshel
Rebecca	Khalil
Craig	McGinnis
Lisa	Sherron
John	Buxton
Kevin	Denton
Clyde	Lewis
Laura	Sanchez
Annette	Cheek
Carrie	Clayton
Kathryn	Danby
Joshua	Gonzalez
Jay	Heimsoth
Margaret	Henderson
Patrick	Mannen
Aaron	Boaz
Wayne	Billups
Paul	Verrastro
Kelli	Haugen
Sarah	Ortuno
John	Horky

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2021

or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission File Number: 001-40545

CVRx, Inc.

(Exact name of registrant as specified in its charter)

Delaware	**41-1983744**
(State or other jurisdiction of incorporation or organization)	**(I.R.S. Employer Identification No.)**

9201 West Broadway Avenue
Suite 650
Minneapolis, MN 55445
(Address of principal executive offices) (Zip Code)

(763) 416-2840
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common stock, par value $0.01 per share	**CVRX**	**The Nasdaq Global Select Market**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐		
Non-accelerated filer	☒	Smaller reporting company	☒	Emerging growth company	☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒

The aggregate market value of the voting and non-voting common equity held by non-affiliates of the registrant, based on the closing price of the shares of common stock on The Nasdaq Global Select Market on June 30, 2021, the last business day of the registrant's most recently completed second fiscal quarter was approximately $9.6 million.

As of February 14, 2022, there were 20,477,600 shares of the registrant's common stock, par value $0.01 per share outstanding.

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Cautionary Note on Forward-Looking Statements

This Annual Report on Form 10-K contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. We intend such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act of 1933, as amended (the "Securities Act") and Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"). All statements other than statements of historical facts contained in this Annual Report on Form 10-K are forward-looking statements, including statements regarding our future results of operations and financial position, business strategy, the impact of the ongoing and global COVID-19 pandemic on our business, financial results and financial position, clinical trial results, prospective products, product approvals, research and development costs, timing and likelihood of success and the plans and objectives of management for future operations.

In some cases, you can identify forward-looking statements by terms such as "may," "will," "should," "expect," "plan," "anticipate," "could," "intend," "target," "project," "contemplate," "believe," "estimate," "predict," "potential" or "continue" or the negative of these terms or other similar expressions, although not all forward-looking statements contain these words. The forward-looking statements in this Annual Report on Form 10-K are only predictions and are based largely on our current expectations and projections about future events and financial trends that we believe may affect our business, financial condition and results of operations. These forward-looking statements speak only as of the date of this Annual Report on Form 10-K and are subject to a number of known and unknown risks, uncertainties and assumptions, including, but not limited to, the important factors discussed in Part I, Item 1A. "Risk Factors" in this Annual Report on Form 10-K, which are summarized below. Moreover, we operate in an evolving environment. New risk factors and uncertainties may emerge from time to time, and it is not possible for management to predict all risk factors and uncertainties.

You should read this Annual Report on Form 10-K and the documents that we reference in this Annual Report on Form 10-K completely and with the understanding that our actual future results may be materially different from what we expect. We qualify all of our forward-looking statements by these cautionary statements. Except as required by applicable law, we do not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise.

Summary Risk Factors

Our business is subject to numerous risks and uncertainties, including those described in Part I, Item 1A. "Risk Factors" in this Annual Report on Form 10-K. You should carefully consider these risks and uncertainties when investing in our common stock. The principal risks and uncertainties affecting our business include, but are not limited to, the following:

- we have a history of significant losses, which we expect to continue and we may not be able to achieve or sustain profitability;
- our principal stockholders, management and directors (four of whom are affiliated with our principal stockholders) own a significant percentage of our stock and will be able to exert significant control over matters subject to stockholder approval;
- we have a limited history operating as a commercial company and are highly dependent on a single product, Barostim and the failure to obtain market acceptance in the U.S. for Barostim would negatively impact our business, liquidity and results of operations;
- we have limited commercial sales experience marketing and selling Barostim, and if we are unable to establish and maintain sales and marketing capabilities, we will be unable to successfully commercialize Barostim or generate sustained and increasing product revenue;

- we must demonstrate to physicians and patients the merits of Barostim;

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- if third-party payors do not provide adequate coverage and reimbursement for the use of Barostim, our revenue will be negatively impacted;
- our industry is competitive; if our competitors, many of which are large, well-established companies with substantially greater resources than us and have a long history of competing in the heart failure market, are better able to develop and market products that are safer, more effective, less costly, easier to use or otherwise more attractive than Barostim, our business will be adversely impacted;
- if we fail to receive access to hospitals, our sales may decrease;
- we are dependent upon third-party manufacturers and suppliers, and in some cases a limited number of suppliers, making us vulnerable to supply shortages, loss or degradation in performance of the suppliers and price fluctuations, which could harm our business;
- manufacturing risks may adversely affect our ability to manufacture our product and could reduce our gross margin and profitability;
- a pandemic, epidemic or outbreak of an infectious disease in the U.S. or worldwide, including the outbreak of the novel strain of coronavirus disease, COVID-19, could adversely affect our business;
- we may face product liability claims that could be costly, divert management s attention and harm our reputation;
- we may in the future become involved in lawsuits to protect or enforce our intellectual property, which could be expensive and time consuming, and ultimately unsuccessful, and could result in the diversion of significant resources, thereby hindering our ability to effectively commercialize our existing or future products;
- if we fail to retain our key executives or recruit and hire new employees, our operations and financial results may be adversely affected while we attract other highly qualified personnel; and
- we will continue to obtain long-term clinical data regarding the safety and efficacy of our products, which could impact future adoption and regulatory approvals.

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PART I

Item 1. Business

Overview

We are a commercial-stage medical device company focused on developing, manufacturing and commercializing innovative and minimally invasive neuromodulation solutions for patients with cardiovascular diseases. Our proprietary platform technology, Barostim, is designed to leverage the power of the brain to address the imbalance of the Autonomic Nervous System ("ANS"), which causes heart failure ("HF") and other cardiovascular diseases. Our second-generation product, Barostim, is the first and only commercially available neuromodulation device indicated to improve symptoms for patients with HF with reduced Ejection Fraction ("HFrEF"), or systolic HF. Barostim provides Baroreflex Activation Therapy ("BAT," or "Barostim Therapy") by sending imperceptible and persistent electrical pulses to baroreceptors located in the wall of the carotid artery to signal the brain to modulate the cardiovascular function. We have developed a significant body of published clinical evidence that supports the strong value proposition of Barostim Therapy and its ability to meaningfully improve the quality of life for patients suffering from HFrEF. We estimate that our initial annual market opportunity for HFrEF is $1.4 billion in the U.S. and $1.5 billion in select European Markets (Germany, France, Italy, Spain and the United Kingdom, or "EU5").

HF is one of the most prevalent and devastating cardiovascular diseases. We estimate that there are approximately 26 million people globally suffering from HF, including approximately 6.2 million people in the U.S. and 8.6 million people in EU5. Every year, 1.3 million and 1.4 million new patients are diagnosed with HF in the U.S. and select EU5, respectively. HF is characterized by the heart's inability to effectively circulate blood throughout the body resulting in insufficient levels of oxygen and nourishment to various body parts. This impacts a patient's ability to function and leads to a variety of symptoms such as shortness of breath, extreme fatigue, exercise intolerance, swelling and fluid retention that affects the patient's quality of life, both physically and emotionally. HF usually develops from an imbalance of the ANS, which is also the primary cause of multiple other cardiovascular diseases, such as hypertension, angina pectoris and arrhythmia. The ANS plays a vital role in the function of the heart and is strongly influenced by baroreceptors located in certain arterial walls.

We are currently focused on the treatment of patients with HFrEF, which represents approximately 40% of the patients with HF. In HFrEF, the left ventricle loses its ability to contract properly, resulting in insufficient power to pump and push the necessary quantities of blood into circulation. Approximately 75% of HFrEF patients die within five years of being admitted to the hospital for HFrEF. Patients with HFrEF are typically placed on a treatment progression plan during which they are initially given Guideline Directed Medical Therapy ("GDMT") to help manage symptoms, and then progress to more invasive and costly treatment options involving other implantable devices with the most severe patients often requiring Left Ventricular Assist Devices ("LVADs") or heart transplants. These other implantable devices mostly target different HFrEF patient populations, may require an invasive procedure that places hardware directly inside the heart, and are not designed to address the imbalance of the ANS that causes the disease. We believe there is a significant need and market opportunity for a safe, effective and minimally invasive device-based treatment option for HFrEF.

We believe Barostim offers meaningful benefits for patients, physicians and payors that will continue to drive adoption of our therapy. The primary benefits include:

- **Addresses significant unmet medical need.** Barostim addresses a life-threatening disease for patients who failed to receive adequate benefits from existing treatments and who have no alternative treatment options. Based on this, the U.S. Food and Drug Administration (the "FDA") granted Barostim a Breakthrough Device designation for HFrEF in June 2015.

- **Safe and effective treatment.** Our BeAT-HF pivotal trial demonstrated compelling safety and effectiveness data regarding the clinical benefits of Barostim for HFrEF. These results showed significant improvement in the following patient-centered outcomes:

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- **Quality of life (measured by Minnesota Living with Heart Failure ("MLWHF")):** Our therapy demonstrated a 14-point improvement in quality of life for patients in the device arm relative to patients in the control arm. A 5-point improvement is considered clinically meaningful.

- **Exercise capacity (measured by the standardized 6 Minute Hall Walk ("6MHW") distance test):** Our therapy demonstrated that patients in the device arm were able to improve the distance they walked in a six-minute period by 60 meters more than patients in the control arm. A 25-meter improvement in walking distance is considered clinically meaningful.

- **Functional status (determined by New York Heart Association ("NYHA") classification):** Our therapy demonstrated that 65% of patients in the device arm improved at least one NYHA class as compared to only 31% in the control arm, with 13% of patients improving two NYHA classes in the device arm as compared to only 2% in the control arm.

- **Widely accepted mechanism of action.** Our platform technology is based on a widely accepted mechanism of action and is designed to address the imbalance of the ANS, which causes HFrEF and other cardiovascular diseases.

- **Strong global clinical evidence.** The benefits of treatment with Barostim were shown to be similarly robust and reproducible across all three of our HF clinical studies, including BAT-in-HF (Phase I), HOPE4HF (Phase II) and BeAT-HF (Phase III pivotal trial), evaluating 624 patients in aggregate across the U.S., Germany, Italy, France, Canada and the United Kingdom. Barostim Therapy's trial results have been published in more than 60 peer-reviewed publications, approximately 20 of which relate to the treatment of HF, including, among others, the Journal of the American College of Cardiology.

- **Minimally invasive implant procedure.** Barostim's implantable pulse generator ("IPG") and stimulation lead are implanted during a minimally invasive procedure typically performed in an outpatient setting that lasts approximately one hour and involves two small skin incisions. Our device does not require hardware to be implanted in the heart or vasculature, which is the case with most other device-based treatments indicated for different HFrEF patient populations. Patients typically recover quickly and are discharged from the hospital within 24 hours of the procedure.

- **Potential reduction in total healthcare costs for HFrEF patients.** A Company-sponsored and co-authored cost-impact analysis, which was published in *BMC Cardiovascular Disorders*, a peer-reviewed manuscript, predicted that BAT plus GDMT would become the lower-cost alternative treatment within three years from implantation, as compared to GDMT alone, resulting in significant cost savings to healthcare systems.

- **Inherent patient compliance and durability.** Barostim ensures patient compliance, unlike most commercially available drug treatments, as it requires no device interaction by the patient. Our device has a battery that does not require recharging, has an average service life of five years and is replaced through a short outpatient procedure.

Barostim is a minimally invasive neuromodulation device that consists of two implantable components, an IPG and a stimulation lead and is programmed by a wireless clinician-controlled programmer that communicates with the IPG. The IPG contains the electronics and battery in a hermetic enclosure and controls and delivers the imperceptible and persistent electrical pulses to the carotid baroreceptors through the stimulation lead attached to the exterior wall of the carotid artery. These electrical pulses delivered to the baroreceptors increase signals to the brain to modulate the cardiovascular function, thereby improving symptoms of HFrEF. Our wireless

programmer allows physicians to verify and customize the therapy to the patient's needs by adjusting the intensity and frequency of the electrical pulses.

We have developed a significant clinical data set that demonstrates the safety, effectiveness, patient adherence and durable benefits of Barostim Therapy. Our BeAT-HF pivotal trial, which was a multi-center, prospective, randomized, controlled trial, met the primary safety and effectiveness endpoints and

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demonstrated meaningful improvement in the quality of life, both physically and emotionally, for patients suffering from HFrEF. These results led to FDA Premarket Approval ("PMA") approval of Barostim in August 2019 on an accelerated basis of only four months from the submission of the clinical trial report. We continue to develop and expand upon our significant body of published clinical evidence that supports the meaningful benefits of Barostim Therapy. We have also established a U.S. patient registry to evaluate and assess real world outcomes from HFrEF patients who have been implanted with Barostim.

We primarily sell Barostim to hospitals through a direct sales organization in the U.S. and Germany and through distributors in Austria, Spain, Italy, the Nordic region and other European countries. Our global sales and marketing team engages in sales efforts and promotional activities focused on electrophysiologists ("EPs"), HF specialists, general cardiologists and vascular surgeons. We are prioritizing our sales and marketing efforts on high volume EP centers that are strategically located and on building long-standing relationships with key physicians. We support these physicians through all aspects of the patient journey, which includes initial diagnosis, surgical support and patient follow-up. We also highlight our compelling clinical benefits and value proposition to build awareness and adoption among physicians through targeted key opinion leader ("KOL") development, referral network education and direct-to-consumer marketing. We utilize direct communication channels to inform and educate patients about Barostim Therapy and utilize a qualification process to aid in the identification of the appropriate patients for our therapy. In the U.S., Barostim is fully reimbursed by the Centers for Medicare and Medicaid Services ("CMS") across all regions. We offer assistance to patients and providers with reimbursement approvals, if required. We plan to continue actively expanding our direct sales force and commercial organization in the U.S., which is where we expect to focus most of our sales and marketing efforts in the near-term.

The primary focus of our research and development efforts in the near-term will be the continued technological advancement of Barostim, including tools to simplify the implant procedure for physicians. In 2022, we expect to launch an enhanced IPG that will be approximately 10% smaller in size and improve the battery life by approximately 20% to an average of six years. We are also developing a new implant toolkit called BATwire, which enables an ultrasound-guided implant procedure to implant Barostim and the use of local anesthetics, potentially expanding our annual market opportunity in the U.S. In the future, we plan to explore Barostim's potential to expand its indications for use to other cardiovascular diseases, including different forms of HF, hypertension and arrhythmias. Expansions into these or other new indications would require additional FDA approvals and may involve additional clinical trials or modifications to Barostim to treat such indications. If clinical studies for future indications do not produce results necessary to support regulatory clearance or approval in the U.S. or elsewhere, we will be unable to commercialize our products for these indications.

We generated revenue of $13.0 million, a gross margin of 72% and a net loss of $43.1 million for the year ended December 31, 2021, compared to revenue of $6.1 million, a gross margin of 76% and a net loss of $14.1 million for the year ended December 31, 2020. Revenue for 2020 and 2021 was negatively impacted due to the global pandemic associated with COVID-19. Specifically, in March 2020, healthcare facilities and clinics began restricting in-person access to their clinicians, reducing patient consultations and treatments or temporarily closing their facilities. As a result, beginning in the second week of March 2020, substantially all of our then-scheduled procedures were postponed, and numerous other cases could not be scheduled. During May 2020, the widespread shutdown resulted in key physician-society conferences being moved to a virtual setting, which directly impacted the commercial launch in the U.S. By the beginning of the fourth quarter of 2020, implant centers had resumed procedures in the U.S. and Europe. Procedure volumes were negatively impacted by the Delta and Omicron variants of COVID-19 in the third and fourth quarters of 2021. Our accumulated deficit as of December 31, 2021 and 2020 was $394.8 million and $351.7 million, respectively.

Our success factors

We are focused on transforming the lives of patients suffering from cardiovascular diseases by developing, manufacturing, and commercializing innovative and minimally invasive neuromodulation solutions, which we believe offer a compelling value proposition for large and significantly underpenetrated markets. We believe the continued growth of our company will be driven by the following success factors:

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- ***Novel solution offering meaningful clinical benefits to an underserved patient population suffering from HFrEF.*** Barostim is the first and only commercially available neuromodulation device indicated to improve symptoms for HFrEF patients who currently have no viable device-based treatment alternatives. Barostim has demonstrated clinically meaningful symptomatic improvement across industry-standard HF patient-centered outcomes. Our therapy works by sending persistent and imperceptible electrical pulses to baroreceptors located in the wall of the carotid artery, which increases signals to the brain to modulate the cardiovascular function, thereby improving symptoms of HFrEF. Barostim's IPG and stimulation lead are implanted and sutured subcutaneously during a one-hour, minimally invasive procedure with no hardware implanted in the heart or vasculature. Additionally, once implanted, Barostim has an average service life of five years and an implantable battery that does not require recharging. Barostim ensures patient compliance, unlike most commercially available drug treatments, as it requires no device interaction by the patient. With these features, we believe the revolutionary Barostim has the potential to transform the treatment paradigm and become the standard of care for many of the 26 million people worldwide with HFrEF, representing an initial annual market opportunity of $2.9 billion.

- ***Significant body of clinical evidence targeting a widely accepted mechanism of action.*** The benefits of treatment with Barostim were similarly robust and reproducible across our three HFrEF clinical studies, including BAT-in-HF (Phase I), HOPE4HF (Phase II) and BeAT-HF (Phase III pivotal trial), evaluating 624 patients in aggregate across the U.S., Germany, Italy, France, Canada and the United Kingdom. Our HOPE4HF clinical trial results led to CE Mark approval and FDA Breakthrough Device designation for HFrEF, and our BeAT-HF pivotal trial results led to FDA approval on an accelerated basis of only four months from the submission of the clinical trial report. Our trial results have been published in more than 60 peer-reviewed publications, approximately 20 of which relate to the treatment of HF, including, among others, the Journal of the American College of Cardiology. The BeAT-HF pivotal trial, which was a multi-center, prospective, randomized, controlled trial, met its primary endpoints and the positive safety and effectiveness data exceeded the pre-specified performance criteria across multiple dimensions, which measure the improvement in the quality of the patients' daily lives. Importantly, the significant benefits of our therapy were observed despite a four-fold uptake of ARNI in the control arm, as compared to the device arm.

- ***Favorable reimbursement paradigm for both outpatient and inpatient settings.*** Barostim is currently indicated for HFrEF patients, 67% of whom are above the age of 65, and therefore are eligible for Medicare or Medicare Advantage. In the U.S., Barostim is reimbursed for outpatient and inpatient procedures by the CMS, with established coverage policies and Current Procedural Terminology ("CPT") payment codes. Barostim Therapy is eligible for payment across all seven local Medicare administrative contractor ("MAC") regions, representing 38 million covered lives as of July 2020. Of note, CMS awarded Barostim Transitional Pass-Through ("TPT") payment for outpatient procedures that adds the device cost as a pass-through to the calculated procedure cost in the payment code, which took effect in January 2021. In addition, CMS awarded Barostim a New Technology Add-on Payment ("NTAP") for inpatient procedures in the amount of 65% of the device cost that is incremental to reimbursement provided for the implant procedure, which took effect in October 2020. As part of our ongoing reimbursement strategy to broaden payor coverage, we are currently building a dedicated market access team to help patients and providers work with private payors to secure the appropriate prior authorization approvals in advance of initial treatment, which we believe will drive additional positive coverage outcomes for up to approximately 20% of our target-indicated patient population.

- ***Targeted and methodical approach to market development in the U.S.*** We have established a systematic approach to market development that centers on active engagement with physicians and patients. Our direct sales organization is focused on prioritizing high volume EP centers that are strategically located and on building long-standing relationships

with key physicians. We support these physicians through all aspects of the patient journey, which includes initial patient diagnosis, surgical support and patient follow-up. Due to the lack of commercially available device-based treatments for our target-indicated patient population, our sales force is keenly focused on increasing awareness by educating referral physicians on the compelling clinical results and strong value proposition of Barostim Therapy. We

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build upon this multi-pronged approach with direct-to-consumer marketing initiatives which help to educate patients and frequently results in patient leads. We believe that our approach to engagement across multiple stakeholders will continue to drive increased awareness of, and demand for, our therapy.

- ***Platform technology protected by a comprehensive and broad IP portfolio.*** We developed an integrated platform technology, Barostim, which is designed to leverage the power of the brain and nervous system to address the primary cause of HF and other cardiovascular diseases. Barostim is our second-generation HFrEF product, which is FDA approved and CE Marked, providing access to an initial estimated annual market opportunity of $2.9 billion in the U.S. and EU5. While we are currently focused on the treatment of HFrEF patients with limited viable device-based treatment alternatives, we believe our platform technology has the potential to provide benefits to a broader set of patients suffering from cardiovascular diseases. Our platform technology is supported by our comprehensive portfolio of wholly owned intellectual property, which includes patents, know-how and trade secrets, including therapy regimens, IPGs, leads and electrodes, delivery tools and implant methods. As of December 31, 2021, we owned 54 issued U.S. patents and had three pending U.S. patent applications. Outside of the U.S., we owned seven patents in multiple countries and had one pending application. Our trademark portfolio contains nine trademarks in the U.S. and multiple other countries.

- ***Experienced management team with deep expertise in the HF market and supported by key investors.*** Our senior management team has over 180 years of combined experience in the medical technology industry. Specifically, our team has extensive operating experience in product development, regulatory approval and commercialization activities as well as established relationships with industry specialists in the academic, clinical and commercial HF markets. Members of our management team have served in leadership positions with well-regarded medical technology companies such as Medtronic, Boston Scientific/Guidant, Abbott/St. Jude and General Electric, as well as flag-ship industry societies, including AdvaMed. Since our founding, we have been supported by leading medical technology investors including Johnson & Johnson Development Corp., New Enterprise Associates, Gilde Healthcare Partners, Vensana Capital, Treo Ventures and Action Potential Venture Capital, among others.

Our growth drivers

Our mission is to capitalize upon our first mover advantage to become the global leader in providing clinically proven, innovative and minimally invasive neuromodulation solutions that improve the health of patients with HFrEF and other cardiovascular diseases. Our strategic levers to drive continued growth are as follows:

- ***Continue to build a commercialization infrastructure with a specialized direct sales and marketing team in the U.S.*** We have grown our commercial team in the U.S. to include a direct sales force with substantial applicable medical device sales and clinical experience. Similarly, our marketing team has a significant amount of domain expertise and a strong track record of success. Our Account Managers, along with the support from our Clinical Field Specialists, are responsible for establishing, growing and supporting implant centers and referral physicians. We plan to expand our commercial organization in the U.S. by adding a strategic mix of highly qualified Account Managers and Clinical Field Specialists. Our direct sales force will leverage our existing network of EPs to maximize early commercial traction.

- ***Promote awareness among payors, physicians and patients to accelerate adoption of Barostim.*** We believe Barostim has the potential to become the standard of care for our target-indicated patient population, which currently lacks commercially available device-based treatment options. The vast majority of our indicated patients are well-defined under the purview of an EP and may have already been pre-indicated for an implantable cardiac

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located?	☐ Nevada ■ Out-of-State
Is your facility a reverse distributor?	☐ Yes ■ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler	* If making a change, provide current license number:	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Dentsply Sirona Orthodontics Inc.

Physical Address: 7290 26th Court East,

City: Sarasota State: FL Zip: 34243

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 800-883-8733x55463 Website: www.dentsplysirona.com

Name of Designated Representative (DR): Gretchen Heasley

Licensing Company Email: _____ DR Email: dsstatelic@dentsplysirona.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☐ Pharmacies	■ Legend Pharmaceuticals, Supplies or Devices
■ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
■ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others: Devices

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Dentsply Sirona Inc.

Corporation Name: Dentsply Sirona Inc.

Mailing Address: 13320-B Ballantyne Corporate Place

City: Charlotte State: NC Zip: 28277

Telephone: _____ Email: Dsstatelic@dentsplysirona.com

Contact Person Name: Chidam Chidambaram

Date of SEC Registration: 02/29/2016 | SEC Registration Number: CLK00008182479 | Stock Exchange Symbol: X-Ray

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gretchen Heasley
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/6/2022
Date

Board Use Only	Date Received: _____	Amount: 500 cc 6/1/22

From: Yates, Raina
To: Duquette, Laura
Subject: FW: Permit
Date: Monday, March 14, 2022 9:03:29 AM

From: Burnett, Rebecca <Rebecca.Burnett@myfloridalicense.com>
Sent: Thursday, December 2, 2021 4:42 PM
To: Yates, Raina <Raina.Yates@dentsplysirona.com>
Cc: Dave, Khyati <Khyati.Dave@dentsplysirona.com>; Shugars, Jennifer <Jennifer.Shugars@dentsplysirona.com>; Heasley, Gretchen <Gretchen.Heasley@dentsplysirona.com>
Subject: RE: Permit

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good Afternoon Ms. Yates,

A permit is not required from our office to distribute a device that does not contain prescription drugs. Also if the device is manufactured in Florida and FDA registered and approved, a permit is not required from our office.

499.015(8) and (9), Florida Statutes
(8) Notwithstanding any requirements set forth in this part, a manufacturer of medical devices that is registered with the federal Food and Drug Administration is exempt from this section and s. 499.041(6) if:
(a) The manufacturer's medical devices are approved for marketing by, or listed with the federal Food and Drug Administration in accordance with federal law for commercial distribution; or
(b) The manufacturer subcontracts with a manufacturer of medical devices to manufacture components of such devices.
(9) However, the manufacturer must submit evidence of such registration, listing, or approval with its initial application for a permit to do business in this state, as required in s. 499.01, and any changes to such information previously submitted at the time of renewal of the permit. Evidence of approval, listing, and registration by the federal Food and Drug Administration must include:
(a) For Class II devices, a copy of the premarket notification letter (510K);
(b) For Class III devices, a federal Food and Drug Administration premarket approval number;
(c) For a manufacturer who subcontracts with a manufacturer of medical devices to manufacture components of such devices, a federal Food and Drug Administration registration number; or
(d) For a manufacturer of medical devices whose devices are exempt from premarket approval by the federal Food and Drug Administration, a federal Food and Drug Administration registration number.

499.041, Florida Statutes relates to payment of fees.

499.01(2)(o), Florida Statues
(o) Device manufacturer permit.—
1. A device manufacturer permit is required for any person that engages in the manufacture, repackaging, or assembly of medical devices for human use in this state, except that a permit is not required if:
a. The person is engaged only in manufacturing, repackaging, or assembling a medical device pursuant to a practitioner's order for a specific patient; or
b. The person does not manufacture, repackage, or assemble any medical devices or components for such devices, except those devices or components which are exempt from registration pursuant to s. 499.015(8).
2. A manufacturer or repackager of medical devices in this state must comply with all appropriate state and federal good manufacturing practices and quality system rules.
3. The department shall adopt rules related to storage, handling, and recordkeeping requirements for manufacturers of medical devices for human use.

From: Yates, Raina [mailto:Raina.Yates@dentsplysirona.com]
Sent: Monday, November 22, 2021 8:59 AM
To: Burnett, Rebecca
Cc: Dave, Khyati; Shugars, Jennifer; Heasley, Gretchen
Subject: FW: Permit

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Good morning!

Just following up to see if you could provide us with this information.

Thank you!
Raina Yates

From: Yates, Raina
Sent: Wednesday, November 17, 2021 9:03 AM
To: Rebecca.Burnett@MyFloridaLicense.com
Cc: Dave, Khyati <Khyati.Dave@dentsplysirona.com>; Heasley, Gretchen <Gretchen.Heasley@dentsplysirona.com>; Shugars, Jennifer <Jennifer.Shugars@dentsplysirona.com>
Subject: Permit

Good morning!

We spoke briefly this morning about requesting documentation to provide to other states that we do not need a permit to distribute/manufacture in Florida. Dentsply Sirona Orthodontics Inc. is in Sarasota, FL we are a manufacturer and distributor of medical devices.

Thank you for your help,
Raina Yates
(717) [redacted]

This message contains confidential information intended only for the use of the addressee(s) named above and may contain information that is legally privileged. If you are not the addressee, or the person responsible for delivering it to the addressee, you are hereby notified that reading, disseminating, distributing or copying this message is strictly prohibited. If you have received this message by mistake, please immediately notify us by replying to the message and delete the original message immediately thereafter. Any views expressed in this message are those of the individual sender, except where the sender specifies and with authority, states them to be the views of DENTSPLY SIRONA.

For information on how we process or monitor your personal data, please see our Privacy Policy.

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
Dentsply Sirona Orthodontics Inc.
Business Trade Names:
(1) DENTSPLY International Raintree Essix (2) DENTSPLY International Raintree Essix Glenroe

7290 26th Court East
Sarasota, FL 34243
Registration Number: 1036212
FEI Number*: 1036212
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2022

Verified 6/13/22 MS

Owner/Operator:
DENTSPLY SIRONA INC[6]
221 WEST PHILADELPHIA ST.
SUITE 60W
York, PA US 17401
Owner/Operator Number: 2511302[7]

Official Correspondent:
Courtney Clark
221 WEST PHILADELPHIA ST.
SUITE 60W
York, PA 17401
Phone: 248-8954379

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2511302&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=

Page Last Updated: 06/13/2022

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
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StateName=&CountryName=&RegistrationNumber=&
OwnerOperatorNumber=2511302&OwnerOperatorName=&ProductCode=&
DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=

Help (./help/index.html)

DRLM Home (mainMenu.htm)

✔ Facility

✔ Products Listing

Annual Registration Successful

Facility: Dentsply Sirona Orthodontics Inc., Sarasota, Florida, UNITED STATES

You have successfully updated your registration and listing information for 2022.

Your registration will be valid through Dec 31, 2022.

Be sure to print this page for your records.

The next registration renewal period is October 1 - December 31, 2022.

Registering your facility and listing devices does not, in any way, constitute FDA approval of your facility or devices.

You may contact the FDA with any questions at reglist@cdrh.fda.gov.

The Owner/Operator Number for this Registration is: 2511302.

Facility Information

Registration Number:
1036212

Initial Importer:
Y

Facility Name:
Dentsply Sirona Orthodontics Inc.

Legal Name:

Address:
7290 26th Court East,
Sarasota, Florida, 34243, UNITED STATES

DUNS Number:

Foreign Trade Zone:
N

Facility URL:

Other Business Trade Name(s):
1. DENTSPLY International OrthoLab
2. DENTSPLY International Raintree Essix
3. DENTSPLY International Raintree Essix Glenroe

Establishment located on a campus:

Owner/Operator Information

Owner/Operator Number:
2511302

Contact Name:
Courtney Clark

Company:
DENTSPLY SIRONA INC

Address: **221 WEST PHILADELPHIA ST. , SUITE 60W**
York, PENNSYLVANIA, 17401, UNITED STATES

Telephone:
248 - 8954379

Fax:
717 - 8494343

E-mail: **courtney.clark@dentsplysirona.com**

DUNS Number:

Official Correspondent Information

Contact Name:
Courtney Clark

Company:
DENTSPLY SIRONA INC

Address: **221 WEST PHILADELPHIA ST. , SUITE 60W**
York, PENNSYLVANIA, 17401, UNITED STATES

Telephone:
248 - 8954379

Fax:
717 - 8494343

E-mail: **courtney.clark@dentsplysirona.com**

DUNS Number:

Device Listings

Listing Number	Premarket Submission Number/Type	Product Code(s)	Device Name(s)	Activities
A873085	510(k) exempt	EJL	BUR , DENTAL	Manufacturer Repackager/Relabeler
A873084	510(k) exempt	EJB	HANDLE, INSTRUMENT, DENTAL	Manufacturer
D120252	510(k) exempt	ECR	SETTER, BAND, ORTHODONTIC	Manufacturer

D321889	Enforcement Discretion	NYC	Dental Prophylaxis Kit	Manufacturer
D041297	510(k) exempt	ELM	Denture, plastic, teeth	Repackager/Relabeler
D305677	510(k) exempt	EAT	Tester, pulp	Specification Developer
B026661	510(k) exempt	ECS	PUSHER, BAND, ORTHODONTIC	Manufacturer
E639447	510(k) exempt	DZN	INSTRUMENTS, DENTAL HAND	Contract Manufacturer
E153480	510(k) exempt	JER	CLEANER, DENTURE, MECHANICAL	Repackager/Relabeler
E425052	510(k) exempt	EHM	STRIP , POLISHING AGENT	Repackager/Relabeler
D044828	K053368	EFB	Handpiece , air-powered, dental	Specification Developer
		EGS	Handpiece , contra- and right-angle attachment, dental	
Q025111	510(k) exempt	EIY	INSTRUMENT, FILLING, PLASTIC, DENTAL	Manufacturer
E555538	K062828	KMY	POSITIONER, TOOTH, PREFORMED	Manufacturer
		NXC	Aligner, sequential	Specification Developer
		EBG	CROWN AND BRIDGE, TEMPORARY, RESIN	
		MQC	Mouthguard, prescription	
E375355	510(k) exempt	ECB	UNIT, SYRINGE, AIR AND/OR WATER	Contract Manufacturer
E334892	510(k) exempt	EFT	CLEANSER, DENTURE, OVER THE COUNTER	Repackager/Relabeler
E363057	510(k) exempt	NOF	System, optical impression , computer assisted design and manufacturing (cad/cam) of dental restorations	Contract Manufacturer

Imported Products and Manufacturers

Manufacturer(s) Name	Address	Product Code	Device Name	Premarket Submission Number
ORTHODONTIC MANUFACTURER SIA SRL	ZONA INDUSTRIALE, VIA VANDRA, ROCCA D EVANDRO, Caserta, 81040, ITALY	EIL	GAUGE, DEPTH, INSTRUMENT, DENTAL	

Date of Initial Registration: 2012-05-07 08:55:38.0

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DENTSPLY SIRONA ORTHODONTICS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DENTSPLY SIRONA ORTHODONTICS INC." WAS INCORPORATED ON THE THIRD DAY OF MAY, A.D. 2005.

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

Jeffrey W. Bullock, Secretary of State

3964311 8300

SR# 20220933871

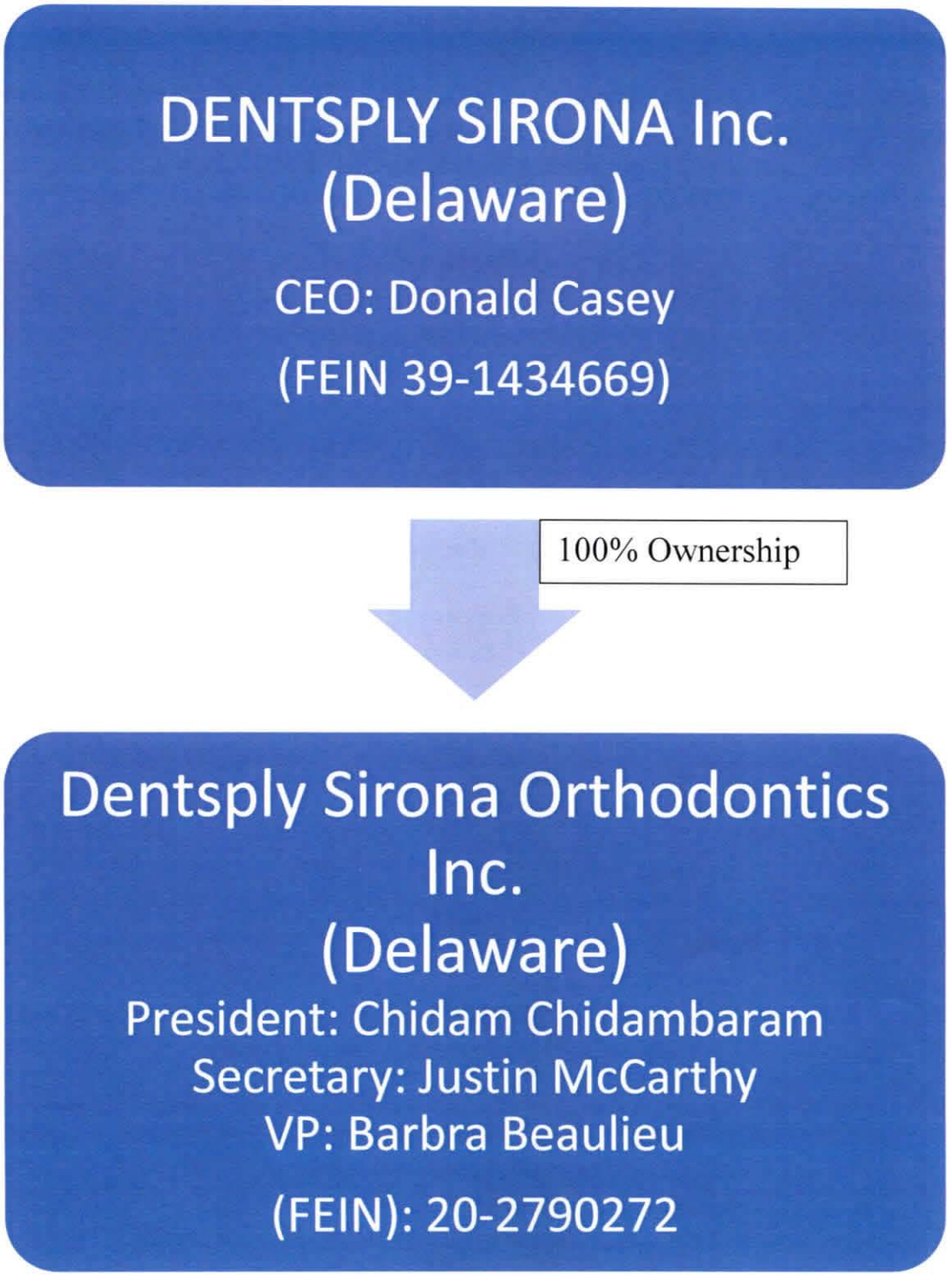
Authentication: 202866640

Date: 03-09-22

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

Beneficial Ownership of Dentsply Sirona Orthodontics Inc. Chart

Dentsply Sirona Orthodontics Inc. is a wholly owned subsidiary of DENTSPLY SIRONA Inc.:



ALL OWNERSHIP PERCENTAGES 100%
CONFIDENTIAL AND PROPRIETARY

List of Officers and Directors of Dentsply Sirona Orthodontics Inc. (NOT OWNERS):

Chidam Chidambaram, President

- Business address: 13320-B Ballantyne Corporate Place, Charlotte, NC 28277
- Personal address: [redacted] Tamarack Circle, Minnetonka, MN 55345
- DOB: [redacted]
- Phone: [redacted]
- Chidam.Chidambaram@dentsplysirona.com

Justin Huntly McCarthy II, Secretary

- Business address: 13320-B Ballantyne Corporate Place, Charlotte, NC 28277
- Personal address: [redacted] Lindsey Drive, Plano, TX 75093
- DOB: [redacted]
- Phone: [redacted]
- Justin.Mccarthy@dentsplysirona.com

Barbra Beaulieu, Vice President

- Business address: 13320-B Ballantyne Corporate Place, Charlotte, NC 28277
- Personal address: [redacted] Old Course Drive, Charlotte, NC 28277
- DOB: [redacted]
- Phone: [redacted]
- Barbra.Beaulieu@dentsplysirona.com

List of DENTSPLY SIRONA Inc. Section 16 Officers (NOT OWNERS)

Business address for Corporation and Section 16 Officers:

DENTSPLY SIRONA Inc.
13320-B Ballantyne Corporate Place
Charlotte, NC 28277
Phone: 704-587-0453

Senior Vice President	Cherée Johnson
General Counsel	Cherée Johnson
Secretary	Cherée Johnson
Chief Human Resources Officer	Yankie, Lisa
Senior Vice President	Yankie, Lisa
Chief Financial Officer	Gomez, Jorge
Executive Vice President	Gomez, Jorge
Chief Executive Officer	Casey Jr., Donald M.
Chief Accounting Officer	Chadha, Ranjit S.
Senior Vice President	Petersohn, Walter
Chief Commercial Officer	Petersohn, Walter
Senior Vice President	Staehler, Cord
Chief Technology Officer	Staehler, Cord
Senior Vice President	Chidambaram, Chidam
Chief Digital Officer	Chidambaram, Chidam
Senior Vice President, Business Development & Strategy	Coggin, Matthew

List of Employees

Acevedo, Crisleyra
Acosta, Maria G
Acosta, Victor Julio
Agar, Nicholas
Alabre, Marie
Alexandre, Blondel
Alvarez, Magdelena
Anderson, Mike
Antunez, Fidelia
Aristizabal, James
Armstrong, Mark
Artman, Kathy DeAnn
Avila, Jose Rolando
Ayubi, Amed J
Bacon, Willie
Baisch, Charles R
Baker, Marcy
Barney, Kevin James
Beltran, Alma Rosa
Betancourt, Migdalia
Bird, Yolanda
Blanco, Aleida Almara
Burcroff, Roland E
Camel, Michelle Redden
Cannon, Aaron Johnny Joseph
Cardona, Kevin
Carpenter, Karen Patricia
Cerrito, Hayme
Certain, Lewis Clayton
Chevalier, Jennifer Suzanne
Cisneros-Martinez, Maria E
Clark, Jeffrey David
Colon-Martinez, Marilyn
Cook, Stephen Anthony
Coverdale, Kevin
Cruz, Aceneth
Cruz, Xiomara
Curran, Richard J
Daniel, Jeremy Charles
DeSantis, James
Diaz, Rita
Dunbar, Daniel
Edwards, Bonny Elisa
Essex, Stephen J
Estrada, Richard
Etienne, Maxo

Evans, Jennifer Joan
Evans, Sarah
Figenbaum, George Mark
Figueroa, Jose A
Flanagan, Darren R
Flores, Santa Linda
Fratoni, Mark
Freeman, Brian
Gabrielson, Carly
Gamero, Adriana
Garcia, Rosario
Gerbi, Julio Alberto
Goliat, Nora Cabral
Gomez, Jose Salvador
Gomez, Maria Paz
Gonzalez, Edwin J
Goodman, Quitman Allen
Gordon, Nancy Renee
Graham, Matthew Charles
Grand Pierre, Fedler
Habrat, Anna Helena
Hall, Sandra
Hartzell, Ashley
Heasley, Gretchen A
Hernandez mora, Sandra L
Hernandez, Adriana
Hernandez, Alondra
Hernandez, Cynthia Ann
Herrera, Reina
Herrera-Garza, Adriana
Hobren, Jonathan Matthew
Holmes, Charles Edward
Hong, Binh Tong
Hoover, Noel S
Horn, Cameron C
Horvath, William
Jeanvilma, Carline
Lagoa, Eric
Lai, Hien Q
Lee, Angel N
Lee, Tessa J
Lewis, Saige
Lindo, George Ruben
Lopez, Gumercindo Busuego
Lopez, Perla Yadira
Lucas, Michael James
Lugo, Ivelisse

Lurgio, Scott Joseph
Madrid, Irma L
Manko, Amy
Marcos, Maria Santos
Martinez, Wendalyz
Mayer, Rony
McAlister, Charles
Mccarthy, Patrick Ryan
Mejia, Rosalinda A
Mendez Bonilla, Carlos Jose
Meyer-Dunford, Andrea Eliza
Meza, Lynnette
Millan, Fransheska
Miner, Aron Sterling
Miras, Lambros
Mishra, Kushagra
Mitchell, Ronald Gregory Nev
Morales, Carlos
Moreno Reus, Yolayda
Mullennax, Craig Dean
Murnane, John Gary
Nading, Keith A
Naley, Carol Luisa
Neuzil, Steven J
New, Roger
Niyork, Harold Joseph
Nolan, Brian V
Nunes, Alba Stefanhia
Nunez, Edith
Oakley, Rebecca
Oliver, Samantha B
Olvera, Rosa Maria
Oviedo, Dilcia Mariana
Paredes Lopez, Elvis
Parks, Randy
Perez, Jackeline
Phillips, Fred Columbus
Pich, Emily
Pirvu, Daniel Ion
Polanco, Eduardo David
Popadic, Gary Christopher
Prieto, Nubia
Pro, Charles John
Quinn-Carroll, Ericka Ann
Ramirez, Jorge
Ramos, Jorge Armando
Ray, Janet Arlene

Retana, Juana Maria
Rincon, Manuela
Rivera Feliciano, Sheila Marie
Rodriguez, Juana
Rodriguez, Yamile
Rowley, Kathryn Ann
Rubadou, Elsa
Sanchez, Angela
Shannon, Diane A
Share, Jason Lee
Shin, Kyuhun
Shumaker, Phillip Scott
Sierra, Floribel
Silva, Cruz Zoila
Sinlapakone, Tammy Lynn
Sloan, Donna S
Smith, Allen Daryle
Smith, Matthew Adam
Smith, Tammy Lee
Spencer, Joyce Ann
St Preux, Jonathan
Taylor, Joel
Tetlow, Michael D
Thomas, Adreieane Nicole
Tibbitts, Timothy M
Toribio, Imelda
Toro, Elba I
Torres, Melissa
Toussaint, Petinaud Pete
Urbina, Eva M
Villa, Gwenn Elizabeth
Villegas, Johana
Virgilio, Nicola William
Wagner, Tammy
Warnakulasuriya, Priyanthi Cl
Wesley, Lachelle M
Woods, Paula Goldwire
Workman, Kimberly Ann
Wynn, Jamaal D
Zhang, Jeffrey

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended **December 31, 2021**
Commission File Number **0-16211**

DENTSPLY SIRONA Inc.

(Exact name of registrant as specified in its charter)

Delaware	**39-1434669**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
13320 Ballantyne Corporate Place, Charlotte, North Carolina	**28277-3607**
(Address of principal executive offices)	(Zip Code)

Registrant's telephone number, including area code: **(844) 848-0137**

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol	Name of each exchange on which registered
Common Stock, par value $.01 per share	**XRAY**	**The Nasdaq Stock Market LLC**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.
Yes x No o

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.
Yes o No x

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.
Yes x No o

Indicate by check mark whether the Registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).
Yes x No o

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large Accelerated Filer x Accelerated Filer o Non-Accelerated Filer o Smaller Reporting Company ☐
Emerging Growth Company ☐ If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. o

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C.7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act) Yes ☐ No x

The aggregate market value of the voting common stock held by non-affiliates of the registrant computed by reference to the closing price as of the last business day of the registrant's most recently completed second quarter ended June 30, 2021, was $13,791,201,522. Based on the closing price on June 30, 2021. For purpose of this calculation only, without determining whether the following are affiliates of the registrant, the registrant has assumed that (i) its directors and executive officers are affiliates, and (ii) no party who has filed a Schedule 13D or 13G is an affiliate.

The number of shares of the registrant's common stock outstanding as of the close of business on February 21, 2022 was 217,554,303.

DOCUMENTS INCORPORATED BY REFERENCE

Certain portions of the definitive Proxy Statement of DENTSPLY SIRONA Inc. (the "Proxy Statement") to be used in connection with the 2022 Annual Meeting of Stockholders are incorporated by reference into Part III of this Form 10-K to the extent provided herein. Except as specifically incorporated by reference herein the Proxy Statement is not deemed to be filed as part of this Form 10-K.

INDEMNIFICATION AGREEMENT

This Indemnification Agreement, dated as of _____ __, 20__, is made by and between DENTSPLY SIRONA INC., a Delaware corporation (the "Corporation") and _____ (the "Indemnitee").

RECITALS

A. The Corporation recognizes that competent and experienced persons are increasingly reluctant to serve or to continue to serve as directors or officers of corporations unless they are protected by comprehensive liability insurance or indemnification, or both, due to increased exposure to litigation costs and risks resulting from their service to such corporations, and due to the fact that the exposure frequently bears no reasonable relationship to the compensation of such directors and officers;

B. The statutes and judicial decisions regarding the duties of directors and officers are often difficult to apply, ambiguous, or conflicting, and therefore fail to provide such directors and officers with adequate, reliable knowledge of legal risks to which they are exposed or information regarding the proper course of action to take;

C. The Corporation and Indemnitee recognize that plaintiffs often seek damages in such large amounts and the costs of litigation may be so enormous (whether or not the case is meritorious), that the defense and/or settlement of such litigation is often beyond the personal resources of directors and officers;

D. The Corporation believes that it is unfair for its directors and officers to assume the risk of judgments and other expenses which may occur in cases in which the director or officer received no personal profit and in cases where the director or officer was not culpable;

E. The Corporation, after reasonable investigation, has determined that the liability insurance coverage presently available to the Corporation may be inadequate in certain circumstances to cover all possible exposure for which Indemnitee should be protected. The Corporation believes that the interests of the Corporation and its stockholders would best be served by a combination of such insurance and the indemnification by the Corporation of the directors and officers of the Corporation;

F. The Corporation's By-laws require the Corporation to indemnify its directors and officers under certain circumstances and expressly provide that the indemnification provisions set forth therein are not exclusive, and contemplate that contracts may be entered into between the Corporation and its directors and officers with respect to indemnification;

G. Section 145 of the Delaware General Corporation Law ("Section 145"), under which the Corporation is organized, empowers the Corporation to indemnify its officers, directors, employees and agents by agreement and to indemnify persons who serve, at the request of the Corporation, as the directors, officers, employees or agents of other corporations or enterprises, and expressly provides that the indemnification provided by Section 145 is not exclusive;

H. The Board of Directors has determined that contractual indemnification as set forth herein is not only reasonable and prudent but also promotes the best interests of the Corporation and its stockholders;

I. The Corporation desires and has requested Indemnitee to serve or continue to serve as a director or officer of the Corporation and/or one or more subsidiaries or affiliates of the Corporation free from undue concern for unwarranted claims for damages arising out of or

related to such services to the Corporation and/or one or more subsidiaries or affiliates of the Corporation; and

J. Indemnitee is willing to serve, continue to serve or to provide additional service for or on behalf of the Corporation on the condition that he is furnished the indemnity and other rights provided for herein, in addition to the protections afforded by the Corporation's Certificate of Incorporation and By-laws, and the applicable policies of insurance maintained by the Corporation.

AGREEMENT

NOW, THEREFORE, in consideration of the mutual covenants and agreements set forth below, and other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, the parties hereto, intending to be legally bound, hereby agree as follows:

Section 1. Indemnification Generally.

In accordance with and subject to the terms and conditions of this Agreement, to the fullest extent permitted by the laws of the State of Delaware:

(a) *Proceedings Other Than Proceedings by or in the Right of the Corporation.* The Corporation shall indemnify and hold harmless Indemnitee from any and all Expenses and Liabilities incurred by Indemnitee by reason of a Proceeding (other than a Proceeding by or in the right of the Corporation, which shall be addressed by Subsection 1(b) of this Agreement) to which Indemnitee was or is a party or is threatened to be made a party by reason of the fact of Indemnitee's Corporate Status if Indemnitee acted in good faith and in a manner Indemnitee reasonably believed to be in or not opposed to the best interests of the Corporation, and, with respect to any criminal action, suit or proceeding, if Indemnitee had no reasonable cause to believe Indemnitee's conduct was unlawful.

(b) *Proceedings by or in the Right of the Corporation.* The Corporation shall indemnify and hold harmless Indemnitee from any and all Expenses and Liabilities incurred by Indemnitee by reason of a Proceeding by or in the right of the Corporation if Indemnitee acted in good faith and in a manner Indemnitee reasonably believed to be in or not opposed to the best interests of the Corporation, unless Indemnitee shall have been adjudged in such Proceeding to be liable to the Corporation, in which case no indemnification shall be made unless and to the extent (and only to the extent) that, the Delaware Court of Chancery or the court in which such Proceeding was brought shall determine upon application that, despite the adjudication of liability but in view of all the circumstances of the case, Indemnitee is fairly and reasonably entitled to indemnity for such expenses which the Delaware Court of Chancery or such other court shall deem proper.

Section 2. Successful Defense; Partial Indemnification.

(a) To the extent that Indemnitee has been successful on the merits or otherwise in defense of any Proceeding, Indemnitee shall be indemnified against all Expenses incurred in connection therewith.

(b) To the extent that Indemnitee is not wholly successful in the defense of a Proceeding but is successful, on the merits or otherwise, as to one or more but less than all constituent claims, charges, issues or matters in such Proceeding, the Corporation shall indemnify Indemnitee against all Expenses incurred by him or on his behalf in connection with each successfully resolved constituent claim, charge, issue or matter.

(c) For purposes of this Agreement and without limiting the foregoing, if any Proceeding (or, for purposes of Section 2(b) above, any constituent claim, charge, issue or matter with respect to such Proceeding) is disposed of in any manner (including by a dismissal without prejudice), without any of (i) the imposition of Liabilities on the Indemnitee, (ii) an adjudication that Indemnitee is liable to the Corporation, (iii) a plea of guilty or nolo contendere by Indemnitee, (iv) an adjudication that Indemnitee did not act in good faith, (v) an adjudication that Indemnitee did not act in a manner Indemnitee reasonably believed to be in or not opposed to the best interests of the Corporation, or (vi) with respect to any criminal proceeding, an adjudication that Indemnitee had reasonable cause to believe Indemnitee's conduct was unlawful, Indemnitee shall be considered for the purposes of Section 2 hereof to have been wholly successful with respect thereto, and shall be entitled to indemnification hereunder.

(d) If Indemnitee is entitled under any provision of this Agreement to indemnification by the Corporation for some or a portion of the Expenses or Liabilities incurred by Indemnitee or on Indemnitee's behalf in connection with any Proceeding but not, however, for the total amount thereof, the Corporation shall nevertheless indemnify Indemnitee for the portion of such Expenses and Liabilities to which Indemnitee is entitled.

Section 3. Determination That Indemnification Is Proper; Presumptions.

(a) Any indemnification to which Indemnitee is entitled pursuant to Sections 1(a) or 1(b) of this Agreement shall (unless otherwise ordered by a court) be made by the Corporation unless a determination is made that indemnification of Indemnitee is not proper in the circumstances because Indemnitee failed to act in good faith and in a manner Indemnitee reasonably believed to be in or not opposed to the best interests of the Corporation, or, with respect to any criminal action, suit or proceeding, Indemnitee had reasonable cause to believe Indemnitee's conduct was unlawful. Any such determination shall be made, (i) by a majority vote of the Disinterested Directors, even if less than a quorum, (ii) by a majority vote of a committee of Disinterested Directors designated by majority vote of Disinterested Directors, even if less than a quorum, (iii) by a majority vote of a quorum of the outstanding shares of stock of all classes entitled to vote on the matter, voting as a single class, which quorum shall consist of stockholders who are not at that time parties to the Proceeding in question, (iv) by Independent Legal Counsel, or (v) by a court of competent jurisdiction; provided, however, that if a Change in Control shall have occurred or indemnification is sought in connection with a Company Authorized Proceeding, an indemnification determination hereunder shall be made by Independent Legal Counsel in a written opinion to the Board of Directors, a copy of which shall be delivered to Indemnitee.

(b) In making any determination with respect to whether Indemnitee has acted in good faith and in a manner Indemnitee reasonably believed to be in or not opposed to the best interests of the Corporation, or, with respect to any criminal action, suit or proceeding, Indemnitee had no reasonable cause to believe Indemnitee's conduct was unlawful, the person, persons or entity making such determination shall, to the fullest extent not prohibited by law, presume that Indemnitee is entitled to Indemnification under this agreement unless clear and convincing evidence to the contrary is adduced.

(c) The termination of any action, suit or proceeding by judgment, order, settlement, conviction, or upon a plea of guilty, nolo contendere or its equivalent, shall not, of itself, create a presumption that Indemnitee did not act in good faith and in a manner which Indemnitee reasonably believed to be in or not opposed to the best interests of the Corporation, and, with respect to any criminal action or proceeding, had reasonable cause to believe that Indemnitee's conduct was unlawful.

(d) For purposes of any determination of good faith, Indemnitee shall be deemed to have acted in good faith if Indemnitee's action was taken in good faith reliance on the records or books of account of the Corporation, including financial statements, or on information

supplied to Indemnitee by the officers of the Corporation in the course of their duties, or on the advice of legal counsel for the Corporation or on information or records given or reports made to the Corporation by an independent certified public accountant or by an appraiser or other expert selected by the Corporation. The provisions of this Section 3(d) shall not be deemed to be exclusive or to limit in any way the other circumstances in which Indemnitee may be deemed or found to have acted in good faith for purposes of any determination under this Agreement.

(e) A person who acted in good faith and in a manner such person reasonably believed to be in the interest of the participants and beneficiaries of an employee benefit plan shall be deemed to have acted in a manner "not opposed to the best interests of the Corporation" as referred to in this Agreement.

(f) The knowledge and/or actions, or failure to act, of any other director, trustee, partner, managing member, fiduciary, officer, agent or employee of the Corporation or any other enterprise shall not be imputed to Indemnitee for purposes of any determination made under this Agreement.

Section 4. Advance Payment of Expenses; Notification and Defense of Claim; Witness Expenses.

(a) Expenses incurred by Indemnitee in defending a threatened or pending civil, criminal, administrative or investigative action, suit or proceeding, or in connection with an action by Indemnitee pursuant to Section 5(b), shall be paid by the Corporation in advance of the final disposition of such action, suit or proceeding within thirty (30) days after receipt by the Corporation of (i) a statement or statements from Indemnitee requesting such advance or advances from time to time, and (ii) an executed undertaking by or on behalf of Indemnitee to repay such amount or amounts if, and to the extent that, it shall ultimately be determined that Indemnitee is not entitled to be indemnified by the Corporation for such Expenses. Such undertaking shall be accepted without reference to the financial ability of Indemnitee to make such repayment. Advances shall be unsecured and interest-free.

(b) Promptly after receipt by Indemnitee of notice of the commencement of any Proceeding, Indemnitee shall, if a claim for indemnity or advancement of Expenses is to be made against the Corporation hereunder, notify the Corporation of the commencement thereof; provided, however, that any failure to promptly notify the Corporation of the commencement of the action, suit or proceeding, or Indemnitee's request for indemnification, will not relieve the Corporation from any liability that it may have to Indemnitee hereunder, except to the extent the Corporation is actually and materially prejudiced in its defense of such action, suit or proceeding as a result of such failure.

(c) In the event the Corporation shall be obligated pursuant to Section 4(a) to advance amounts of Expenses incurred by Indemnitee with respect to a Proceeding, and except as otherwise set forth in this Section 4(c), the Corporation shall be entitled to assume the defense of such action, suit or proceeding, with counsel reasonably acceptable to Indemnitee, upon the delivery to Indemnitee of written notice of its election to do so. After delivery of such notice, approval of such counsel by Indemnitee and the retention of such counsel by the Corporation, the Corporation will not be liable to Indemnitee under this Agreement for any fees of counsel subsequently incurred by Indemnitee with respect to the same Proceeding, provided that (1) Indemnitee shall have the right to employ Indemnitee's own counsel in such Proceeding at Indemnitee's expense and (2) if (i) the employment of separate counsel by Indemnitee has been previously authorized in writing by the Corporation, (ii) at any time during the Proceeding, counsel to the Corporation or Indemnitee shall have reasonably concluded that there may be a conflict of interest or position, or reasonably believes that a conflict is likely to arise, between the Corporation and Indemnitee with respect to any significant issue in the conduct of any such defense or (iii) the Corporation shall not, in fact, have employed counsel to assume the defense of such Proceeding, then the fees and expenses of Indemnitee's counsel shall be at the expense of

the Corporation, except as otherwise expressly provided by this Agreement. The Corporation shall not be entitled, without the consent of Indemnitee, to assume the defense of any claim (X) brought by or in the right of the Corporation, (Y) as to which counsel for the Corporation or Indemnitee shall have reasonably made the conclusion provided for in clause (ii) above or (Z) that involves criminal charges being brought solely against the Indemnitee and does not otherwise implicate the Corporation. The Corporation or the Indemnitee, as the case may be, shall not settle any Proceeding (in whole or in part) as to which it has assumed the defense pursuant to this Section 4(c) in any manner which would impose any Expense, judgment, Liability or limitation on the other party without such party's prior written consent, such consent not to be unreasonably withheld.

(d) Notwithstanding any other provision of this Agreement to the contrary, to the extent that Indemnitee is, by reason of Indemnitee's Corporate Status, made a witness in or otherwise subjected to non-party discovery or other process with respect to any action, suit, claim, counterclaim, cross claim, hearing, arbitration or other alternate dispute resolution mechanism, proceeding, or investigation (in each case, whether formal or informal, and whether civil, criminal, regulatory, administrative, arbitrative or investigatory) at a time when Indemnitee is not a party to such action, suit, claim, counterclaim, cross claim, hearing, arbitration or other alternate dispute resolution mechanism, proceeding, or investigation (in each case, whether formal or informal, and whether civil, criminal, regulatory, administrative, arbitrative or investigatory), the Corporation shall indemnify Indemnitee against all expenses (including attorneys' fees) actually and reasonably incurred by Indemnitee or on Indemnitee's behalf in connection therewith.

Section 5. Procedure for Indemnification

(a) To obtain indemnification hereunder, Indemnitee shall submit to the Corporation a written request, including therein or therewith such documentation and information as is reasonably available to Indemnitee and is reasonably necessary to determine whether and to what extent Indemnitee is entitled to indemnification. The Corporation shall, promptly upon receipt of such a request for indemnification, advise the Board of Directors in writing that Indemnitee has requested indemnification. Indemnitee shall reasonably cooperate with the person, persons or entity making such determination with respect to Indemnitee's entitlement to indemnification hereunder. Any expenses incurred by Indemnitee in so cooperating shall be borne by the Corporation (irrespective of the determination as to Indemnitee's entitlement to indemnification with respect to the underlying Proceeding for which indemnification is being sought) and the Corporation shall indemnify and hold Indemnitee harmless therefrom.

(b) The Corporation's determination whether to grant Indemnitee's indemnification request shall be made promptly, and in any event within 60 days following receipt of a request for indemnification pursuant to Section 5(a). The right to indemnification as granted by Section 1 of this Agreement shall be enforceable by Indemnitee in any court of competent jurisdiction if the Corporation denies such request, in whole or in part, or fails to respond within such 60-day period. It shall be a defense to any such action (other than an action brought to enforce a claim for the advancement of costs, charges and expenses under Section 4 hereof where the required undertaking, if any, has been received by the Corporation) that Indemnitee has failed to act in good faith and in a manner Indemnitee reasonably believed to be in or not opposed to the best interests of the Corporation, or, with respect to any criminal action, suit or proceeding, Indemnitee had reasonable cause to believe Indemnitee's conduct was unlawful, but the burden of proving such defense, by clear and convincing evidence, shall be on the Corporation. Neither (i) the failure of the Corporation (or its Board of Directors, one of its committees, its Independent Legal Counsel, or its stockholders) to have made a determination prior to the commencement of such action that indemnification of Indemnitee is proper in the circumstances because Indemnitee acted in good faith and in a manner Indemnitee reasonably believed to be in or not opposed to the best interests of the Corporation, or, with respect to any

criminal action, suit or proceeding, Indemnitee had no reasonable cause to believe Indemnitee's conduct was unlawful, nor (ii) the fact that there has been an actual determination by the Corporation (or its Board of Directors, one of its committees, its Independent Legal Counsel, or its stockholders, as applicable) that Indemnitee has not met such applicable standard of conduct, shall be a defense to the action or create a presumption that Indemnitee has or has not met the applicable standard of conduct. The Indemnitee's expenses (including attorneys' fees) incurred in connection with successfully establishing Indemnitee's right to indemnification, in whole or in part, in any such proceeding or otherwise shall also be indemnified by the Corporation.

(c) The Indemnitee shall be presumed to be entitled to indemnification under this Agreement upon submission of a request for indemnification pursuant to this Section 5, and the Corporation shall have the burden of proof in overcoming that presumption in reaching a determination contrary to that presumption. Such presumption shall be used as a basis for a determination of entitlement to indemnification unless the Corporation overcomes such presumption by clear and convincing evidence.

(d) If it is determined that Indemnitee is entitled to indemnification, payment shall be timely made after that determination.

(e) Notwithstanding anything in this Agreement to the contrary, no determination as to entitlement to indemnification under this Agreement shall be required to be made prior to the final disposition of any Proceeding.

Section 6. Insurance; Subrogation; Other Indemnitors.

(a) The Corporation hereby covenants and agrees to use commercially reasonable efforts to purchase and maintain Directors' and Officers' liability insurance ("D&O Insurance") from established and reputable carriers in reasonable amounts on behalf of Indemnitee who is or was a director or officer of the Corporation, and may purchase and maintain insurance on behalf of Indemnitee who is or was serving at the request of the Corporation as a director, officer, employee or agent of another corporation, partnership, joint venture, trust, employee benefit plan or other enterprise against any liability asserted against, and incurred by, Indemnitee or on Indemnitee's behalf in any such capacity, or arising out of Indemnitee's status as such, whether or not the Corporation would have the power to indemnify Indemnitee against such liability under the provisions of this Agreement. Indemnitee shall be covered by the Corporation's D&O Insurance in accordance with its or their terms to the maximum extent of the coverage available for any similarly-situated director or officer under such policy or policies. Upon written request by Indemnitee, the Corporation shall provide copies of all policies of D&O Insurance applicable to the Corporate Status of Indemnitee obtained and maintained in accordance with this Section 6(a).

(b) If the Corporation has such insurance in effect at the time the Corporation receives from Indemnitee any notice of the commencement of a Proceeding, the Corporation shall give prompt notice of the commencement of such Proceeding to the insurer(s) in accordance with the procedures set forth in the applicable policy or policies of insurance. The Corporation shall thereafter take all necessary or desirable action to cause such insurers to pay, on behalf of the Indemnitee, all amounts payable as a result of such Proceeding in accordance with the terms of such policy. The failure or refusal of any such insurer to pay any such amount shall not affect or impair the obligations of the Corporation under this Agreement.

(c) In the event of any payment by the Corporation under this Agreement, the Corporation shall be subrogated to the extent of such payment to all of the rights of recovery of Indemnitee with respect to any other party, including, without limitation, under any applicable policy of insurance and Indemnitee shall execute all papers required and take all action necessary to secure such rights, including execution of such documents as are necessary to enable the Corporation to bring suit to enforce such rights in accordance with the terms of such insurance

policy. The Corporation shall pay or reimburse all expenses actually and reasonably incurred by Indemnitee in connection with such subrogation.

(d) The Corporation shall not be liable under this Agreement to make any payment of amounts otherwise indemnifiable hereunder (including, but not limited to, judgments, fines, ERISA excise taxes or penalties, and amounts paid in settlement) if and to the extent of those amounts received by or on behalf of Indemnitee from any other third party, whether pursuant to any insurance policy, contract, agreement or otherwise.

Section 7. Certain Definitions. For purposes of this Agreement, the following definitions shall apply:

(a) The term "Change in Control" means a change in control of the Corporation occurring after the date hereof of a nature that would be required to be reported in response to Item 6(e) of Schedule 14A of Regulation 14A (or in response to any similar item on any similar schedule or form) promulgated under the Securities Exchange Act of 1934, as amended (the "Act"), whether or not the Corporation is then subject to such reporting requirement; provided, however, that, without limitation, such a Change in Control shall be deemed to have occurred if after the date hereof:

(i) any "person" (as such term is used in Sections 13(d) and 14(d) of the Act) is or becomes the "beneficial owner" (as defined in Rule 13d-3 under the Act), directly or indirectly, of securities of the Corporation representing 15% or more of the outstanding shares entitled to vote generally in the election of directors without the prior approval of at least two-thirds of the members of the Board of Directors in office immediately prior to the time such person becomes such a beneficial owner; or

(ii) there occurs a proxy contest, or the Corporation is a party to a merger, consolidation, sale of assets, plan of liquidation or other reorganization not approved by at least two-thirds of the members of the Board of Directors then in office, as a consequence of which members of the Board of Directors in office immediately prior to such transaction or event constitute less than a majority of the Board of Directors thereafter; or

(iii) during any period of two consecutive years, individuals who at the beginning of such period constituted the Board of Directors (together with any new directors whose election or nomination for election by the Corporation's stockholders was approved by a vote of at least two-thirds of the directors then still in office who either were directors at the beginning of such period or whose election or nomination for election was previously so approved) shall cease for any reason other than death or disability to constitute a majority of the Board of Directors then in office.

(b) The term "Corporate Status" means the status of or service by Indemnitee in the capacity of a director, officer, employee or agent of the Corporation or, at the request of the Corporation, as a director, officer, trustee, administrator, general partner, managing member, fiduciary, board of directors' committee member, employee or agent of any other corporation, limited liability company, partnership, joint venture, trust, employee benefit plan or other enterprise The term "Corporate Status" shall be broadly construed and shall include, without limitation, any actual or alleged act or omission to act in such capacity. For purposes of this Agreement, Indemnitee's service shall be deemed to be "at the request of the Corporation" if such service is (i) with respect to any subsidiary of DENTSPLY SIRONA Inc., or (ii) as a director, officer, employee or agent of the Corporation which imposes duties on, or involves services by, such director, officer, employee or agent with respect to an employee benefit plan, its participants or beneficiaries; provided, however, that this list is intended to be illustrative not exhaustive and nothing contained herein shall serve to limit the circumstances under which Indemnitee may be deemed to be serving "at the request of the Corporation" for purposes of this Agreement.

(c) The term "Corporation" shall, in addition to DENTSPLY SIRONA Inc., be defined for purposes hereunder to include, in addition to the resulting corporation, any constituent corporation (including any constituent of a constituent) absorbed in a consolidation or merger which, if its separate existence had continued, would have had power and authority to indemnify its directors, officers, and employees or agents, so that any person who is or was a director, officer, employee or agent of such constituent corporation, or is or was serving at the request of such constituent corporation as a director, officer, employee or agent of another corporation, partnership, joint venture, trust, employee benefit plan or other enterprise, shall stand in the same position under the provisions of this Agreement with respect to the resulting or surviving corporation as he or she would have with respect to such constituent corporation if its separate existence had continued.

(d) The term "Disinterested Directors" means those directors who are not and were not parties to, or threatened to be made a party to, the Proceeding that is the subject of the deliberations in question.

(e) The term "Expenses" means all direct and indirect costs (including without limitation attorneys' fees, retainers, court costs, transcripts, fees of experts, witness fees, travel expenses, duplicating costs, printing and binding costs, telephone charges, postage, delivery service fees, and all other disbursements or expenses) actually and reasonably incurred by or on behalf of Indemnitee in connection with (i) prosecuting, defending, preparing to prosecute or defend, investigating, being or preparing to be a witness in, or otherwise participating in, a Proceeding or (ii) establishing, interpreting, defending or enforcing a right to indemnification under this Agreement, the Company's By-laws, Section 145 of the General Corporation Law of the State of Delaware or otherwise. "Expenses" also shall include (1) amounts incurred in connection with any appeal resulting from any Proceeding, including the premium, security for, and other costs relating to any cost bond, supersedeas bond, or other appeal bond or its equivalent; (2) any federal, state, local or foreign taxes imposed on Indemnitee as a result of the actual or deemed receipt of any payments under this Agreement (on a grossed up basis); and (3) any interest, assessments or other charges in respect of the foregoing. For purposes of this Agreement, the parties agree that the term "Expenses" in any instance shall be broadly construed, and that the above list is intended to be illustrative and not exhaustive and nothing contained therein shall serve to limit the possible scope of costs considered to be "Expenses" hereunder, *provided, however*, for the avoidance of doubt, "Expenses" shall not include any Liabilities.

(f) The term "Independent Legal Counsel" means a law firm, or a member of a law firm, that is experienced in matters of corporation law and neither is, nor in the past five years has been, retained to represent: (i) the Corporation, the Indemnitee or one of the other directors of the Corporation in any matter material to any such party, or (ii) any other party to the action, suit or proceeding giving rise to a claim for indemnification hereunder. Independent Legal Counsel shall be selected by the Corporation, with the approval of Indemnitee, which approval will not be unreasonably withheld; provided, however, that Independent Legal Counsel shall be selected by Indemnitee, with the approval of the Board of Directors, which approval will not be unreasonably withheld (i) from and after the occurrence of a Change in Control, and (ii) in connection with an action, suit or proceeding by or in the right of the Corporation authorized or not disapproved by the Board of Directors alleging claims against Indemnitee that, if sustained, reasonably might give rise to a judgment for money damages of more than $1,000,000 and/or injunctive relief ("Company Authorized Proceeding"). The fees and costs of Independent Legal Counsel shall be paid by the Corporation.

(g) The term "Liabilities" means any direct or indirect payments, losses or liabilities of any type or nature whatsoever, including, without limitation, any judgments, fines (including any excise taxes assessed with respect to any employee benefit plan), penalties, third party attorneys' fees, amounts paid in settlement, arbitration or mediation, or amounts forfeited or reimbursed (including all interest, assessments and other charges paid or payable in

connection with or in respect of any of the foregoing), arising out of or in connection with any Proceeding; *provided, however*, that "Liabilities" shall not include any Expenses.

(h) The term "Proceeding" means any threatened, pending or completed action, suit, claim, counterclaim, cross claim, hearing, arbitration or other alternate dispute resolution mechanism, proceeding, or investigation (in each case, whether formal or informal, and whether civil, criminal, regulatory, administrative, arbitrative or investigatory) commenced by or on behalf of a third party, a government agency, the Corporation, its Board of Directors, or a committee thereof, in which Indemnitee was, is or will be involved as a party, potential party, non-party witness or otherwise by reason of the Corporate Status of Indemnitee, or by reason of by reason of any action alleged to have been taken or omitted while serving in any Corporate Status, and, for purposes of clarity, shall include any demand or claim for contribution brought against Indemnitee by reason of Indemnitee's Corporate Status by any director, officer, employee or agent of the Company, other than Indemnitee, based upon or alleging the joint liability of Indemnitee. For purposes of this Agreement, "Proceeding" shall also include any inquiry, hearing, written demand, or other circumstances that Indemnitee believes in good faith may lead to the institution or initiation of any of the aforementioned. For purposes of this Agreement, the term "Proceeding" in any instance shall be broadly construed to include all preparatory and procedural aspects thereof, including, without limitation, the investigation, preparation, prosecution, defense, settlement, arbitration and appeal of, and the giving of testimony or the collection, preservation or production of documents with respect to such Proceeding.

Section 8. Limitation on Indemnification. Notwithstanding any other provision herein to the contrary, the Corporation shall not be obligated pursuant to this Agreement:

(a) *Claims Initiated by Indemnitee.* To indemnify or advance expenses to Indemnitee with respect to an action, suit or proceeding (or part thereof) initiated by Indemnitee, except with respect to an action, suit or proceeding brought to establish or enforce a right to indemnification (which shall be governed by the provisions of Section 8(b) of this Agreement), unless such action, suit or proceeding (or part thereof) was authorized or consented to in writing by the Board of Directors of the Corporation;

(b) *Action for Indemnification.* To indemnify Indemnitee for any expenses incurred by Indemnitee with respect to any action, suit or proceeding instituted by Indemnitee to enforce or interpret this Agreement, unless Indemnitee is successful in establishing Indemnitee's right to indemnification in such action, suit or proceeding, in whole or in part, or unless and to the extent that the court in such action, suit or proceeding shall determine that, despite Indemnitee's failure to establish their right to indemnification, Indemnitee is entitled to indemnity for such expenses; provided, however, that nothing in this Section 8(b) is intended to limit the Corporation's obligation with respect to the advancement of expenses to Indemnitee in connection with any such action, suit or proceeding instituted by Indemnitee to enforce or interpret this Agreement, as provided in Section 4 hereof, or to indemnify Indemnitee for expenses incurred by Indemnitee in the course of cooperating with the Corporation in the process for determining Indemnitee's rights to indemnification, as provided in Section 5 hereof;

(c) *Section 16 Violations.* To indemnify Indemnitee on account of any Proceeding with respect to which final judgment is rendered against Indemnitee for payment or an accounting of profits arising from the purchase or sale by Indemnitee of securities subject to Section 16(b) of the Securities Exchange Act of 1934, as amended, or any similar successor statute (the "Exchange Act");

(d) *Sarbanes-Oxley; Clawbacks.* To indemnify Indemnitee for any reimbursement of the Corporation by Indemnitee of any bonus or other incentive-based or equity-based compensation or of any profits realized by Indemnitee from the sale of securities of the Corporation, as required in each case under the Exchange Act or applicable law (including

without limitation (i) any such reimbursements that arise from an accounting restatement of the Corporation pursuant to Section 304 of the Sarbanes-Oxley Act of 2002 (the "Sarbanes-Oxley Act") or Section 954 of the Dodd-Frank Wall Street Reform and Consumer Protection Act, or (ii) the payment to the Corporation of profits arising from the purchase and sale by Indemnitee of securities in violation of Section 306 of the Sarbanes-Oxley Act or (iii) any such recoupments or reimbursements that arise pursuant to any compensation recoupment or clawback policy adopted by the Board or any committee of the Board, including, but not limited to, any such policy adopted to comply with stock exchange listing requirements implementing Section 10D of the Exchange Act;);

(e) *ERISA*. To indemnify Indemnitee for amounts for which the Indemnitee may not be indemnified pursuant to Section 410(a) of ERISA;

(f) *Non-compete and Non-disclosure*. To indemnify Indemnitee in connection with Proceedings involving the enforcement of non-compete and/or non-disclosure agreements or the non-compete and/or non-disclosure provisions of employment, consulting or similar agreements the Indemnitee may be a party to with the Corporation, or any subsidiary of the Corporation or any other applicable foreign or domestic corporation, partnership, joint venture, trust or other enterprise, if any.

Section 9. Certain Settlement Provisions. Notwithstanding any other provision of this Agreement, the Corporation shall have no obligation to indemnify Indemnitee under this Agreement for amounts paid in settlement of any Proceeding undertaken without the Corporation's prior written consent, which shall not be unreasonably withheld. The Corporation shall not settle any action, suit or proceeding in any manner that would impose any Expense, judgment, Liability, obligation or limitation on Indemnitee without Indemnitee's prior written consent, such consent not to be unreasonably withheld.

Section 10. Savings Clause. If any provision or provisions of this Agreement shall be held to be invalid, illegal or unenforceable for any reason whatsoever: (a) the validity, legality and enforceability of the remaining provisions of this Agreement (including each portion of any Section of this Agreement containing any such provision held to be invalid, illegal or unenforceable, that is not itself invalid, illegal or unenforceable) shall not in any way be affected or impaired thereby and shall remain enforceable to the fullest extent permitted by law; (b) such provision or provisions shall be deemed reformed to the extent necessary to conform to applicable law and to give the maximum effect to the intent of the parties hereto; and (c) to the fullest extent possible, the provisions of this Agreement (including each portion of any Section of this Agreement containing any such provision held to be invalid, illegal or unenforceable, that is not itself invalid, illegal or unenforceable) shall be construed so as to give effect to the intent manifested thereby.

Section 11. Contribution.

(a) In order to provide for just and equitable contribution in circumstances in which the indemnification provided for herein is held by a court of competent jurisdiction to be unavailable to Indemnitee in whole or in part, it is agreed that, in such event, the Corporation shall, to the fullest extent permitted by law and in lieu of indemnifying Indemnitee with respect thereto, contribute to the payment of Indemnitee's Expenses and Liabilities incurred with respect to any Proceeding, in an amount that is just and equitable in the circumstances, in order to reflect (a) the relative benefits received by the Corporation and Indemnitee, respectively, as a result of the event(s) and/or transaction(s) giving rise to such Proceeding; and/or (b) the relative fault of the Corporation (and its directors, officers, employees and agents other than Indemnitee) and Indemnitee, respectively, in connection with such event(s) and/or transaction(s), and taking into account, among other things, contributions by other directors and officers of the Corporation or others pursuant to indemnification agreements or otherwise; provided, that, without limiting the generality of the foregoing, such contribution shall not be required where such holding by the

court is due to (i) the failure of Indemnitee to act in good faith and in a manner Indemnitee reasonably believed to be in or not opposed to the best interests of the Corporation, or, with respect to any criminal action, suit or proceeding, Indemnitee had reasonable cause to believe Indemnitee's conduct was unlawful, or (ii) any limitation on indemnification set forth in Section 6(d), 8 or 9 hereof.

Section 12. Form and Delivery of Communications. Any notice, request or other communication required or permitted to be given to the parties under this Agreement shall be in writing and either delivered in person, sent by overnight mail, courier service, or certified or registered mail, return receipt requested, postage prepaid, or transmitted by electronic mail or similar electronic communication, to the parties at the following addresses (or at such other addresses for a party as shall be specified by like notice):

If to the Corporation:

_____

_____

_____

If to Indemnitee, at the address set forth on the signature page hereto.

Section 13. Subsequent Legislation. If the General Corporation Law of Delaware is amended after adoption of this Agreement to expand further the indemnification permitted to directors or officers, then the Corporation shall indemnify Indemnitee to the fullest extent permitted by the General Corporation Law of Delaware, as so amended.

Section 14. Nonexclusivity. The provisions for indemnification and advancement of expenses set forth in this Agreement shall not be deemed exclusive of any other rights which Indemnitee may have under any provision of law, the Corporation's Certificate of Incorporation or By-laws, in any court in which a proceeding is brought, the vote of the Corporation's stockholders or disinterested directors, other agreements or otherwise, and Indemnitee's rights hereunder shall continue after Indemnitee has ceased acting as an agent of the Corporation and shall inure to the benefit of the heirs, executors and administrators of Indemnitee. No amendment or alteration of the Corporation's Certificate of Incorporation or By-laws or any other agreement shall adversely affect the rights provided to Indemnitee under this Agreement.

Section 15. Enforcement. The Corporation shall be precluded from asserting in any judicial proceeding that the procedures and presumptions of this Agreement are not valid, binding and enforceable. The Corporation agrees that its execution of this Agreement shall constitute a stipulation by which it shall be irrevocably bound in any court of competent jurisdiction in which a proceeding by Indemnitee for enforcement of his rights hereunder shall have been commenced, continued or appealed, that its obligations set forth in this Agreement are unique and special, and that failure of the Corporation to comply with the provisions of this Agreement will cause irreparable and irremediable injury to Indemnitee, for which a remedy at law will be inadequate. As a result, in addition to any other right or remedy Indemnitee may have at law or in equity with respect to breach of this Agreement, Indemnitee shall be entitled to injunctive or mandatory relief directing specific performance by the Corporation of its obligations under this Agreement.

Section 16. Interpretation of Agreement. It is understood that the parties hereto intend this Agreement to be interpreted and enforced so as to provide indemnification to Indemnitee to the fullest extent now or hereafter permitted by law.

Section 17. Entire Agreement. This Agreement and the documents expressly referred to herein constitute the entire agreement between the parties hereto with respect to the matters covered hereby, and any other prior or contemporaneous oral or written understandings or

agreements with respect to the matters covered hereby are expressly superseded by this Agreement.

Section 18. Term. The rights provided by, or granted pursuant to, this Agreement shall continue as to Indemnitee after he or she has terminated his or her Corporate Status and shall continue until the latest of (i) the expiration of any relevant statutes of limitation or repose applicable to any matters for which Indemnitee may seek indemnification hereunder, and (ii) the final disposition, not subject to further appeal, of any Proceeding, and (iii) the final disposition, not subject to further appeal, of any action by Indemnitee to enforce his or her rights hereunder pursuant to Section 5(b) of this Agreement or otherwise.

Section 19. Modification and Waiver. No supplement, modification or amendment of this Agreement shall be binding unless executed in writing by both of the parties hereto. No waiver of any of the provisions of this Agreement shall be deemed or shall constitute a waiver of any other provision hereof (whether or not similar) nor shall such waiver constitute a continuing waiver.

Section 20. Successor and Assigns. All of the terms and provisions of this Agreement shall be binding upon, shall inure to the benefit of and shall be enforceable by the parties hereto and their respective successors, assigns, heirs, executors, administrators and legal representatives. The Corporation shall require and cause any direct or indirect successor (whether by purchase, merger, consolidation or otherwise) to all or substantially all of the business or assets of the Corporation, by written agreement in form and substance reasonably satisfactory to Indemnitee, expressly to assume and agree to perform this Agreement in the same manner and to the same extent that the Corporation would be required to perform if no such succession had taken place.

Section 21. Service of Process and Venue. For purposes of any claims or proceedings to enforce this agreement, the Corporation consents to the jurisdiction and venue of any federal or state court of competent jurisdiction in the state of Delaware, and waives and agrees not to raise any defense that any such court is an inconvenient forum or any similar claim.

Section 22. Supersedes Prior Agreement. This Agreement supersedes any prior understandings or agreements between Indemnitee and the Corporation or its predecessors with respect to the subject matter hereof.

Section 23. Governing Law. This Agreement shall be governed exclusively by and construed according to the laws of the State of Delaware, as applied to contracts between Delaware residents entered into and to be performed entirely within Delaware. If a court of competent jurisdiction shall make a final determination that the provisions of the law of any state other than Delaware govern indemnification by the Corporation of its officers and directors, then the indemnification provided under this Agreement shall in all instances be enforceable to the fullest extent permitted under such law, notwithstanding any provision of this Agreement to the contrary.

Section 24. Employment Rights. Nothing in this Agreement is intended to create in Indemnitee any right to employment or continued employment.

Section 25. Counterparts. This Agreement may be executed in two or more counterparts, each of which shall be deemed to be an original and all of which together shall be deemed to be one and the same instrument, notwithstanding that both parties are not signatories to the original or same counterpart.

Section 26. Headings. The section and subsection headings contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.

[*Remainder of Page Intentionally Left Blank; Signature Page Follows*]

IN WITNESS WHEREOF, this Agreement has been duly executed and delivered to be effective as of the date first above written.

DENTSPLY SIRONA INC.
By: _____
Name:
Title:
Address:
E-mail:
Attention:

INDEMNITEE
[NAME]

_____

Address:

Facsimile:
E-mail:

With a copy to:
Address:
Facsimile:
Attention:

[Signature Page to Indemnification Agreement]

Dentsply Sirona

Effective February 23, 2022

DENTSPLY SIRONA Inc.

NON-EMPLOYEE DIRECTOR COMPENSATION POLICY

Purpose

DENTSPLY SIRONA Inc. (the "**Company**") believes that the granting of compensation to its members of the Board of Directors (the "**Board**," and members of the Board, "**Directors**") represents a powerful tool to attract, retain and reward Directors of the Company. This Director Compensation Policy (the "**Policy**") is intended to formalize the Company's policy regarding grants of equity and cash compensation to its non-employee Directors. This Policy does not apply to Directors who serve as employees of the Company; such Directors do not receive any additional compensation for their service on the Board.

Administration

1. The Human Resources Committee of the Board shall evaluate Director compensation in accordance with its charter at least annually at or about the time of the Annual Meeting of Stockholders, and may request the input of the Company's management and an independent compensation consultant of its choosing on the status of compensation of Directors. The Human Resources Committee shall review the Policy and shall make recommendations to the Board for potential amendments. In recommending amendments, the Human Resources Committee shall generally target the Director compensation to be set at the median director compensation of the Company's peer group (as established by the Human Resources Committee), but taking into account such other factors as it deems appropriate. Any amendments to the Cash Annual Retainer section of this Policy shall become effective at the beginning of the next calendar quarter.

2. The Board shall approve the Policy and shall have the authority to construe and interpret the Policy, prescribe, amend and rescind rules relating to the Policy's administration and take any other actions necessary or desirable for the administration of the Policy. The Board may correct any defect or supply any omission or reconcile any inconsistency or ambiguity in the Policy. The decisions of the Board are final and binding on all persons.

Cash Annual Retainer

3. The Company shall pay to Directors annual retainers in cash as follows:

All Directors	$100,000
Non-Executive Chairman of the Board (the "**Chairman**"), if any	$75,000 (in addition to cash annual retainer payable to all Directors)
Lead Director, if any	$30,000 (in addition to cash annual retainer payable to all Directors)
Audit and Finance Committee Chair	$25,000 (in addition to cash annual retainer payable to all Directors)
Human Resources Committee Chair	$20,000 (in addition to cash annual retainer payable to all Directors)
Corporate Governance and Nominating Committee Chair	$15,000 (in addition to cash annual retainer payable to all Directors)
Science and Technology Committee Chair	$15,000 (in addition to cash annual retainer payable to all Directors)
Executive Committee Chair	No additional compensation

Other Directors serving as members of a committee will receive no additional compensation for being a committee member.

4. One quarter of the respective cash annual retainers are payable in advance of each calendar quarter.

Long-Term Incentive Awards

5. On the second trading day after each annual meeting of stockholders of the Company, after any stockholder votes are taken on such date, each Director who is to continue to serve as a director is automatically granted, without further action of the Board, an award consisting of a grant of restricted stock units valued at $200,000 (a "**Director Annual Award**").

6. On the second trading day after each annual meeting of stockholders of the Company, after any stockholder votes are taken on such date, the Director who will serve as Non-Executive Chairman of the Board is automatically granted, without further action of the Board, an award consisting of a grant of restricted stock units valued at $100,000, in addition to the Director Annual Award noted above (the "**Chairman Annual Award**"; the Chairman Annual Award collectively with the Director Annual Award, the "**Annual Awards**"). In the event a Chairman is appointed between meetings of stockholders, a prorated grant is automatically made in accordance with provisions of Section 11.

7. The value of one restricted stock unit granted pursuant to this Policy equals the fair market value of the Company's common stock, which is the closing stock price.

8. All Annual Awards vest on the earliest of (1) the date of the next Annual Meeting of Stockholders; (2) the date that is one year from the date of the grant, and (3) the date that a Director attains the age of mandatory retirement pursuant to the Company's Corporate Governance Guidelines/Policies. Annual Awards granted in the form of stock options are exercisable following the vesting for ten years from the grant date. In addition to the foregoing, any outstanding stock option that was granted to a Director who voluntarily resigns on or after such Director's Early Retirement Date (defined below) shall be exercisable, to the extent it has not expired or terminated, until the earlier of (1) five years after the termination of the Director's service and (2) the expiration date of the stock option. For purposes of the foregoing, Early

Retirement Date means the earlier of the date on which the Director attains age 70 or the date on which the Director has 10 years of continuous service on the Board.

9. Upon vesting, the restricted stock units are payable to Directors in shares of common stock unless the Director elects to defer settlement of the restricted stock units to a future date.

10. Directors are entitled to receive dividend equivalents on the restricted stock units in the event the Company pays a regular cash dividend on its common stock.

11. Any Director who becomes a director between annual meetings of stockholders automatically receives, without further action of the Board, a prorated award described above for the remaining term in office, effective on the date of the next meeting of the Board following the appointment of the Director (or upon becoming a Chairman, as applicable).

General Provisions

12. The amounts to be paid to Directors under the Policy are unfunded obligations of the Company. The Company is not required to segregate any monies or other assets from its general funds with respect to these obligations. Directors do not have any preference or security interest in any assets of the Company other than as a general unsecured creditor. Directors will be solely responsible for any tax obligations they incur as a result of the equity and cash payments received under this Policy.

13. The Board, in its sole discretion, may change and otherwise revise the terms of the cash compensation granted under this Policy, including, without limitation, the amount of cash compensation to be paid, on or after the date the Board or the Committee determines to make any such change or revision. Any amendments to the Cash Annual Retainer section of this Policy shall become effective at the beginning of the next calendar quarter.

14. Each Annual Award granted pursuant to this Policy is evidenced by an agreement in such form as the Board has authorized, and will be granted pursuant to the 2016 Omnibus Incentive Plan, as amended and restated effective February 14, 2018, or any successor equity incentive plan that has been approved by the stockholders of the Company (the "Plan"), subject to all of the terms and conditions thereof and only to the extent that Shares remain available for issuance under the Plan.

15. Neither the Policy nor any compensation paid hereunder will confer on any Director the right to continue to serve as a member of the Board or in any other capacity. Any and all rights of a Director respecting payments under this Policy may not be assigned, transferred, pledged or encumbered in any manner, other than by will or the laws of descent and distribution, and any attempt to do so is void. This Policy will remain in effect until it is revised or terminated by further action of the Board.

Exhibit 21.1

Subsidiaries of DENTSPLY SIRONA Inc. (the "Company") - December 31, 2021

1. Augma Bio Materials Ltd. (Israel, 20%)
2. Barracuda Partners, L.P. (Delaware, 25%)
3. Byte AU Pty. Ltd. (Australia)
4. Byte AU Unit Trust (Australia)
5. Byte LLC (Nevada)
6. Byteme Aligners Limited (United Kingdom)
7. Datum Biotech Ltd. (Israel)
8. Datum Dental Ltd. (Israel)
9. DeguDent GmbH (Germany)
10. Dentsply - Sirona Poland SP.z.o.o (Poland)
11. Dentsply (Tianjin) International Trading Co. Ltd. (China)
12. Dentsply Argentina S.A.C.e.I. (Argentina)
13. Dentsply BX Sarl (Luxembourg)
14. Dentsply Canada Ltd. (Canada)
15. Dentsply CH Sarl (Luxembourg)
16. Dentsply Chile Comercial Limitada (Chile)
17. Dentsply De Trey GmbH (Germany)
18. Dentsply Dental (Tianjin) Co. Ltd. (China)
19. Dentsply Dental B.V. (Netherlands)
20. Dentsply Dental S.a.r.l. (Luxembourg)
21. Dentsply Europe S.a.r.l. (Luxembourg)
22. DENTSPLY Finance Co. LLC (Delaware)
23. Dentsply GAC Europe SAS (France)
24. Dentsply Germany Investments GmbH (Germany)
25. Dentsply IH A/S (Denmark)
26. Dentsply IH AB (Sweden)
27. Dentsply IH AS (Norway)
28. Dentsply IH GmbH (Germany)
29. Dentsply IH Holdings GmbH (Germany)
30. Dentsply IH Inc. (Delaware)
31. Dentsply IH Ltd (United Kingdom)
32. Dentsply IH O.O.O. (Russia)
33. Dentsply IH Oy (Finland)
34. DENTSPLY Implants (China) Co. Limited (Hong Kong)
35. DENTSPLY Implants (HK) Co. Limited (Hong Kong)
36. Dentsply Implants Manufacturing GmbH (Germany)
37. Dentsply Implants NV (Belgium)
38. Dentsply India Pvt. Ltd. (India)
39. Dentsply Industria e Comercio Ltda. (Brazil)
40. Dentsply Israel Ltd. (Israel)
41. Dentsply Limited (Cayman Islands)
42. Dentsply LLC (Delaware)
43. Dentsply Mexico, S.A. de C.V. (Mexico)
44. Dentsply Nordics AB (Sweden)
45. DENTSPLY North America LLC (Delaware)
46. Dentsply Peru SAC (Peru)
47. Dentsply Russia Limited (United Kingdom)
48. Dentsply Sirona (N.Z.) Limited (New Zealand)
49. DENTSPLY SIRONA (PHILS.), INC. (Philippines)
50. Dentsply Sirona (Schweiz) AG (Switzerland)
51. Dentsply Sirona (Thailand) Ltd. (Thailand)
52. Dentsply Sirona Austria GmbH (Austria)
53. Dentsply Sirona Benelux B.V. (Netherlands)

54. Dentsply Sirona Dental Solutions (Shanghai) Co. Ltd. (China)
55. Dentsply Sirona Deutschland GmbH (Germany)
56. Dentsply Sirona Europe GmbH (Austria)
57. Dentsply Sirona France S.A.S. (France)
58. Dentsply Sirona Holdings Inc. (Delaware)
59. Dentsply Sirona Iberia S.A. (Spain)
60. Dentsply Sirona Implants Taiwan Co., Ltd. (Taiwan)
61. Dentsply Sirona Italia SrL (Italy)
62. DENTSPLY Sirona K.K. (Japan)
63. DENTSPLY Sirona Korea Limited (Korea)
64. Dentsply Sirona Malaysia Sdn Bhd (Malaysia)
65. Dentsply Sirona O.O.O. (Russia)
66. Dentsply Sirona Orthodontics Inc. (Delaware)
67. Dentsply Sirona Pty. Ltd. (Australia)
68. Dentsply Sirona Real Estate GmbH (Germany)
69. Dentsply Sirona Singapore Pte. Ltd. (Singapore)
70. Dentsply Sirona Slovakia s.r.o. (Slovakia)
71. Dentsply Sirona South Africa (Proprietary) Limited (South Africa)
72. Dentsply Sirona Switzerland Sarl (Switzerland)
73. Dentsply Sirona Vietnam Company Limited (Vietnam)
74. Dentsply South Africa (Pty.) Ltd. (South Africa)
75. Dentsply Sweden AB (Sweden)
76. Dentsply Turkey Diş Hekimliği Ürünleri A.Ş (Turkey)
77. Dentsply Ukraine LLC (Ukraine)
78. Dentsply US Inc. (Delaware)
79. DS Dental Instruments Sarl (Switzerland)
80. DS Dental Instruments SRL (Barbados)
81. DS International Services Inc. (Delaware)
82. DS Rep B.V. (Netherlands)
83. E.S. Healthcare NV (Belgium)
84. E.S. Tooling NV (Belgium)
85. GAC Deutschland GmbH (Germany)
86. GAC International Asia Pte. Ltd. (Singapore, 50%)
87. GAC SA (Switzerland)
88. JCM International Inc. (Delaware)
89. Maillefer Instruments Holding S.a.r.l. (Switzerland)
90. Maillefer Instruments Plus Sarl (Switzerland)
91. Medical 3 Importacion Service Iberica S.L. (Spain)
92. Megalopolis Dental S.A. de C.V. (Mexico)
93. MHT Optic Research AG (Switzerland)
94. Minnesota Medical Technologies Corporation (Minnesota – 10.71%)
95. MIS Asia Pacific Limited (Hong Kong)
96. MIS Germany GmbH (Germany)
97. MIS Implants Technologies France SRL (France)
98. MIS Implants Technologies GmbH (Germany)
99. MIS Implants Technologies HK Limited (Hong Kong)
100. MIS Implants Technologies Ltd. (Israel)
101. MIS Implants Technologies UK Limited (United Kingdom)
102. MİSDENT Implants Diş Ürünleri Sanayi Ticaret Anonim Şirketi (Turkey)
103. New Britain Medical Supplies, Inc. (Connecticut)
104. Oasis Medikal Urunler Kimya Turizm Sanayi Ve Ticaret Anonim Sirketi (Turkey)
105. Ohio IC Company (Delaware)
106. OraMetrix GmbH (Germany)
107. OraMetrix Pty. Ltd. (Australia)
108. OraMetrix S.R.L. (Costa Rica)
109. Ortho Concept Sarl (France)
110. Orthodental, S.A. de C.V. (Mexico)
111. Prident (Shanghai) Dental Medical Devices Co., Ltd. (China)
112. Prident International, Inc. (California)

113. PT Dedent Supply (Indonesia)
114. PT Dentsply Indonesia (Indonesia)
115. Qi An Hua Rui (Beijing) Technology Ltd. (China)
116. SCI 2R (France)
117. Sirona Dental a/s (Denmark)
118. Sirona Dental Comércio de Produtos e Sistemas Odontológicos Ltda. (Brazil)
119. Sirona Dental GmbH (Austria)
120. Sirona Dental Limited Sirketi (Turkey)
121. Sirona Dental Mexico, S. de R.L. de C.V. (Mexico)
122. Sirona Dental Services GmbH (Germany)
123. Sirona Dental Systems (Foshan) Co., Ltd. (China)
124. Sirona Dental Systems (HK) Ltd. (Hong Kong)
125. Sirona Dental Systems Co., Ltd (Thailand, 74.649%)
126. SIRONA Dental Systems GmbH (Germany)
127. Sirona Dental Systems LLC (Delaware)
128. Sirona Dental Systems O.O.O. (Russia)
129. Sirona Dental Systems Private Ltd. (India)
130. Sirona Dental Systems Trading, LLC (United Arab Emirates, 49%)
131. Sirona Dental, Inc. (Delaware)
132. SIRONA Immobilien GmbH (Germany)
133. Sirona Technologie GmbH & Co. KG (Germany)
134. SIRONA Verwaltungs GmbH (Germany)
135. Societe de Recherche Techniques Dentaires SAS (France)
136. Straight Smile Limitada (Costa Rica)
137. Straight Smile, LLC (Delaware)
138. Teeth Network Limited (United Kingdom)
139. The Dental Trading Co., Ltd. (Thailand, 49.8%)
140. Trevally Holdings Limited (United Kingdom, 20%)
141. Tulsa Dental Products LLC (Delaware)
142. Tuzodent S.A. de C.V. (Mexico)
143. VDW GmbH (Germany)
144. VIPI Indústria, Comércio, Exportação e Importação de Produtos Odontológicos Ltda. (Brazil)
145. Wellspect AB (Sweden)
146. Wellspect ApS (Denmark)
147. Wellspect B.V. (Netherlands)
148. Wellspect Healthcare GmbH (Austria)
149. Wellspect Inc. (Delaware)
150. Wellspect Ltd. (United Kingdom)
151. Wellspect AS (Norway)
152. Wellspect Oy (Finland)
153. Wellspect S.A.S. (France)
154. Wellspect S.L. (Spain)
155. Wellspect Srl (Italy)
156. Zetta25 AG (Switzerland)
157. Zhermack GmbH Deutschland (Germany)
158. Zhermack SpA (Italy)
159. ZST Holdings Inc. (Canada, 16.2%)

CONSENT OF INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM

We hereby consent to the incorporation by reference in the Registration Statements on Form S-3 (No. 333-238200) and Form S-8 (Nos. 333-225168 and 333-209791) of Dentsply Sirona Inc. of our report dated March 1, 2022 relating to the financial statements and financial statement schedule and the effectiveness of internal control over financial reporting, which appears in this Form 10-K.

/s/ PricewaterhouseCoopers LLP

Charlotte, North Carolina
March 1, 2022

Exhibit 31.1

CERTIFICATION PURSUANT TO
SECTION 302 OF THE SARBANES-OXLEY ACT OF 2002

I, Donald M. Casey, Jr, certify that:

1. I have reviewed this Form 10-K of DENTSPLY SIRONA Inc;

2. Based on my knowledge, this report does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading with respect to the period covered by this report;

3. Based on my knowledge, the financial statements, and other financial information included in this report, fairly present in all material respects the financial condition, results of operations and cash flows of the registrant as of, and for, the periods presented in this report;

4. The registrant's other certifying officers and I are responsible for establishing and maintaining disclosure controls and procedures (as defined in Exchange Act Rules 13a-15(e) and 15d-15(e)) and internal control over financial reporting (as defined in Exchange Act Rules 13a-15(f) and 15d-15(f)) for the registrant and have:

   a. Designed such disclosure controls and procedures, or caused such disclosure controls and procedures to be designed under our supervision, to ensure that material information relating to the registrant, including its consolidated subsidiaries, is made known to us by others within those entities, particularly during the period in which this report is being prepared;

   b. Designed such internal control over financial reporting, or caused such internal control over financial reporting to be designed under our supervision, to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles:

   c. Evaluated the effectiveness of the registrant's disclosure controls and procedures and presented in this report our conclusions about the effectiveness of the disclosure controls and procedures, as of the end of the period covered by this report based on such evaluation; and

   d. Disclosed in this report any change in the registrant's internal control over financial reporting that occurred during the registrant's most recent fiscal quarter (the registrant's fourth fiscal quarter in the case of an annual report) that has materially affected, or is reasonably likely to materially affect, the registrant's internal control over financial reporting; and

5. The registrant's other certifying officers and I have disclosed, based on our most recent evaluation of internal control over financial reporting, to the registrant's auditors and the audit committee of the registrant's board of directors (or persons performing the equivalent functions):

   a. All significant deficiencies and material weaknesses in the design or operation of internal control over financial reporting which are reasonably likely to adversely affect the registrant's ability to record, process, summarize and report financial information; and

   b. Any fraud, whether or not material, that involves management or other employees who have a significant role in the registrant's internal control over financial reporting.

/s/ *Donald M. Casey, Jr*
Donald M. Casey, Jr
Chief Executive Officer

Date: March 1, 2022

Exhibit 31.2

CERTIFICATION PURSUANT TO
SECTION 302 OF THE SARBANES-OXLEY ACT OF 2002

I, Jorge M. Gomez, certify that:

1. I have reviewed this Form 10-K of DENTSPLY SIRONA Inc;

2. Based on my knowledge, this report does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading with respect to the period covered by this report;

3. Based on my knowledge, the financial statements, and other financial information included in this report, fairly present in all material respects the financial condition, results of operations and cash flows of the registrant as of, and for, the periods presented in this report;

4. The registrant's other certifying officers and I are responsible for establishing and maintaining disclosure controls and procedures (as defined in Exchange Act Rules 13a-15(e) and 15d-15(e)) and internal control over financial reporting (as defined in Exchange Act Rules 13a-15(f) and 15d-15(f)) for the registrant and have:

   a. Designed such disclosure controls and procedures, or caused such disclosure controls and procedures to be designed under our supervision, to ensure that material information relating to the registrant, including its consolidated subsidiaries, is made known to us by others within those entities, particularly during the period in which this report is being prepared;

   b. Designed such internal control over financial reporting, or caused such internal control over financial reporting to be designed under our supervision, to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles:

   c. Evaluated the effectiveness of the registrant's disclosure controls and procedures and presented in this report our conclusions about the effectiveness of the disclosure controls and procedures, as of the end of the period covered by this report based on such evaluation; and

   d. Disclosed in this report any change in the registrant's internal control over financial reporting that occurred during the registrant's most recent fiscal quarter (the registrant's fourth fiscal quarter in the case of an annual report) that has materially affected, or is reasonably likely to materially affect, the registrant's internal control over financial reporting; and

5. The registrant's other certifying officers and I have disclosed, based on our most recent evaluation of internal control over financial reporting, to the registrant's auditors and the audit committee of the registrant's board of directors (or persons performing the equivalent functions):

   a. All significant deficiencies and material weaknesses in the design or operation of internal control over financial reporting which are reasonably likely to adversely affect the registrant's ability to record, process, summarize and report financial information; and

   b. Any fraud, whether or not material, that involves management or other employees who have a significant role in the registrant's internal control over financial reporting.

/s/ *Jorge M. Gomez*
Jorge M. Gomez
Executive Vice President and Chief Financial Officer

Date: March 1, 2022

Exhibit 32

CERTIFICATION PURSUANT TO
SECTION 906 OF THE SARBANES-OXLEY ACT OF 2002

In connection with the Annual Report of DENTSPLY SIRONA Inc. (the "Company") on Form 10-K for the year ending December 31, 2021 as filed with the Securities and Exchange Commission on the date hereof (the "Report"), We, Donald M. Casey Jr. Chief Executive Officer of the Company and Jorge M. Gomez, Executive Vice President and Chief Financial Officer of the Company, certify, pursuant to 18 U.S.C. 1350, as adopted pursuant to Section 906 of the Sarbanes-Oxley Act of 2002, that, to the best of our knowledge and belief:

(1) The Report fully complies with the requirements of Sections 13(a) or 15(d) of the Securities Exchange Act of 1934; and

(2) The information contained in the Report fairly presents, in all material respects, the financial condition and result of operations of the Company as of the date of the Report.

/s/ *Donald M. Casey Jr.*
Donald M. Casey Jr.
Chief Executive Officer

/s/ *Jorge M. Gomez*
Jorge M. Gomez
Executive Vice President and Chief Financial Officer

Date: March 1, 2022

4P

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located?	☐ Nevada ■ Out-of-State
Is your facility a reverse distributor?	☐ Yes ■ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler	* If making a change, provide current license number:	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Elite Laboratories, Inc.

Physical Address: 135/165 Ludlow Avenue

City: Northvale State: NJ Zip: 07647

Mailing Address (if different from physical address): 165 Ludlow Avenue

City: Northvale State: NJ Zip: 07647

Telephone: 201-750-2646 Website: www.elitepharma.com

Name of Designated Representative (DR): Doug Plassche

Licensing Company Email: statelicenses@elitepharma.com DR Email: DPlassche@elitepharma.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
■ Pharmacies	■ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	■ Controlled Substances
■ Hospitals	☐ Hypodermic Devices
■ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Lannett Company, Inc.
Address: 1150 Northbrook Drive, Ste. 155 City: Trevose State: PA Zip: 19053

Name: Precision Dose
Address: 722 Progressive Lane City: South Beloit State: IL Zip: 61080

Name: Epic
Address: 22715 N. Conduit Ave. City: Laurelton State: NY Zip: 11413

Name: Prasco, LLC
Address: 6125 Commerce Court City: Mason State: OH Zip: 45040

Section 4: Publicly Traded Corporation

State of Incorporation: Nevada
Parent Company (if any): Elite Pharmaceuticals, Inc
Corporation Name: dba Elite Laboratories, Inc.
Mailing Address: 165 Ludlow Avenue
City: Northvale State: NJ Zip: 07647
Telephone: 201-750-2646 Email: statelicenses@elitepharma.com
Contact Person Name: Marc Bregman

Date of SEC Registration: 01/30/1998 | SEC Registration Number: 333-45241 | Stock Exchange Symbol: ELTP

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kristi Engstrom

Print Name of Authorized Person Submitting Application

Kristi Engstrom

Original signature of Authorized Person (copies or stamps not accepted)

4/11/2022

Date

Board Use Only	Date Received: _____	Amount: 500 check # 001168

2022 List of Officer, Directors, and State Registrations

OFFICERS

Name	Title
Nasrat Hakim	President and Chief Executive Officer
Marc Bregman	Chief Financial Officer, Secretary, Treasurer
Doug Plassche	Executive Vice President Operations

DIRECTORS

Name	Title
Nasrat Hakim	Chairman of the Board of Directors
Davis Caskey	Director
Barry Dash	Director
Jeffrey Whitnell	Director

Elite Laboratories Employees, Independent Contractors, and Consultants; Lenders or Holders of Indebtedness

Employees

Victor Aburto
Diana Azanedo
John Bonanno
Marc Bregman
Eric Cardona
Nadim Chaaraoui
Brian Clayton
Michael Cottrell
Bharat Dalal
Michael DeVita
Piyush Dhorajia
Kristi Engstrom
Leonides Estrella
Robert Hayden
Kaarlo Hentila
Raul Hernandez
Whitney Itwaru
Lee-Ling Khoo
William Long Jr
Luis Maldonado
Brian Mohr
Arianne Munoz
Jinesh Parekh
Natalya Pashchenko
Meenaxi Patel
Francisco Pedro
Douglas Plassche
Juan Quintero
Robinson Quintero
Hamanth Ramtahalsingh
Wilson Reynoso
Franklyn Ross
Francisco Santos
Miguel Santos
David Sawyer
Siandra Selmani
Sharen Sharp
Hector Soto
Shannon Tate
Jeffery Trevenen
Arnold Tural
Jennifer Weiss
Paul Wyka

Consultants

Chris Dick
Scott Groner
Jason LePree
Kenneth Smith
Dianne Will

Lenders or Holders of Indebtedness

New Jersey Economic Development Authority - Series 2005 A & B Bonds (165 Ludlow Mortgage)
EastWest Bank – loan to purchase drug asset

Top Four Corporation Shareholders Elite Pharmaceuticals, Inc. (OTCBB: ELTP)

Shares outstanding, as of February 11, 2022: 1,011,281,988

Shareholder	Shares Held	% Ownership
Nasrat Hakim *	273,166,287	24.6
Ashok Nigalaye	50,265,539	4.97
Jeenarine Narine	10,291,970	1.02
Jai Randy Narine	9,949,863	.984

* Includes 169,814,882 shares of Common Stock held and 24,342,744 shares of Common Stock due and owing to Mr. Hakim's of March 31, 2021 (the latest practicable date) for compensation earned pursuant to Mr. Hakim's employment agreement with the Company and 79,008,661 shares of Common Stock issuable upon cash exercise of the Series J Warrants with an exercise price of $0.1521 per share.

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ELITE PHARMACEUTICALS, INC.**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 01/05/2012, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/09/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202206092731087
You may verify this certificate online at http://www.nvsos.gov

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELITE LABORATORIES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ELITE LABORATORIES, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF AUGUST, A.D. 1990.

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

Jeffrey W. Bullock, Secretary of State

2239454 8300

SR# 20221272976

Authentication: 203073269

Date: 04-01-22

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

Drug Establishments Current Registration Site

f SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

+

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **elite Laboratories**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Elite Laboratories, Inc.	3002644678	785398728	MANUFACTURE;	165 Ludlow Avenue, Northvale, New Jersey (NJ) 07647, United States (USA)	12/31/2022

Showing 1 to 1 of 1 entries

Previous 1 Next

Data Current through: Thursday, Oct 28, 2021

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Verified 4/2022 MS

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RE0487327	08-31-2022	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5,L1	MANUFACTURER	07-06-2021

ELITE LABORATORIES, INC
135 LUDLOW AVE.
NORTHVALE, NJ 07647

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RE0487327	08-31-2022	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5,L1	MANUFACTURER	07-06-2021

ELITE LABORATORIES, INC
135 LUDLOW AVE.
NORTHVALE, NJ 07647

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RE0282032	08-31-2022	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2,2N, 3,3N,4,5,L1	MANUFACTURER	07-07-2021

ELITE LABORATORIES INC
165 LUDLOW AVE
NORTHVALE, NJ 076472305

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RE0282032	08-31-2022	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2,2N, 3,3N,4,5,L1	MANUFACTURER	07-07-2021

ELITE LABORATORIES INC
165 LUDLOW AVE
NORTHVALE, NJ 076472305

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

April 8, 2022

Lenders or Holders of Indebtedness

New Jersey Economic Development Authority - Series 2005 A & B Bonds (165 Ludlow Mortgage)

EastWest Bank – loan to purchase drug asset

165 Ludlow Avenue • Northvale, NJ 07647 • Ph: (201)750-2646 • Fax: (201)750-2755 www.elitepharma.com

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:	ELITE LABORATORIES, INC.
Trade Name:	
Address:	165 LUDLOW AVE NORTHVALE, NJ 07647-2305
Certificate Number:	0576099
Effective Date:	January 16, 1991
Date of Issuance:	April 15, 2021

For Office Use Only:

20210415152243103

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 3/17/2022

Registration Number: 5002756 **Registered as:** Manufacturer

Name: ELITE LABORATORIES, INC.

DBA:

Address: 165 LUDLOW AVE, NORTHVALE, NJ 07647

Original Issue Date: 02/10/2000 **Expiration Date:** 01/31/2023

Current Issue Date: 11/09/2021

Disciplines: No

Additional Registered Addresses:
135 LUDLOW AVE, NORTHVALE, NJ 07647

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey

NEW JERSEY OFFICE OF THE ATTORNEY GENERAL
DIVISION OF CONSUMER AFFAIRS
CONTROLLED DANGEROUS SUBSTANCES

CDS REGISTRATION NUMBER
CW00052400

ELITE LABORATORIES, INC.
C/O Nasrat Hakim
165/135 Ludlow Ave
Northvale NJ 07647

PLEASE DETACH HERE
STATE OF NEW JERSEY DIVISION OF CONSUMER AFFAIRS
THIS IS TO CERTIFY THAT
ELITE LABORATORIES, INC
CDS REGISTRATION NUMBER CW00052400
DEA NUMBER RE0487327
FOR SCHEDULES 2345
01/26/2022 TO 03/31/2023
VALID
SIGNATURE

IS REGISTERED AS **Wholesaler/Distributor** FOR SCHEDULES **2345**

PLEASE DETACH HERE

IF YOUR LICENSE/ID CA
IS LOST PLEASE NOTIF

01/26/2022 TO 03/31/2023 VALID | **RE0487327** DEA NO | **10CW00052400** LICENSE/REGISTRATION/CERTIFICATION #

Drug Control Unit
P.O. Box 45045
Newark, NJ 07101

SIGNATURE OF REGISTRANT

ACTING DIRECTOR

PLEASE DETACH HERE

ELITE LABORATORIES, INC.

EXPIRATION DATE **2023**

YOUR LICENSE NUMBER IS **10CW00052400** AND YOUR CDS REGISTRATION NUMBER IS **CW00052400** PLEASE USE BOTH NUMBERS IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS USE THIS SECTION TO REPORT ADDRESS CHANGES YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW

Drug Control Unit
P.O. Box 45045
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USE THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU CORRESPONDENCE

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

the law governing your profession requires the current license/registration/certification to be displayed, it shou within reasonable proximity of your original license/certificate/registration at your principal office or place of busine

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 8-K

CURRENT REPORT

PURSUANT TO SECTION 13 OR 15(D)
OF THE SECURITIES EXCHANGE ACT OF 1934

April 4, 2022
Date of Report (Date of earliest event reported)

ELITE PHARMACEUTICALS, INC.
(Exact name of registrant as specified in its charter)

Nevada	001-15697	22-3542636
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

165 Ludlow Avenue, Northvale, New Jersey 07647
(Address of principal executive offices)

(201) 750-2646
(Registrant's telephone number, including area code)

(Former name or former address, if changed since last report.)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Indicate by check mark whether the registrant is an emerging growth company as defined in as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter)

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $0.001 per share	ELTP	OTCQB

Item 7.01. Regulation FD Disclosure

On April 4, 2022, in a press release, Elite Pharmaceuticals, Inc., or Elite, reported that it received approval from the US Food and Drug Administration (FDA) for a generic version of Doxycycline (doxycycline hyclate) 100mg tablets. This product was co-developed and co-owned by Elite and Praxgen Pharmaceuticals LLC, formerly SunGen Pharma LLC.

A copy of the press release is furnished as Exhibit 99.1 to this Current Report on Form 8-K. The information set forth in this Item 7.01 and contained in the press release furnished as Exhibit 99.1 shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended, or the Exchange Act, and is not incorporated by reference into any of Elite's filings under the Securities Act of 1933, as amended, or the Securities Act, or the Exchange Act, whether made before or after the date hereof, except as shall be expressly set forth by specific reference in any such filing.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit No.	Description
99.1	Press Release dated April 4, 2022
104	Cover Page Interactive Data File (embedded within the Inline XBRL document).

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Dated: April 4, 2022

ELITE PHARMACEUTICALS, INC.

By: */s/ Nasrat Hakim*
Nasrat Hakim, President and CEO

Exhibit 99.1



Elite Pharmaceuticals and Praxgen Pharmaceuticals Receive FDA Approval for Generic Doxycycline

NORTHVALE, N.J. – April 4, 2022 – Elite Pharmaceuticals, Inc. ("Elite" or the "Company") (OTCBB: ELTP), a specialty pharmaceutical company developing niche generic products, today announced that together with Elite's co-development partner, Praxgen Pharmaceuticals LLC, formerly SunGen Pharma LLC. ("Praxgen") received approval from the US Food and Drug Administration (FDA) for doxycycline hyclate 100 mg tablets. Doxycycline hyclate is an antibiotic that is used to treat a wide variety of bacterial infections.

About Elite Pharmaceuticals, Inc.

Elite Pharmaceuticals, Inc. is a specialty pharmaceutical company that develops niche generic products. Elite specializes in developing and manufacturing oral, controlled-release drug products. Elite owns multiple generic products which have been licensed to Lannett Company, Prasco, LLC, Epic Pharma, LLC, and TAGI Pharma. Elite operates a cGMP and DEA registered facility for research, development, and manufacturing located in Northvale, NJ. For more information, visit www.elitepharma.com.

This press release contains "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995, including, without limitation, those related to the effects, if any, on future results, performance or other expectations that may have some correlation to the subject matter of this press release. Readers are cautioned that such forward-looking statements involve, without limitation, risks, uncertainties, and other factors not under the control of Elite, which may cause actual results, performance or achievements of Elite to be materially different from the results, performance or other expectations that may be implied by these forward-looking statements. These forward-looking statements may include statements regarding the expected timing of approval, if at all, of products by the FDA, and the actions the FDA may require of Elite in order to obtain such approvals. These forward-looking statements are not guarantees of future action or performance. These risks and other factors are discussed, without limitation, in Elite's filings with the Securities and Exchange Commission, including its reports on forms 10-K, 10-Q, and 8-K. Elite is under no obligation to update or alter its forward-looking statements, whether as a result of new information, future events or otherwise.

Contact:

For Elite Pharmaceuticals, Inc.
Dianne Will, Investor Relations, 518-398-6222
Dianne@elitepharma.com
www.elitepharma.com

Submission Data File

General Information	
Form Type*	8-K
Subject-Company File Number	
Subject-Company CIK	
Subject-Company Name	
Subject-Company IRS Number	
Contact Name	M2 Compliance
Contact Phone	754-243-5120
Filer File Number	
Filer CIK*	0001053369 (ELITE PHARMACEUTICALS INC /NV/)
Filer CCC*	**********
Confirming Copy	No
Notify via Website only	No
Return Copy	Yes
Group Name	
Items*	7.01 Regulation FD Disclosure 9.01 Financial Statements and Exhibits
SROS*	NONE
Depositor CIK	
Depositor 33 File Number	
Fiscal Year	
Item Submission Type	
Period*	04-04-2022
ABS Asset Class Type	
ABS Sub Asset Class Type	
Sponsor CIK	
Emerging Growth Company	No
Elected not to use extended transition period	No
(End General Information)	

Document Information	
File Count*	3
Document Name 1*	form8-k.htm
Document Type 1*	8-K
Document Description 1	
Document Name 2*	ex99-1.htm
Document Type 2*	EX-99.1
Document Description 2	
Document Name 3*	form8-k_001.jpg
Document Type 3*	GRAPHIC
Document Description 3	
(End Document Information)	

Notifications	
Notify via Website only	No
E-mail 1	filing@m2compliance.com
(End Notifications)	

4Q

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located? ☐ Nevada ☑ Out-of-State

Is your facility a reverse distributor? ☐ Yes ☑ No

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☑ New Wholesaler	* If making a change, provide current license number:	☑ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: International Isotopes Inc.

Physical Address: 4137 Commerce Circle

City: Idaho Falls State: ID Zip: 83401

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 208 524-5300 Website: www.intisoid.com

Name of Designated Representative (DR): Richard Wride, RPh, BCNP, MBA

Licensing Company Email: inisll@intisoid.com DR Email: rwride@intisoid.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☑ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: None: International Isotopes Inc. manufactures radioactive sodium iodide I-131 on a per order basis and
Address: distributes the product directly to the City: ordering nuclear pharmacy State: Zip:
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: Texas
Parent Company (if any):
Corporation Name: International Isotopes Inc.
Mailing Address: 4137 Commerce Circle
City: Idaho Falls State: ID Zip: 83401
Telephone: 208-524-5300 Email: inisll@intisoid.com
Contact Person Name: Richard Wride, RPh, BCNP, MBA

Date of SEC Registration: 11/1/1995 | SEC Registration Number: 0001038277 | Stock Exchange Symbol: INIS

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. n/a per NV BOP Surety Bond Instructions		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Wride, RPh, BCNP, MBA

Print Name of Authorized Person Submitting Application

R Wride

Original signature of Authorized Person (copies or stamps not accepted)

3/23/2022

Date

Board Use Only	Date Received: _____	Amount: $500 check 034342

Processed 4/6/22

Company Name:	International Isotopes Inc.
State of Incorporation:	Texas

Officers and Directors

Name	Title
Steve Laflin	President and C.E.O., Director
Matthew Cox	C.F.O.
Robert Atcher	Director
Chris Grosso	Director

Top four corporation shareholders and their percent ownership:

1.	Kennerman Associates Inc.	43.9%
2.	John M. McCormack	21.0%
3.	Ralph M. Richart	20.2%
4.	Christopher Grosso	10.3%

Debtholders
Ralph M Richart
John M McCormack
Steve T Laflin
Diane Grosso Credit Shelter Trust
Christopher Gross Trustee

Employee list below for International Isotopes

Anderson, Jennifer
Anderson, Shawn
Blatter, Bryce
Bottcher, Hayden
Burtenshaw, Josh
Cox, Matt
Dixon, Trevor
Ezell, Daniel
Gamble, Jeremy
Hagen, Sean
Hunt, Michaeleen
Hutson, Matt
Jones, Chris
Kalas, Dan
Laflin, Steve
Langston, Dawn
Laug, Ryan
Mackowiak, Alicia
Meppen, Jake
Miller, John
Myers, Tanner
Nelson, Audrey
Oberhansley, Katie
Orme, Matthew
Rumsey, Rhett
Schultz, Sandi
Snarr, Terri
Spear, David
Stommel, Kirk
Tejeda, Alonzo
Vasquez, Julius
Warmoth, Holly
Winder, Cindi
Wride, Rick

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
INTERNATIONAL ISOTOPES INC
4137 Commerce Cir
IDAHO FALLS, ID 83401
Registration Number: 3034521
FEI Number*: 3003350319
Status: Active
Date Of Registration Status: 2022

Owner/Operator:
INTERNATIONAL ISOTOPES INC
4137 COMMERCE CIRCLE
Idaho Falls, ID US 83401
Owner/Operator Number: 9045407

Official Correspondent:
Steve Laflin
4137 COMMERCE CIRCLE
Idaho Falls, ID 83401
Phone: 208-5245300-101

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Page Last Updated: 03/14/2022
Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | عربي | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph: 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

Combination Products
Advisory Committees
Science & Research
Regulatory Information
Safety
Emergency Preparedness

U.S. Department of Health & Human Services

STATE OF IDAHO

Lawerence Denney | Secretary of State
Business Office
450 North 4th Street
PO Box 83720
Boise, ID 83720

March 10, 2022

Request Type: Certificate of Existence/Filing
Request #: 0004653273
Receipt #: 000627249

Issuance Date: 03/10/2022
Copies Requested: 0

Regarding: **INTERNATIONAL ISOTOPES TRANSPORTATION SERVICES, INC.**
Filing Type: General Business Corporation (D)
File # : 496234
Formation/Qualification Date: 11/22/2005
Status: Active-Good Standing
Formation Locale: IDAHO
Duration Term: Perpetual
Inactive Date:

Certificate of Existence

I, Lawerence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

INTERNATIONAL ISOTOPES TRANSPORTATION SERVICES, INC.

is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above.

Lawerence Denney
Idaho Secretary of State

Processed By: Business Division

Verification #: 017271022

IDAHO STATE BOARD OF PHARMACY
P.O. Box 83720 Boise, Idaho 83720-0067
Telephone: (208) 334-2356 FAX: (208) 334-3536

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Idaho State Board of Pharmacy statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

INTERNATIONAL ISOTOPES INC

Manufacturer Registration
Registration No: M3341

Exempt From Reporting

ISSUED: 09/17/2009 EXPIRES: 12/31/2022

The official status and business address of this license must be verified at Idaho Board of Pharmacy License Verification.
http://bop.idaho.gov

Physical Address:
4137 COMMERCE CIRCLE
IDAHO FALLS, ID 83401

785791
Printed: 1/5/2022

NICKI CHOPSKI PHARMD
EXECUTIVE DIRECTOR

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2020

or

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from _____ to _____

Commission file number: 000-22923

INTERNATIONAL ISOTOPES INC.

(Exact name of registrant as specified in its charter)

Texas	**74-2763837**
(State or other jurisdiction of incorporation or origination)	(IRS Employer Identification No.)
4137 Commerce Circle **Idaho Falls, Idaho**	**83401**
(Address of principal executive offices)	(Zip code)

(208) 524-5300
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act: None.

Securities registered pursuant to Section 12(g) of the Act:

COMMON STOCK, $.01 PAR VALUE
(Title of Class)

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. YES ☐ NO ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. YES ☐ NO ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. YES ☒ NO ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). YES ☒ NO ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act. (Check one):

Large accelerated filer ☐	Accelerated filer ☐
Non-accelerated filer ☐	Smaller reporting company ☒
	Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). YES ☐ NO ☒

The aggregate market value of the voting and non-voting common equity held by non-affiliates computed by reference to the average bid and asked price of such common equity at June 30, 2020, the last business day of the registrant's second fiscal quarter, was approximately $25 million. For purposes of this calculation, all directors and executive officers of the registrant and holders of 10% or more of the registrant's common stock are assumed to be affiliates. This determination of affiliate status is not necessarily conclusive for any other purpose.

As of March 25, 2021, the number of shares outstanding of the registrant's common stock, $.01 par value, was 460,386,690 shares.

DOCUMENTS INCORPORATED BY REFERENCE

Certain information called for in Part III of this Annual Report on Form 10-K is incorporated by reference from the registrant's definitive proxy statement for the 2021 annual meeting of shareholders, which will be filed with the Securities and Exchange Commission not later than 120 days after the registrant's fiscal year ended December 31, 2020.

4R

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located? ☐ Nevada ■ Out-of-State

Is your facility a reverse distributor? ☐ Yes ■ No

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler	* If making a change, provide current license number:	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: LifeCell Corporation

Physical Address: One Millennium Way

City: Branchburg State: NJ Zip: 08876

Mailing Address (if different from physical address): same

City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Name of Designated Representative (DR): Christopher Belle

Licensing Company Email: patricia.misinski@abbvie.com DR Email: christopher.belle@abbvie.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	■ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
■ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
■ Others: surgical centers	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See attachment

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Allergan Holdco, Inc. (Ultimate Parent - AbbVie Inc.) **See attachment** org chart/description

Corporation Name: AbbVie, Inc.

Mailing Address: 1 North Waukegan Road

City: North Chicago State: IL Zip: 60064

Telephone: 847-932-7900 Email: liz.shea@abbvie.com

Contact Person Name: Elizabeth Shea

Date of SEC Registration: 11/30/2012 | SEC Registration Number: 001-35565 | Stock Exchange Symbol: ABBV

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christopher Belle

Print Name of Authorized Person Submitting Application

C Belle

Original signature of Authorized Person (copies or stamps not accepted)

03/10/2022

Date

Board Use Only	Date Received: _____	Amount: 500 check # 0754365

LifeCell Corporation
1 Millennium Way
Branchburg, NJ 08876

Responses to application questions

Section 3: LifeCell currently maintains a wholesaler license in Nevada, WH02025. We ship directly to our 3PL – Kuehne + Nagel, Inc. located at 1800 Waters Ridge Drive, Lewisville, Texas, license # WH01152 for further distribution to our customers. Our customers are physicians who receive our class II medical devices- surgical and mesh products for the plastic and reconstruction surgical markets. (Hospitals & Surgical Centers)

Section 4: LifeCell Corporation is a wholly owned indirect subsidiary of AbbVie Inc. – org chart attached showing percent of ownership.

Section 9:
Robert Michael is the sole Director and President of LifeCell Corporation

Employee list

Robert Michael – corporate officer – sole Director and President
Paul Maguire – Executive Director and General Plant Manager
Christopher Belle – Executive Director, Quality

Corporate Creations Network Inc.– Registered Agent
181 New Road #304
Parsippany, NJ 07054

FDA

FDA Home[1] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
LIFECELL CORP.
ONE MILLENNIUM WAY
BRANCHBURG, NJ 08876
Registration Number: 1647098
FEI Number*: 1000306051
Status: Active
Date Of Registration Status: 2022

Owner/Operator:
ALLERGAN, INC.[6]
2525 DUPONT DRIVE
Irvine, CA US 92612
Owner/Operator Number: 2011068[7]

Official Correspondent:
David J Fisher
2525 DUPONT DRIVE
Irvine, CA 92612
Phone: 714-2463862

√ Verified M.H 4/6/22

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Links on this page:

1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&RegNum=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2011068&OwnerOperator
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&RegNum=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2011068&OwnerOperator

Page Last Updated: 03/07/2022

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

Accessibility Contact FDA Careers FDA Basics FOIA No FEAR Act Nondiscrimination Website Policies / Privacy

FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

Combination Products Advisory Committees Science & Research Regulatory Information Safety Emergency Preparedness International Programs News & Events Training and Continuing Education Inspections/Compliance State & Local Officials Consumers Industry Health Professionals FDA Archive

U.S. Department of **Health & Human Services**

Links on this page:

1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&RegNum=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2011068&OwnerOperator
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&RegNum=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2011068&OwnerOperator

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0745366

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 - "If any location of a registered business is to be changed the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: [X] manufacturer [X] wholesaler which conducts business at the following locations in this State

ONE MILLENNIUM WAY BRANCHBURG, NJ 08876
220 EVANS WAY BRANCHBURG,NJ 08876-
4 MILLENNIUM WAY BRANCHBURG NJ 08876

Reg. No.
5005206

LIFECELL CORPORATION
ONE MILLENNIUM WAY
BRANCHBURG, NJ 08876-

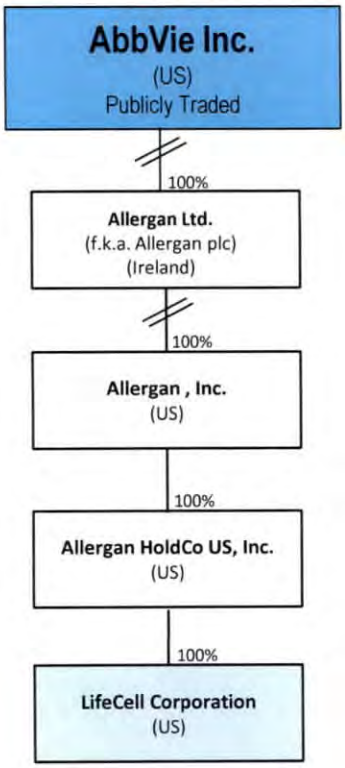
ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2023

Establishment Copy

LifeCell Corporation

2021



DELEGATION OF AUTHORITY

I, Robert A. Michael, as the sole Director and the President of LifeCell Corporation (the "Company"), a corporation duly organized and validly existing under the laws of the State of Delaware with its principal place of business at 5 Giralda Farms, Madison, New Jersey, 07940, United States, with the authority granted to me through the By-laws of the Company, do hereby delegate the following as authorized signatories to sign, without countersignature, license applications for the Company, including its manufacturing locations in Branchburg, New Jersey:

- Christopher Belle, Executive Director, Quality
- Robert Utzinger, Authorized Person

The individual delegations of authority are valid until revoked by the Company, provided that the individual delegations of authority shall expire automatically upon an individual delegee ceasing to be an employee of the Company or its affiliates.

Robert A. Michael

Done at North Chicago, Illinois

Date: November 19, 2020

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

LIFECELL CORPORATION
0100796000

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign For-Profit Corporation was registered by this office on October 15, 1999.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

CORPORATE CREATIONS NETWORK INC.
181 NEW ROAD #304
PARSIPPANY, NJ 07054

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 10th day of March, 2022

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6129416483

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 285068201

Application/License No. _____

LifeCell Corporation (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1 & 4 Millennium Way, Branchburg, NJ 08876 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of MA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley St., Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 11/9/2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 9th day of November, 2021.

APPLICANT/PRINCIPAL
LifeCell Corporation

Authorized Representative

SURETY COMPANY
Liberty Mutual Insurance Company

Surety Company's Representative

Aaron D Griffin, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Daniel Machado

Witness Ann Mullins

Countersigned by:

Nevada Resident Agent
Aaron D. Griffin, NV Non-Resident Agent #3481142

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8204866

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aaron D. Griffin

all of the city of Chicago, state of Illinois each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 15th day of February, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 15th day of February, 2021, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 9th day of November, 2021.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Form 10-K Abbvie Inc.

10-K - AbbVie Inc. (0001551152) (Filer)

Published: 2022-02-18 12:41:31-05:00 (2022-02-18T12:41:31-05:00)
Submitted: 2022-02-18
Filing Agent: CIK: 0001551152 (/CIK/0001551152)

abbv-20211231

UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D. C. 20549 FORM 10-K

(MARK ONE)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2021 **OR**

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number 001-35565 **AbbVie Inc.** (Exact name of registrant as specified in its charter)

Delaware	**32-0375147**
(State or other jurisdiction of incorporation or organization)	(I.R.S. employer identification number)

1 North Waukegan Road North Chicago, Illinois 60064-6400 (847) 932-7900 (Address, including zip code, and telephone number of principal executive offices)

Securities Registered Pursuant to Section 12(b) of the Act:

Title of Each Class	**Trading Symbol(s)**	**Name of Each Exchange on Which Registered**
Common Stock, par value $0.01 per share	ABBV (/Ticker/ABBV)	New York Stock Exchange
		Chicago Stock Exchange
1.500% Senior Notes due 2023	ABBV23B	New York Stock Exchange
1.375% Senior Notes due 2024	ABBV24	New York Stock Exchange
1.250% Senior Notes due 2024	ABBV24B	New York Stock Exchange
0.750% Senior Notes due 2027	ABBV27	New York Stock Exchange
2.125% Senior Notes due 2028	ABBV28	New York Stock Exchange
2.625% Senior Notes due 2028	ABBV28B	New York Stock Exchange
2.125% Senior Notes due 2029	ABBV29	New York Stock Exchange
1.250% Senior Notes due 2031	ABBV31	New York Stock Exchange

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐ Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act. Yes ☐ No ☒ Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports) and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐ Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐ Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or a smaller reporting company. See the definitions of "large accelerated filer," "accelerated filer" and "smaller reporting company" in Rule 12b-2 of the Exchange Act.

Large Accelerated Filer ☒ | Accelerated Filer ☐
Non-Accelerated Filer ☐ | Smaller reporting company ☐
Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐ Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒ Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒ The aggregate market value of the 1,751,117,802 shares of voting stock held by non-affiliates of the registrant, computed by reference to the closing price as reported on the New York Stock Exchange, as of the last business day of AbbVie Inc.'s most recently completed second fiscal quarter (June 30, 2021), was $197,245,909,217. AbbVie has no non-voting common equity. Number of common shares outstanding as of January 31, 2022: 1,768,753,829 **DOCUMENTS INCORPORATED BY REFERENCE** Portions of the 2022 AbbVie Inc. Proxy Statement are incorporated by reference into Part III. The Definitive Proxy Statement will be filed on or about March 21, 2022.

ABBVIE INC. FORM 10-K FOR THE YEAR ENDED DECEMBER 31, 2021 TABLE OF CONTENTS

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PART I ITEM 1. BUSINESS

Overview AbbVie[1] is a global, diversified research-based biopharmaceutical company positioned for success with a comprehensive product portfolio that has leadership positions across immunology, hematologic oncology, neuroscience, aesthetics and eye care. AbbVie uses its expertise, dedicated people and unique approach to innovation to develop and market advanced therapies that address some of the world's most complex and serious diseases. AbbVie was incorporated in Delaware on April 10, 2012. On January 1, 2013, AbbVie became an independent, publicly-traded company as a result of the distribution by Abbott Laboratories (Abbott) of 100% of the outstanding common stock of AbbVie to Abbott's shareholders. **Impact of the Coronavirus Disease 2019 (COVID-19)** The novel coronavirus (COVID-19) pandemic continues to spread throughout the United States and around the world. As COVID-19 continues to have an impact worldwide, AbbVie is focused on the health and safety of its employees, health care professionals and patients and communities. In the continued operation of its business, AbbVie has followed health and safety guidance from relevant health authorities, managed manufacturing and supply chain resources and monitored closely its clinical trial sites. See Item 7, "Management's Discussion and Analysis of Financial Condition and Results of Operations—Impact of the Coronavirus Disease 2019 (COVID-19)." **Segments** AbbVie operates as a single global business segment dedicated to the research and development, manufacturing, commercialization and sale of innovative medicines and therapies. This operating structure enables the Chief Executive Officer, as chief operating decision maker (CODM), to allocate resources and assess business performance on a global basis in order to achieve established long-term strategic goals. Consistent with this structure, a global research and development and supply chain organization is responsible for the discovery, development, manufacturing and supply of products. Commercial efforts that coordinate the marketing, sales and distribution of these products are organized by geographic region or therapeutic area. All of these activities are supported by a global corporate administrative staff. The determination of a single business segment is consistent with the consolidated financial information regularly reviewed by the CODM for purposes of assessing performance, allocating resources and planning and forecasting future periods. See Note 16, "Segment and Geographic Area Information" to the Consolidated Financial Statements included under Item 8, "Financial Statements and Supplementary Data" and the sales information related to AbbVie's key products and geographies included under Item 7, "Management's Discussion and Analysis of Financial Condition and Results of Operations."

2021 Form 10-K

(1) As used throughout the text of this report on Form 10-K, the terms "AbbVie" or "the company" refer to AbbVie Inc., a Delaware corporation, or AbbVie Inc. and its consolidated subsidiaries, as the context requires.

Products AbbVie's portfolio of products includes a broad line of therapies that address some of the world's most complex and serious diseases. ***Immunology products.*** AbbVie maintains an extensive immunology portfolio across rheumatology, dermatology and gastroenterology. AbbVie's immunology products address unmet needs for patients with autoimmune diseases. These products are: *Humira.* Humira (adalimumab) is a biologic therapy administered as a subcutaneous injection. It is approved to treat the following autoimmune diseases in the United States, Canada and Mexico (collectively, North America) and in the European Union:

Condition	Principal Markets
Rheumatoid arthritis (moderate to severe)	North America, European Union
Psoriatic arthritis	North America, European Union
Ankylosing spondylitis	North America, European Union
Adult Crohn's disease (moderate to severe)	North America, European Union
Plaque psoriasis (moderate to severe chronic)	North America, European Union
Juvenile idiopathic arthritis (moderate to severe polyarticular)	North America, European Union
Ulcerative colitis (moderate to severe)	North America, European Union
Axial spondyloarthropathy	European Union
Pediatric Crohn's disease (moderate to severe)	North America, European Union
Hidradenitis suppurativa (moderate to severe)	North America, European Union
Pediatric enthesitis-related arthritis	European Union
Non-infectious intermediate, posterior and panuveitis	North America, European Union
Pediatric ulcerative colitis (moderate to severe)	U.S., Canada, European Union
Pediatric uveitis	North America, European Union

Humira is also approved in Japan for the treatment of intestinal Behçet's disease and pyoderma gangrenosum. Humira is sold in numerous other markets worldwide, including Japan, China, Brazil and Australia, and accounted for approximately 37% of AbbVie's total net revenues in 2021. *Skyrizi.* Skyrizi (risankizumab) is an interleukin-23 (IL-23) inhibitor that selectively blocks IL-23 by binding to its p19 subunit. It is a biologic therapy administered as a quarterly subcutaneous injection following two induction doses. Skyrizi is approved in the United States, Canada, Mexico and the European Union and is indicated for the treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy. In the United States and the European Union, Skyrizi is additionally approved for the treatment of active psoriatic arthritis in adult patients who have an inadequate response or intolerance to disease-modifying antirheumatic drugs (DMARDs). In Japan, Skyrizi is approved for the treatment of plaque psoriasis, generalized pustular psoriasis, erythrodermic psoriasis and psoriatic arthritis in adult patients who have an inadequate response to conventional therapies. *Rinvoq.* Rinvoq (upadacitinib) is an oral, once-daily selective and reversible JAK inhibitor that is approved to treat the following inflammatory diseases in North America, Japan and the European Union:

Condition	Principal Markets
Rheumatoid arthritis (moderate to severe)	North America, European Union, Japan
Psoriatic arthritis	U.S., Canada, European Union, Japan
Ankylosing spondylitis	European Union
Atopic dermatitis (moderate to severe)	U.S., Canada, European Union, Japan

In the United States, Rinvoq is indicated for both the treatment of moderate to severe active rheumatoid arthritis, and for active psoriatic arthritis, in adult patients who have an inadequate response or intolerance to one or more TNF blockers. It is also indicated for the treatment of moderate to severe atopic dermatitis in adults and children 12 years of age and older whose disease is not adequately controlled with other systemic drug products, including biologics, or when use of those therapies are inadvisable.

Oncology products. AbbVie's oncology products target some of the most complex and difficult-to-treat cancers. These products are: *Imbruvica.* Imbruvica (ibrutinib) is an oral, once-daily therapy that inhibits a protein called Bruton's tyrosine kinase. Imbruvica was one of the first medicines to receive a United States Food and Drug Administration (FDA) approval after being granted a Breakthrough Therapy Designation and is one of the few therapies to receive four separate designations. Imbruvica currently is approved for the treatment of adult patients with blood cancers such as chronic lymphocytic leukemia (CLL), as well as certain forms of non-Hodgkin lymphoma. *Venclexta/Venclyxto.* Venclexta (venetoclax) is a B-cell lymphoma 2 (BCL-2) inhibitor used to treat hematological malignancies. Venclexta is approved by the FDA for adults with CLL or SLL. In addition, Venclexta is approved in combination with azacitidine, or decitabine, or low-dose cytarabine to treat adults with newly-diagnosed acute myeloid leukemia who are 75 years of age or older or have other medical conditions that prevent the use of standard chemotherapy.

Aesthetics products. AbbVie's Aesthetics portfolio consists of facial injectables, plastics and regenerative medicine, body contouring and skincare products, which hold market-leading positions in the U.S. and in key markets around the world. These products are: *Botox Cosmetic.* Botox Cosmetic is an acetylcholine release inhibitor and a neuromuscular blocking agent indicated for treatment in three areas: temporary improvement in the appearance of moderate to severe glabellar lines (frown lines between the eyebrows), moderate to severe crow's feet and moderate to severe forehead lines in adults. Having received its initial FDA approval in 2002, Botox Cosmetic is now approved for use in all major markets around the world and has become one of the world's most recognized and iconic brands. *The Juvederm Collection of Fillers.* The Juvederm Collection of Fillers is a portfolio of hyaluronic acid-based dermal fillers with a variety of approved indications in the U.S. and in other major markets around the world to augment or treat volume loss in the cheeks, chin, lips and lower face. *Other aesthetics.* Other aesthetics products include, but are not limited to, Coolsculpting body contouring technology, Alloderm regenerative dermal tissue, Natrelle breast implants, the SkinMedica skincare line and DiamondGlow dermabrasion technology. ***Neuroscience products.*** AbbVie's neuroscience products address some of the most difficult-to-treat neurologic diseases. These products are: *Botox Therapeutic.* Botox Therapeutic (onabotulinumtoxinA injection) is a neuromuscular blocking agent that is injected into muscle tissue in treatment for the following indications in the United States: • Prophylaxis of headaches in adult patients with chronic migraine (≥ 15 days per month with headache lasting 4 hours a day or longer). • Overactive bladder with symptoms of urge urinary incontinence, urgency and frequency, in adults who have an inadequate response to or are intolerant of an anticholinergic medication. • Urinary incontinence due to detrusor overactivity associated with a neurologic condition (e.g., spinal cord injury, multiple sclerosis) in adults who have an inadequate response to or are intolerant of an anticholinergic medication. • Spasticity in patients 2 years of age and older. • Cervical dystonia in adults to reduce the severity of abnormal head position and neck pain associated with cervical dystonia. • Strabismus and blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorders in patients 12 years of age and older. • Severe primary axillary hyperhidrosis that is inadequately managed with topical agents. Licenses around the world vary. • Focal spasticity associated with dynamic equinus foot deformity due to spasticity in ambulant pediatric cerebral palsy patients 2 years of age or older.

- Focal spasticity of the wrist and hand in adult post stroke patients.
- Focal spasticity of the ankle and foot in adult post stroke patients.

Vraylar. Vraylar (cariprazine) is a dopamine D3-preferring D3/D2 receptor partial agonist and a 5-HT1A receptor partial agonist. Its D3 binding profile may be linked to observed improvements in the negative symptoms of schizophrenia and to antidepressant effects in bipolar I disorder (bipolar depression). Vraylar is indicated for acute and maintenance treatment of schizophrenia in adults, acute treatment of manic or mixed episodes associated with bipolar disorder in adults and acute treatment of depressive episodes associated with bipolar I disorder in adults. *Duopa and Duodopa* (carbidopa and levodopa). AbbVie's levodopa-carbidopa intestinal gel for the treatment of advanced Parkinson's disease is marketed as Duopa in the United States and as Duodopa outside of the United States. *Ubrelvy.* Ubrelvy (ubrogepant) is indicated for the acute treatment of migraine with or without aura in adults and is only commercialized in the United States. *Other neuroscience.* Other neuroscience products include Qulipta (atogepant), which is indicated for preventive treatment of episodic migraine in adults. ***Eye care products.*** AbbVie's eye care products address unmet needs and new approaches to help preserve and protect patients' vision. These products are: *Lumigan/Ganfort.* Lumigan (bimatoprost ophthalmic solution) 0.01% is a once daily, topical prostaglandin analog indicated for the reduction of elevated intraocular pressure (IOP) in patients with open angle glaucoma (OAG) or ocular hypertension (OHT). Ganfort is a once daily topical fixed combination of bimatoprost 0.03% and timolol 0.5% for the reduction of IOP in adult patients with OAG or OHT. Lumigan is sold in the United States and numerous markets around the world, while Ganfort is approved in the European Union and some markets in South America, the Middle East and Asia. *Alphagan/Combigan.* Alphagan (brimonidine tartrate ophthalmic solution) is an alpha-adrenergic receptor agonist indicated for the reduction of elevated IOP in patients with open-angle glaucoma or ocular hypertension. Combigan (brimonidine tartrate/timolol maleate ophthalmic solution) is approved for reducing elevated IOP in patients with glaucoma who require additional or adjunctive IOP-lowering therapy. Both Alphagan and Combigan are available for sale in the United States and numerous markets around the world. *Restasis.* Restasis is a calcineurin inhibitor immunosuppressant indicated to increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca. Restasis is approved in the United States and a number of other markets in South America, the Middle East and Asia. *Other eye care.* Other eye care products include Xen, Durysta, Ozurdex, Refresh/Optive and Vuity. ***Women's health products.*** AbbVie's women's health products are: *Lo Loestrin.* Lo Loestrin Fe is an oral contraceptive. It is indicated for prevention of pregnancy with the lowest dose of estrogen with only 10mcg and is dispensed in a unique 24/2/2 regimen with a two-day hormone-free interval. It is marketed in the U.S. as Lo Loestrin Fe (norethindrone acetate and ethinyl estradiol tablets, ethinyl estradiol tablets and ferrous fumarate tablets) and in select markets outside the U.S. as Lolo. *Orilissa/Oriahnn.* Orilissa (elagolix) is the first and only orally-administered, nonpeptide small molecule gonadotropin-releasing hormone (GnRH) antagonist specifically developed for women with moderate to severe endometriosis pain. It represents the first FDA-approved oral treatment for the management of moderate to severe pain associated with endometriosis in over a decade. Orilissa inhibits endogenous GnRH signaling by binding competitively to GnRH receptors in the pituitary gland. Administration results in dose-dependent suppression of luteinizing hormone and follicle-stimulating hormone, leading to decreased blood concentrations of ovarian sex hormones, estradiol and progesterone. Outside the United States, Orilissa is also launched in Canada. Oriahnn (elagolix, estradiol and norethindrone acetate capsules; elagolix capsules) is a combination prescription medicine used to control heavy menstrual bleeding related to uterine fibroids in women before menopause. *Other women's health.* Other women's health includes Liletta, a sterile, levonorgestrel-releasing intrauterine system indicated for prevention of pregnancy for up to six years. ***Other key products.*** AbbVie's other key products include, among other things, treatments for patients with hepatitis C virus (HCV), metabolic and hormone products that target a number of conditions, including exocrine pancreatic insufficiency and hypothyroidism, as well as endocrinology products for the palliative treatment of advanced prostate

cancer, treatment of endometriosis and central precocious puberty and for the preoperative treatment of patients with anemia caused by uterine fibroids. These products are: *Mavyret/Maviret.* Mavyret (glecaprevir/pibrentasvir) is approved in the United States and European Union (Maviret) for the treatment of adult and pediatric patients (12 years and older or weighing at least 45 kilograms) with chronic HCV genotype 1-6 infection without cirrhosis and with compensated cirrhosis (Child-Pugh A). It is also indicated for the treatment of adult and pediatric patients (12 years and older or weighing at least 45 kilograms) with HCV genotype 1 infection, who previously have been treated with a regimen containing an HCV NS5A inhibitor or an NS3/4A protease inhibitor, but not both. It is an 8-week, pan-genotypic treatment for patients without cirrhosis and following the EXPEDITION-8 study, also in patients with compensated cirrhosis who are new to treatment. *Creon.* Creon (pancrelipase) is a pancreatic enzyme therapy for exocrine pancreatic insufficiency, a condition that occurs in patients with cystic fibrosis, chronic pancreatitis and several other conditions. *Lupron.* Lupron (leuprolide acetate), which is also marketed as Lucrin and Lupron Depot, is a product for the palliative treatment of advanced prostate cancer, treatment of endometriosis and central precocious puberty and for the preoperative treatment of patients with anemia caused by uterine fibroids. Lupron is approved for daily subcutaneous injection and one-month, three-month, four-month and six-month intramuscular injection. *Linzess/Constella.* Linzess (linaclotide) is a once-daily guanylate cyclase-C agonist used in adults to treat irritable bowel syndrome with constipation (IBS-C) and chronic idiopathic constipation (CIC). The product is marketed as Linzess in the United States and as Constella outside of the United States. *Synthroid.* Synthroid (levothyroxine sodium tablets, USP) is used in the treatment of hypothyroidism. AbbVie has the rights to sell Creon and Synthroid only in the United States. **Marketing, Sales and Distribution Capabilities** AbbVie utilizes a combination of dedicated commercial resources, regional commercial resources and distributorships to market, sell and distribute its products worldwide. AbbVie directs its primary marketing efforts toward securing the prescription, or recommendation, of its brand of products by physicians, key opinion leaders and other health care providers. Managed care providers (for example, health maintenance organizations and pharmacy benefit managers), hospitals and state and federal government agencies (for example, the United States Department of Veterans Affairs and the United States Department of Defense) are also important customers. AbbVie also markets directly to consumers themselves, although in the United States many of the company's products must be sold pursuant to a prescription. Outside of the United States, AbbVie focuses its promotional and market access efforts on key opinion leaders, payers, physicians and health systems. AbbVie also provides patient support programs closely related to its products. Throughout the COVID-19 pandemic AbbVie has maintained its promotional activities with key stakeholders by leveraging digital engagement where permitted and in compliance with the locally applicable government guidance. AbbVie's products are generally sold worldwide directly to wholesalers, distributors, government agencies, health care facilities, specialty pharmacies and independent retailers from AbbVie-owned distribution centers and public warehouses. Certain products (including aesthetic products and devices) are also sold directly to physicians and other licensed healthcare providers. Although AbbVie's business does not have significant seasonality, AbbVie's product revenues may be affected by end customer and retail buying patterns, fluctuations in wholesaler inventory levels and other factors. In the United States, AbbVie distributes pharmaceutical products principally through independent wholesale distributors, with some sales directly to retailers, pharmacies, patients or other customers. In 2021, three wholesale distributors (McKesson Corporation, Cardinal Health, Inc. and AmerisourceBergen Corporation) accounted for substantially all of AbbVie's pharmaceutical product sales in the United States. No individual wholesaler accounted for greater than 37% of AbbVie's 2021 gross revenues in the United States. Outside the United States, AbbVie sells products primarily to customers or through distributors, depending on the market served. Certain products are co-marketed or co-promoted with other companies. AbbVie has no single customer that, if the customer were lost, would have a material adverse effect on the company's business. No material portion of AbbVie's business is subject to renegotiation of profits or termination of contracts at the election of the government. Orders are generally filled on a current basis and order backlog is not material to AbbVie's business. **Competition** The markets for AbbVie's products are highly competitive. AbbVie competes with other research-based pharmaceuticals and biotechnology companies that discover, manufacture, market and sell proprietary pharmaceutical products, therapies

and biologics. For example, Humira competes with anti-TNF products, JAK inhibitors and other competitive products intended to treat a number of disease states and Mavyret/Maviret competes with other available HCV treatment options. In addition, in the past few years, a number of other companies have started to develop, have successfully developed and/or are currently marketing products that are being positioned as competitors to Botox. The search for technological innovations in pharmaceutical products is a significant aspect of competition. The introduction of new products by competitors and changes in medical practices and procedures can result in product obsolescence. Price is also a competitive factor. In addition, the substitution of generic pharmaceutical products for branded conventional (small-molecule) pharmaceutical products creates competitive pressures on AbbVie's products that do not have patent protection. New products or treatments brought to market by AbbVie's competitors could cause revenues for AbbVie's products to decrease due to price reductions and sales volume decreases. ***Biosimilars.*** Competition for AbbVie's biologic products is affected by the approval of follow-on biologics, also known as "biosimilars." Biologics have added major therapeutic options for the treatment of many diseases, including some for which therapies were unavailable or inadequate. The cost of developing and producing biologic therapies is typically dramatically higher than for small molecule medications, and many biologic medications are used for ongoing treatment of chronic diseases, such as rheumatoid arthritis or inflammatory bowel disease, or for the treatment of previously untreatable cancer. Significant investments in biologics infrastructure and manufacturing are necessary to produce biologic products. Humira is now facing direct biosimilar competition in Europe and other countries, and AbbVie will continue to face competitive pressure from these biologics and from orally administered products. In the United States, the FDA regulates biologics under the Federal Food, Drug, and Cosmetic Act (the FFDCA), the Public Health Service Act (PHSA) and the regulations implementing these statutes. The enactment of federal health care reform legislation in March 2010 provided a pathway for approval of biosimilars under the PHSA, but the approval process for, and science behind, biosimilars is complex. Approval by the FDA is dependent upon many factors, including a showing that the biosimilar is "highly similar" to the original product and has no clinically meaningful differences from the original product in terms of safety, purity and potency. The types of data that could ordinarily be required in an application to show similarity may include analytical data, bioequivalence studies and studies to demonstrate chemical similarity, animal studies (including toxicity studies) and clinical studies. Furthermore, the law provides that only a biosimilar product that is determined to be "interchangeable" will be considered by the FDA as substitutable for the original biologic product without the intervention of the health care provider who prescribed the original biologic product. To prove that a biosimilar product is interchangeable, the applicant must demonstrate that the product can be expected to produce the same clinical results as the original biologic product in any given patient, and if the product is administered more than once in a patient, that safety risks and potential for diminished efficacy of alternating or switching between the use of the interchangeable biosimilar biologic product and the original biologic product is no greater than the risk of using the original biologic product without switching. The law continues to be interpreted and implemented by the FDA. As a result, its full ultimate impact, implementation and meaning remains subject to uncertainty. **Intellectual Property Protection and Regulatory Exclusivity** Generally, upon approval, products may be entitled to certain kinds of exclusivity under applicable intellectual property and regulatory regimes. AbbVie's intellectual property is materially valuable to the company, and AbbVie seeks patent protection, where available, in all significant markets and/or countries for each product in development. In the United States, the expiration date for patents is 20 years after the filing date. Given that patents relating to pharmaceutical products are often obtained early in the development process and given the amount of time needed to complete clinical trials and other development activities required for regulatory approval, the length of time between product launch and patent expiration is significantly less than 20 years. The Drug Price Competition and Patent Term Restoration Act of 1984 (commonly known as the Hatch-Waxman Act) permits a patent holder to seek a patent extension, commonly called a "patent term restoration," for patents on products (or processes for making the product) regulated by the FFDCA. The length of the patent extension is roughly based on 50 percent of the period of time from the filing of an Investigational New Drug Application (NDA) for a compound to the submission of the NDA for such compound, plus 100 percent of the time period from NDA submission to regulatory approval. The extension, however, cannot exceed five years and the patent term remaining after regulatory approval cannot exceed 14 years. Biological products licensed under the PHSA are similarly eligible for terms of patent restoration. Pharmaceutical products may be entitled to other forms of legal or regulatory exclusivity upon approval. The scope, length and requirements for each of these exclusivities vary both in the United States and in other jurisdictions. In the United States, if the FDA approves a conventional drug product that contains an active ingredient not previously approved, the product is typically entitled to five years of non-patent regulatory exclusivity. Specific conditions of use approved for

individual products may also be entitled to three years of exclusivity if approval was based on the FDA's reliance on new clinical studies essential to approval submitted by the NDA applicant. If the NDA applicant studies the product for use by children, the FDA may grant pediatric exclusivity, which extends by 180 days all existing exclusivities (patent and regulatory) related to the product. For products that are either used to treat conditions that afflict a relatively small population or for which there is not a reasonable expectation that the research and development costs will be recovered, the FDA may designate the pharmaceutical as an orphan drug and grant it seven years of exclusivity. Other types of regulatory exclusivity may also be available, such as Generating New Antibiotic Incentives Now (GAIN) exclusivity, which can provide new antibiotic or new antifungal drugs an additional five years of exclusivity to be added to certain exclusivities already provided for by law. Applicable laws and regulations dictate the scope of any exclusivity to which a product or particular characteristics of a product is entitled upon approval in any particular country. In certain instances, regulatory exclusivity may offer protection where patent protection is no longer available or for a period of time in excess of patent protection. It is not possible to estimate for each product in development the total period and scope of exclusivity to which it may become entitled until regulatory approval is obtained or sometimes even later. However, given the length of time required to complete clinical development of a pharmaceutical product, the periods of exclusivity that might be achieved in any individual case would not generally be expected to exceed a minimum of three years and a maximum of 14 years. These estimates do not consider other factors, such as the difficulty of recreating the manufacturing process for a particular product or other proprietary knowledge that may delay the introduction of a generic or other follow-on product after the expiration of applicable patent and other regulatory exclusivity periods. Biologics may be entitled to exclusivity under the Biologics Price Competition and Innovation Act, which was passed on March 23, 2010 as Title VII to the Patient Protection and Affordable Care Act. The law provides a pathway for approval of biosimilars following the expiration of 12 years of regulatory exclusivity for the innovator biologic and a potential additional 180 day-extension term for conducting pediatric studies. Biologics are also eligible for orphan drug exclusivity, as discussed above. The law also includes an extensive process for the innovator biologic and biosimilar manufacturer to litigate patent infringement, validity and enforceability. The European Union has also created a pathway for approval of biosimilars and has published guidelines for approval of certain biosimilar products. The more complex nature of biologics and biosimilar products has led to close regulatory scrutiny over follow-on biosimilar products, which can reduce the effect of biosimilars on sales of the innovator biologic as compared to the sales erosion caused by generic versions of small molecule pharmaceutical products. AbbVie owns or has licensed rights to a substantial number of patents and patent applications. AbbVie licenses or owns a patent portfolio of thousands of patent families, each of which includes United States patent applications and/or issued patents and may also contain the non-United States counterparts to these patents and applications. These patents and applications, including various patents that expire during the period 2022 to the early 2040s, in aggregate are believed to be of material importance in the operation of AbbVie's business. However, AbbVie believes that no single patent, license, trademark (or related group of patents, licenses, or trademarks), except for those related to adalimumab (which is sold under the trademark Humira), are material in relation to the company's business as a whole. The United States composition of matter (that is, compound) patent covering adalimumab expired in December 2016, and the equivalent European Union patent expired in October 2018 in the majority of European Union countries. In the United States, non-composition of matter patents covering adalimumab expire no earlier than 2022. AbbVie has entered into settlement and license agreements with several adalimumab biosimilar manufactures. Under the agreements, the licenses in the United States will begin in 2023 and the licenses in Europe began in 2018. In addition, the following patents, licenses and trademarks are significant: those related to ibrutinib (which is sold under the trademark Imbruvica) and those related to risankizumab (which is sold under the trademark Skyrizi). The United States composition of matter patent covering ibrutinib is expected to expire in 2027, however no generic entry for any ibrutinib product is expected prior to March 30, 2032, assuming pediatric exclusivity is granted. The United States composition of matter patent covering risankizumab is expected to expire in 2033. AbbVie may rely, in some circumstances, on trade secrets to protect its technology. AbbVie seeks to protect its technology and product candidates, in part, by confidentiality agreements with its employees, consultants, advisors, contractors and collaborators. These agreements may be breached and AbbVie may not have adequate remedies for any breach. In addition, AbbVie's trade secrets may otherwise become known or be independently discovered by competitors. To the extent that AbbVie's employees, consultants, advisors, contractors and collaborators use intellectual property owned by others in their work for the company, disputes may arise as to the rights in related or resulting know-how and inventions.

Licensing, Acquisitions and Other Arrangements In addition to its independent efforts to develop and market products, AbbVie enters into arrangements such as acquisitions, option-to-acquire agreements, licensing arrangements, option-to-license arrangements, strategic alliances, co-promotion arrangements, co-development and co-marketing agreements and joint ventures. The acquisitions and option-to-acquire agreements typically include, among other terms and conditions, non-refundable purchase price payments or option fees, option exercise payments, milestones or earn-outs and other customary terms and obligations. The licensing and other arrangements typically include, among other terms and conditions, non-refundable upfront license fees, option fees and option exercise payments, milestone payments and royalty and/or profit sharing obligations. See Note 5, "Licensing, Acquisitions and Other Arrangements—Other Licensing & Acquisitions Activity," to the Consolidated Financial Statements included under Item 8, "Financial Statements and Supplementary Data." **Third Party Agreements** AbbVie has agreements with third parties for process development, product distribution, analytical services and manufacturing of certain products. AbbVie procures certain products and services from a limited number of suppliers and, in some cases, a single supply source. In addition, AbbVie has agreements with third parties for active pharmaceutical ingredient and product manufacturing, formulation and development services, fill, finish and packaging services, transportation and distribution and logistics services for certain products. AbbVie does not believe that these manufacturing related agreements are material because AbbVie's business is not substantially dependent on any individual agreement. In most cases, AbbVie maintains alternate supply relationships that it can utilize without undue disruption of its manufacturing processes if a third party fails to perform its contractual obligations. AbbVie seeks to maintain sufficient inventory of product to minimize the impact of any supply disruption. AbbVie is also party to certain collaborations and other arrangements, as discussed in Note 5, "Licensing, Acquisitions and Other Arrangements—Other Licensing & Acquisitions Activity," to the Consolidated Financial Statements included under Item 8, "Financial Statements and Supplementary Data." **Sources and Availability of Raw Materials** AbbVie purchases, in the ordinary course of business, raw materials and supplies essential to its operations from numerous suppliers around the world. In addition, certain medical devices and components necessary for the manufacture of AbbVie products are provided by unaffiliated third party suppliers. Despite the disruption to the global supply chain caused by COVID-19, AbbVie has continued to supply patients with no material supply impact, except for the previously-disclosed near-term supply issues impacting Lupron. Given the general increased global volatility due to the pandemic, AbbVie is monitoring and taking actions to mitigate potential supply shortages which may impact the fulfillment of product demand. **Research and Development Activities** AbbVie makes a significant investment in research and development and has numerous compounds (and complementary devices) in clinical development, including potential treatments for complex, life-threatening diseases. AbbVie's ability to discover and develop new compounds is enhanced by the company's use of integrated discovery and development project teams, which include chemists, biologists, physicians and pharmacologists who work on the same compounds as a team. AbbVie also partners with third parties, such as biotechnology companies, other pharmaceutical companies and academic institutions to identify and prioritize promising new treatments that complement and enhance AbbVie's existing portfolio. AbbVie also supplements its research and development efforts with acquisitions. The research and development process generally begins with discovery research which focuses on the identification of a molecule that has a desired effect against a given disease. If preclinical testing of an identified compound proves successful, the compound moves into clinical development which generally includes the following phases:

- Phase 1— involves the first human tests in a small number of healthy volunteers or patients to assess safety, tolerability and doses for later phases.
- Phase 2— tests different doses of the drug in a disease state in order to assess efficacy.
- Phase 3— tests a drug that demonstrates favorable results in the earlier phases in a significantly larger patient population to further demonstrate efficacy and safety in order to meet requirements to enable global approval.

Preclinical data and clinical trials from all of the development phases provide the data required to prepare and submit an NDA, a Biological License Application (BLA) or other submission for regulatory approval to the FDA or similar government agencies outside the United States. The specific requirements (e.g., scope of clinical trials) for obtaining regulatory approval vary across different countries and geographic regions.

The research and development process from discovery through a new drug launch typically takes 8 to 12 years and can be even longer. The research and development of new pharmaceutical products has a significant amount of inherent uncertainty. There is no guarantee when, or if, a molecule will receive the regulatory approval required to launch a new drug or indication. In addition to the development of new products, delivery devices, and new formulations, research and development projects also may include Phase 4 trials, sometimes called post-marketing studies. For such projects, clinical trials are designed and conducted to collect additional data regarding, among other parameters, the benefits and risks of an approved drug. **Regulation—Discovery and Clinical Development *United States.*** Securing approval to market a new pharmaceutical product in the United States requires substantial effort and financial resources and takes several years to complete. The applicant must complete preclinical tests and submit protocols to the FDA before commencing clinical trials. Clinical trials are intended to establish the safety and efficacy of the pharmaceutical product and typically are conducted in sequential phases, although the phases may overlap or be combined. If the required clinical testing is successful, the results are submitted to the FDA in the form of an NDA or BLA requesting approval to market the product for one or more indications. The FDA reviews an NDA or BLA to determine whether a product is safe and effective for its intended use and whether its manufacturing is compliant with current Good Manufacturing Practices (cGMP). Compliance with regulatory requirements is assured through periodic, announced or unannounced inspections by the FDA and other regulatory authorities, and these inspections associated with clinical development may include the sponsor, investigator sites, laboratories, hospitals and manufacturing facilities of AbbVie's subcontractors or other third-party manufacturers. Failure to comply with applicable regulatory requirements can result in enforcement action by the FDA, including rejection of an NDA or BLA. Even if an NDA or a BLA receives approval, the applicant must comply with post-approval requirements. For example, holders of an approval must report adverse reactions, provide updated safety and efficacy information and comply with requirements concerning advertising and promotional materials and activities. Also, quality control and manufacturing procedures must continue to conform to cGMP after approval, and certain changes to the manufacturing procedures and finished product must be submitted and approved by the FDA prior to implementation. The FDA periodically inspects manufacturing facilities to assess compliance with cGMP, which imposes extensive procedural and record keeping requirements. In addition, as a condition of approval, the FDA may require post-marketing testing and surveillance to further assess and monitor the product's safety or efficacy after commercialization, which may require additional clinical trials, patient registries, observational data or additional work on chemistry, manufacturing and controls. Any post-approval regulatory obligations, and the cost of complying with such obligations, could expand in the future. Further, the FDA continues to regulate product labeling, and prohibits the promotion of products for unapproved or "off-label" uses along with other labeling restrictions. ***Outside the United States.*** AbbVie is subject to similar regulatory requirements outside the United States for approval and marketing of pharmaceutical products. AbbVie must obtain approval of a clinical trial application or product from applicable supervising regulatory authorities before it can commence clinical trials or marketing of the product in target markets. The approval requirements and process for each country can vary, and the time required to obtain approval may be longer or shorter than that required for FDA approval in the United States. For example, AbbVie may submit marketing authorizations in the European Union under either a centralized or decentralized procedure. The centralized procedure is mandatory for the approval of biotechnology products and many pharmaceutical products and provides for a single marketing authorization that is valid for all European Union member states. Under the centralized procedure, a single marketing authorization application is submitted to the European Medicines Agency. After the agency evaluates the application, it makes a recommendation to the European Commission, which then makes the final determination on whether to approve the application. The decentralized procedure provides for mutual recognition of individual national approval decisions and is available for products that are not subject to the centralized procedure. In Japan, applications for approval of a new product are made through the Pharmaceutical and Medical Devices Agency (PMDA). Japan-specific trials and/or bridging studies to demonstrate that the non-Japanese clinical data applies to Japanese patients may be required. After completing a comprehensive review, the PMDA reports to the Ministry of Health, Labour and Welfare, which then approves or denies the application. Similarly, applications for a new product in China are submitted to the Center for Drug Evaluation (CDE) of the National Medical Products Administration for technical review and approval of a product for marketing in China. Clinical data in Chinese subjects are usually required to support approval in China, requiring the inclusion of China in global pivotal studies, or a separate China/Asian clinical trial.

The regulatory process in many emerging markets continues to evolve. Many emerging markets, including those in Asia, generally require regulatory approval to have been obtained in a large developed market (such as the United States or Europe) before the country will begin or complete its regulatory review process. Similar to the requirements in Japan and China, certain countries (notably South Korea, Taiwan, India and Russia) also generally require that local clinical studies be conducted in order to support regulatory approval in the country. The requirements governing the conduct of clinical trials and product licensing also vary. In addition, post-approval regulatory obligations such as adverse event reporting and cGMP compliance generally apply and may vary by country. For example, after a marketing authorization has been granted in the European Union, periodic safety reports must be submitted and other pharmacovigilance measures may be required (such as Risk Management Plans). **Regulation—Commercialization, Distribution and Manufacturing** The manufacturing, marketing, sale, promotion and distribution of AbbVie's products are subject to comprehensive government regulation. Government regulation by various national, regional, federal, state and local agencies, both in the United States and other countries, addresses (among other matters) inspection of, and controls over, research and laboratory procedures, clinical investigations, product approvals and manufacturing, labeling, packaging, marketing and promotion, pricing and reimbursement, sampling, distribution, quality control, post-marketing surveillance, record keeping, storage and disposal practices. AbbVie's operations are also affected by trade regulations in many countries that limit the import of raw materials and finished products and by laws and regulations that seek to prevent corruption and bribery in the marketplace (including the United States Foreign Corrupt Practices Act and the United Kingdom Bribery Act, which provide guidance on corporate interactions with government officials) and require safeguards for the protection of personal data. In addition, AbbVie is subject to laws and regulations pertaining to health care fraud and abuse, including state and federal anti-kickback and false claims laws in the United States. Prescription drug manufacturers such as AbbVie are also subject to taxes, as well as application, product, user and other fees. Compliance with these laws and regulations is costly and materially affects AbbVie's business. Among other effects, health care regulations substantially increase the time, difficulty and costs incurred in obtaining and maintaining approval to market newly developed and existing products. AbbVie expects compliance with these regulations to continue to require significant technical expertise and capital investment to ensure compliance. Failure to comply can delay the release of a new product or result in regulatory and enforcement actions, the seizure or recall of a product, the suspension or revocation of the authority necessary for a product's production and sale and other civil or criminal sanctions, including fines and penalties. In addition to regulatory initiatives, AbbVie's business can be affected by ongoing studies of the utilization, safety, efficacy and outcomes of health care products and their components that are regularly conducted by industry participants, government agencies and others. These studies can lead to updates to the data regarding utilization, safety and efficacy of previously marketed products. In some cases, these studies have resulted, and may in the future result, in the discontinuance of, or limitations on, marketing of such products domestically or worldwide, and may give rise to claims for damages from persons who believe they have been injured as a result of their use. Access to human health care products continues to be a subject of oversight, investigation and action by governmental agencies, legislative bodies and private organizations in the United States and other countries. A major focus is cost containment. Efforts to reduce health care costs are also being made in the private sector, notably by health care payers and providers, which have instituted various cost reduction and containment measures. AbbVie expects insurers and providers to continue attempts to reduce the cost of health care products. Outside the United States, many countries control the price of health care products directly or indirectly, through reimbursement, payment, pricing, coverage limitations, or compulsory licensing. Political and budgetary pressures in the United States and in other countries may also heighten the scope and severity of pricing pressures on AbbVie's products for the foreseeable future. ***United States.*** Specifically, U.S. federal laws require pharmaceutical manufacturers to pay certain statutorily-prescribed rebates to state Medicaid programs on prescription drugs reimbursed under state Medicaid plans, and the efforts by states to seek additional rebates may affect AbbVie's business. Similarly, the Veterans Health Care Act of 1992, as a prerequisite to participation in Medicaid and other federal health care programs, requires that manufacturers extend additional discounts on pharmaceutical products to various federal agencies, including the United States Department of Veterans Affairs, Department of Defense and Public Health Service entities and institutions. In addition, recent legislative changes would require similarly discounted prices to be offered to TRICARE program beneficiaries. The Veterans Health Care Act of 1992 also established the 340B drug discount program, which requires pharmaceutical manufacturers to provide products at reduced prices to various designated health care entities and facilities. In the United States, most states also have generic substitution legislation requiring or permitting a dispensing pharmacist to substitute a different manufacturer's generic version of a pharmaceutical product for the one prescribed. In

addition, the federal government follows a diagnosis-related group (DRG) payment system for certain institutional services provided under Medicare or Medicaid and has implemented a prospective payment system (PPS) for services delivered in hospital outpatient, nursing home and home health settings. DRG and PPS entitle a health care facility to a fixed reimbursement based on the diagnosis and/or procedure rather than actual costs incurred in patient treatment, thereby increasing the incentive for the facility to limit or control expenditures for many health care products. Medicare reimburses Part B drugs based on average sales price plus a certain percentage to account for physician administration costs, which have been reduced in the hospital outpatient setting. Medicare enters into contracts with private plans to negotiate prices for most patient-administered medicine delivered under Part D. Under the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act (together, the Affordable Care Act), AbbVie pays a fee related to its pharmaceuticals sales to government programs. In addition, AbbVie provides a discount of 70% for branded prescription drugs sold to patients who fall into the Medicare Part D coverage gap, or "donut hole." The Affordable Care Act also includes provisions known as the Physician Payments Sunshine Act, which require manufacturers of drugs and biologics covered under Medicare and Medicaid to record any transfers of value to physicians and teaching hospitals and to report this data to the Centers for Medicare and Medicaid Services for subsequent public disclosure. Similar reporting requirements have also been enacted on the state level in the United States, and an increasing number of countries worldwide either have adopted or are considering similar laws requiring disclosure of interactions with health care professionals. Failure to report appropriate data may result in civil or criminal fines and/or penalties. AbbVie expects debate to continue during 2022 at all government levels worldwide over the marketing, availability, method of delivery and payment for health care products and services. AbbVie believes that future legislation and regulation in the markets it serves could affect access to health care products and services, increase rebates, reduce prices or the rate of price increases for health care products and services, change health care delivery systems, create new fees and obligations for the pharmaceuticals industry, or require additional reporting and disclosure. It is difficult to predict the extent to which AbbVie or the health care industry in general might be affected by the matters discussed above. ***European Union.*** The European Union has adopted directives and other legislation governing labeling, advertising, distribution, supply, pharmacovigilance and marketing of pharmaceutical products. Such legislation provides mandatory standards throughout the European Union and permits member states to supplement these standards with additional regulations. European governments also regulate pharmaceutical product prices through their control of national health care systems that fund a large part of the cost of such products to consumers. As a result, patients are unlikely to use a pharmaceutical product that is not reimbursed by the government. In many European countries, the government either regulates the pricing of a new product at launch or subsequent to launch through direct price controls or reference pricing. In recent years, many countries have also imposed new or additional cost containment measures on pharmaceutical products. Differences between national pricing regimes create price differentials within the European Union that can lead to significant parallel trade in pharmaceutical products. Most governments also promote generic substitution by mandating or permitting a pharmacist to substitute a different manufacturer's generic version of a pharmaceutical product for the one prescribed and by permitting or mandating that health care professionals prescribe generic versions in certain circumstances. Many governments are also following a similar path for biosimilar therapies. In addition, governments use reimbursement lists to limit the pharmaceutical products that are eligible for reimbursement by national health care systems. ***Japan.*** In Japan, the National Health Insurance system maintains a Drug Price List specifying which pharmaceutical products are eligible for reimbursement, and the Ministry of Health, Labour and Welfare sets the prices of the products on this list. The government generally introduces price cut rounds every other year and also mandates price decreases for specific products. New products judged innovative or useful, that are indicated for pediatric use, or that target orphan or small population diseases, however, may be eligible for a pricing premium. The government has also promoted the use of generics, where available. ***Emerging Markets.*** Many emerging markets take steps to reduce pharmaceutical product prices, in some cases through direct price controls and in others through the promotion of generic/biosimilar alternatives to branded pharmaceuticals. Since AbbVie markets its products worldwide, certain products of a local nature and variations of product lines must also meet other local regulatory requirements. Certain additional risks are inherent in conducting business outside the United States, including price and currency exchange controls, changes in currency exchange rates, limitations on participation in local enterprises, expropriation, nationalization and other governmental action.

Regulation – Medical Devices Medical devices are subject to regulation by the FDA, state agencies and foreign government health authorities. FDA regulations, as well as various U.S. federal and state laws, govern the development, clinical testing, manufacturing, labeling, record keeping and marketing of medical device products agencies in the United States. AbbVie's medical device product candidates, including AbbVie's breast implants, must undergo rigorous clinical testing and an extensive government regulatory clearance or approval process prior to sale in the United States and other countries. The lengthy process of clinical development and submissions for clearance or approval, and the continuing need for compliance with applicable laws and regulations, require the expenditure of substantial resources. Regulatory clearance or approval, when and if obtained, may be limited in scope, and may significantly limit the indicated uses for which a product may be marketed. Cleared or approved products and their manufacturers are subject to ongoing review, and discovery of previously unknown problems with products may result in restrictions on their manufacture, sale and/or use or require their withdrawal from the market. ***United States.*** AbbVie's medical device products are subject to extensive regulation by the FDA in the United States. Unless an exemption applies, each medical device AbbVie markets in the United States must have a 510(k) clearance or a Premarket Approval Application (PMA) in accordance with the FFDCA and its implementing regulations. The FDA classifies medical devices into one of three classes, depending on the degree of risk associated with each medical device and the extent of controls that are needed to ensure safety and effectiveness. Devices deemed to pose a lower risk are placed in either Class I or Class II, and devices deemed by the FDA to pose the greatest risk, such as life-sustaining, life-supporting or implantable devices, or a device deemed to be not substantially equivalent to a previously cleared 510(k) device, are placed in Class III. In general, a Class III device cannot be marketed in the United States unless the FDA approves the device after submission of a PMA, and any changes to the device subsequent to initial FDA approval must also be reviewed and approved by the FDA. The majority of AbbVie's medical device products, including AbbVie's breast implants, are regulated as Class III medical devices. A Class III device may have significant additional obligations imposed in its conditions of approval, and the time in which it takes to obtain approval can be long. Compliance with regulatory requirements is assured through periodic, unannounced facility inspections by the FDA and other regulatory authorities, and these inspections may include the manufacturing facilities of AbbVie's subcontractors or other third-party manufacturers. Failure to comply with applicable regulatory requirements can result in enforcement action by the FDA, which may include any of the following sanctions: warning letters or untitled letters; fines, injunctions and civil penalties; recall or seizure of AbbVie' products; operating restrictions, partial suspension or total shutdown of production; refusing AbbVie' request for 510(k) clearance or PMA approval of new products; withdrawing 510(k) clearance or PMA approvals that are already granted; and criminal prosecution. A clinical trial is almost always required to support a PMA application and is sometimes required for a 510(k) premarket notification. Clinical trials generally require submission of an application for an investigational device exemption (IDE), which must be supported by appropriate data, such as animal and laboratory testing results, showing that it is safe to test the device in humans and that the testing protocol is scientifically sound. A study sponsor must obtain approval for its IDE from the FDA, and it must also obtain approval of its study from the Institutional Review Board overseeing the trial. The results of clinical testing may not be sufficient to obtain approval of the investigational device. Once a device is approved, the manufacture and distribution of the device remains subject to continuing regulation by the FDA, including Quality System Regulation requirements, which involve design, testing, control, documentation and other quality assurance procedures during the manufacturing process. Medical device manufacturers and their subcontractors are required to register their establishments and list their manufactured devices with the FDA and are subject to periodic unannounced inspections by the FDA and certain state agencies for compliance with regulatory requirements. Manufacturers must also report to the FDA if their devices may have caused or contributed to a death or serious injury or malfunctioned in a way that could likely cause or contribute to a death or serious injury, or if the manufacturer conducts a field correction or product recall or removal to reduce a risk to health posed by a device or to remedy a violation of the FFDCA that may present a health risk. Further, the FDA continues to regulate device labeling, and prohibits the promotion of products for unapproved or "off-label" uses along with other labeling restrictions. ***European Union.*** Medical device products that are marketed in the European Union must comply with the requirements of the Medical Device Regulation (the MDR), which came into effect in May 2021. The MDR provides for regulatory oversight with respect to the design, manufacture, clinical trials, labeling and adverse event reporting for medical devices to ensure that medical devices marketed in the European Union are safe and effective for their intended uses. Medical devices that comply with the MDR are entitled to bear a Conformité Européenne marking evidencing such compliance and may be marketed in the European Union. Failure to comply with these domestic and international regulatory requirements could affect AbbVie's ability to market and sell AbbVie's products in these countries.

Environmental Matters AbbVie believes that its operations comply in all material respects with applicable laws and regulations concerning environmental protection. Regulations under federal and state environmental laws impose stringent limitations on emissions and discharges to the environment from various manufacturing operations. AbbVie's capital expenditures for pollution control in 2021 were approximately $17 million and operating expenditures were approximately $33 million. In 2022, capital expenditures for pollution control are estimated to be approximately $14 million and operating expenditures are estimated to be approximately $34 million. Abbott was identified as one of many potentially responsible parties in investigations and/or remediations at several locations in the United States, including Puerto Rico, under the Comprehensive Environmental Response, Compensation and Liability Act, commonly known as Superfund. Some of these locations were transferred to AbbVie in connection with the separation and distribution, and AbbVie has become a party to these investigations and remediations. Abbott was also engaged in remediation at several other sites, some of which have been transferred to AbbVie in connection with the separation and distribution, in cooperation with the Environmental Protection Agency or similar agencies. While it is not feasible to predict with certainty the final costs related to those investigations and remediation activities, AbbVie believes that such costs, together with other expenditures to maintain compliance with applicable laws and regulations concerning environmental protection, should not have a material adverse effect on the company's financial position, cash flows, or results of operations. **Employees** AbbVie employed approximately 50,000 employees in over 70 countries as of January 31, 2022. Outside the United States, some of AbbVie's employees are represented by unions or works councils. AbbVie believes that it has good relations with its employees. **Human Capital Management** Attracting, retaining and providing meaningful growth and development opportunities to AbbVie's employees is critical to the company's success in making a remarkable impact on people's lives around the world. AbbVie leverages numerous resources to identify and enhance strategic and leadership capability, foster employee engagement and create a culture where diverse talent is productive and engaged. AbbVie invests in its employees through competitive compensation, benefits and employee support programs and offers best-in-class development and leadership opportunities. AbbVie has developed a deep talent base through ongoing investment in functional and leadership training and by sourcing world-class external talent, ensuring a sustainable talent pipeline. AbbVie continuously cultivates and enhances its working culture and embraces equality, diversity and inclusion as fundamental to the company's mission. ***Attracting and Developing Talent.*** Attracting and developing high-performing talent is essential to AbbVie's continued success. AbbVie implements detailed talent attraction strategies, with an emphasis on STEM skill sets, a diverse talent base and other critical skillsets, including drug discovery, clinical development, market access and business development. AbbVie also invests in competitive compensation and benefits programs. In addition to offering a comprehensive suite of benefits ranging from medical and dental coverage to retirement, disability and life insurance programs, AbbVie also provides health promotion programs, mental health awareness campaigns and employee assistance programs in several countries, financial wellness support, on-site health screenings and immunizations in several countries and on-site fitness and rehabilitation centers. In addition, the AbbVie Employee Assistance Fund (a part of the AbbVie Foundation) supports two programs for global employees: the AbbVie Possibilities Scholarship for children of employees, which is an annual merit-based scholarship for use at accredited colleges, universities or vocational-technical schools; and the Employee Relief Program, which is financial assistance to support short term needs of employees when faced with large-scale disasters (e.g. a hurricane), individual disasters (e.g. a home fire) or financial hardship (e.g. the death of a spouse). Finally, AbbVie empowers managers and their teams with tools, tips and guidelines on effectively managing workloads, managing teams from a distance and supporting flexible work practices. New AbbVie employees are given a tailored onboarding experience for faster integration and to support performance. AbbVie's mentorship program allows employees to self-nominate as mentors or mentees and facilitates meaningful relationships supporting employees' career and development goals. AbbVie also provides structured, broad-based development opportunities, focusing on high-performance skills and leadership training. AbbVie's talent philosophy holds leaders accountable for building a high-performing organization, and the company provides development opportunities to all levels of leadership. AbbVie's Learn, Develop, Perform program offers year-long, self-directed leadership education, supplemented with tools and resources, and leverages leaders as role models and teachers. In addition, the foundation to AbbVie's leadership pipeline is the company's Professional Development

Programs, which attract graduates, postgraduates and post-doctoral talent to participate in formal development programs lasting up to three years, with the objective of strengthening functional and leadership capabilities. ***Culture.*** AbbVie's shared values of transforming lives, acting with integrity, driving innovation, embracing diversity and inclusion and serving the community form the core of the company's culture. AbbVie articulates the behaviors associated with these values in the Ways We Work, a core set of working behaviors that emphasize how the company achieves results is equally as important as achieving them. The Ways We Work are designed to ensure that every AbbVie employee is aware of the company's cultural expectations. AbbVie integrates the Ways We Work into all talent processes, forming the basis for assessing performance, prioritizing development and ultimately rewarding employees. AbbVie believes its culture creates strong engagement, which is measured regularly through a confidential, third party all-employee survey, and this engagement supports AbbVie's mission of making a remarkable impact on people's lives. ***Equity, Equality, Diversity & Inclusion (EED&I).*** A cornerstone of AbbVie's human capital management approach is to prioritize fostering an inclusive and diverse workforce. In 2019, AbbVie adopted a five-year Equality, Diversity & Inclusion roadmap that defines key global focus areas, objectives and associated initiatives, and includes implementation plans organized by business function and geography. AbbVie's senior leaders have adopted formal goals aligned with executing this strategy. In recent years, AbbVie's board of directors has prioritized oversight of AbbVie's response to the U.S. racial justice movement, including overseeing internal programs designed to ensure that AbbVie is attracting, retaining and developing diverse talent. Through December 2021, women represented 51 percent of management positions globally and in the United States, 35 percent of AbbVie's workforce was comprised of members of historically underrepresented populations, an increase from 2020. Further, AbbVie is committed to pay equity and conducts pay equity analyses annually. A critical component of AbbVie's strategy is to instill an inclusive mindset in all AbbVie leaders and employees, so the company can realize the full value of a diverse workforce from recruitment through retirement. AbbVie recently launched a new resource for people who manage others to reinforce the importance of EED&I to the business, educate leaders on inclusive recruiting practices and modeling inclusive behavior, and encourage participation in the company's inclusive culture learning opportunities. AbbVie's Employee Resource Groups also help the company nurture an inclusive culture by building community, hosting awareness events and providing leadership and career opportunities. In 2021, AbbVie reiterated its commitment to racial equality and social justice by, among other things, expanding its employee matching program to $3-to-$1 for donations to civil rights nonprofits fostering racial equity and by reaffirming its commitment to clinical trial diversity. Additional information about AbbVie's efforts on racial equality and social justice is provided on the company's website at: https://abbvie.com/our-company/equality-inclusion-diversity/our-commitment-to-racial-justice.html. ***COVID-19 Health and Safety.*** AbbVie has effectively prioritized the health and safety of its employees during the COVID-19 pandemic, while continuing to drive strong business performance. AbbVie implemented, among other things, temporary office and facility closures and establishment of new safety and cleaning protocols and procedures; regular communication regarding the effect of the pandemic on AbbVie's business and employees; establishment of physical distancing procedures, modification of workspaces and provision of personal protective equipment and cleaning supplies for employees; provision of on-site vaccinations and temperature screenings; a variety of testing and vaccination resources including on-site vaccinations and on-site and at-home testing and COVID case management programs; and remote working accommodations and related services to support employees' needs for flexibility. In addition, COVID-19 is a covered event under the AbbVie Employee Assistance Fund's Employee Relief Program, entitling eligible AbbVie employees and their families to financial assistance to pay for mortgage/rent, utilities, food, childcare and medical expenses not covered by insurance. AbbVie also provided paid leave and other support and accommodations to the company's employees with relevant medical, pharmaceutical, research and development, science, public health and public safety skills, knowledge, training and experience who desired or were requested or mandated to serve as volunteers during the pandemic. Lastly, AbbVie's commitment to employees has been evidenced by no workforce reductions and no salary reductions associated with COVID-19.

Internet Information Copies of AbbVie's Annual Reports on Form 10-K, Quarterly Reports on Form 10-Q, Current Reports on Form 8-K and amendments to those reports filed or furnished pursuant to Section 13(a) or 15(d) of the Securities Exchange Act of 1934 are available free of charge through AbbVie's investor relations website (*investors.abbvie.com*) as soon as reasonably practicable after AbbVie electronically files the material with, or furnishes it to, the Securities and Exchange Commission (SEC). AbbVie's corporate governance guidelines, outline of directorship qualifications, code of business conduct and the charters of AbbVie's audit committee, compensation committee, nominations and governance committee and public policy committee are all available on AbbVie's investor relations website (*investors.abbvie.com*).

ITEM 1A. RISK FACTORS

You should carefully consider the following risks and other information in this Form 10-K in evaluating AbbVie and AbbVie's common stock. Any of the following risks could materially and adversely affect AbbVie's results of operations, financial condition or cash flows. The risk factors generally have been separated into two groups: risks related to AbbVie's business and risks related to AbbVie's common stock. Based on the information currently known to it, AbbVie believes that the following information identifies the most significant risk factors affecting it in each of these categories of risks. However, the risks and uncertainties AbbVie faces are not limited to those set forth in the risk factors described below and may not be in order of importance or probability of occurrence. Additional risks and uncertainties not presently known to AbbVie or that AbbVie currently believes to be immaterial may also adversely affect its business. In addition, past financial performance may not be a reliable indicator of future performance and historical trends should not be used to anticipate results or trends in future periods. If any of the following risks and uncertainties develops into actual events, these events could have a material adverse effect on AbbVie's business, results of operations, financial condition or cash flows. In such case, the trading price of AbbVie's common stock could decline. **Risks Related to AbbVie's Business** ***Public health outbreaks, epidemics or pandemics, such as the coronavirus (COVID-19), have had, and could in the future have, an adverse impact on AbbVie's operations and financial condition.*** Public health outbreaks, epidemics or pandemics have had, and could in the future have, an adverse impact on AbbVie's operations and financial condition. The continuing pandemic caused by the novel strain of coronavirus (COVID-19) has caused many countries, including the United States, to declare national emergencies and implement preventive measures such as travel bans and shelter in place or total lock-down orders, some of which have eased. The continuation or re-implementation of these bans and orders remains uncertain. The COVID-19 pandemic has caused AbbVie to modify its business practices (including instituting remote work for many of AbbVie's employees), and AbbVie may take further actions as may be required by government authorities or as AbbVie determines are in the best interests of AbbVie's employees, patients, customers and business partners. While the impact of COVID-19 on AbbVie's operations, including, among others, its manufacturing and supply chain, sales and marketing, commercial and clinical trial operations, to date has not been material, AbbVie has experienced lower new patient starts in certain products and markets. The impact of COVID-19 on AbbVie over the long-term is uncertain and cannot be predicted with confidence. The extent of the adverse impact of COVID-19 on AbbVie's operations will depend on the extent and severity of the continued spread of COVID-19 globally, the timing and nature of actions taken to respond to COVID-19 and the resulting economic consequences. Ultimately, efforts to mitigate the impact of COVID-19 may not completely prevent AbbVie's business from being adversely affected and future impacts remain uncertain. ***The expiration or loss of patent protection and licenses may adversely affect AbbVie's future revenues and operating earnings.*** AbbVie relies on patent, trademark and other intellectual property protection in the discovery, development, manufacturing and sale of its products. In particular, patent protection is, in the aggregate, important in AbbVie's marketing of pharmaceutical products in the United States and most major markets outside of the United States. Patents covering AbbVie products normally provide market exclusivity, which is important for the profitability of many of AbbVie's products. As patents for certain of its products expire, AbbVie will or could face competition from lower priced generic or biosimilar products. The expiration or loss of patent protection for a product typically is followed promptly by substitutes that may significantly reduce sales for that product in a short amount of time. If AbbVie's competitive position is compromised because of generics, biosimilars or otherwise, it could have a material adverse effect on AbbVie's business and results of operations. In addition, proposals emerge from time to time for legislation to further encourage the early and rapid approval of generic drugs or biosimilars. Any such proposals that are enacted into law could increase the impact of generic competition. AbbVie's principal patents and trademarks are described in greater detail in Item 1, "Business—Intellectual Property Protection and Regulatory Exclusivity" and Item 7, "Management's Discussion and Analysis of Financial Condition and Results of Operations—Results of Operations," and litigation regarding these patents is described in Item 3, "Legal Proceedings." The United States composition of matter patent for Humira, which is AbbVie's largest product and had worldwide net revenues of approximately $20.7 billion in 2021, expired in December 2016, and the equivalent European Union patent expired in the majority of European Union countries in October 2018.

AbbVie's major products could lose patent protection earlier than expected, which could adversely affect AbbVie's future revenues and operating earnings. Third parties or government authorities may challenge or seek to invalidate or circumvent AbbVie's patents and patent applications. For example, manufacturers of generic pharmaceutical products file, and may continue to file, Abbreviated New Drug Applications with the FDA seeking to market generic forms of AbbVie's products prior to the expiration of relevant patents owned or licensed by AbbVie by asserting that the patents are invalid, unenforceable and/or not infringed. In addition, petitioners have filed, and may continue to file, challenges to the validity of AbbVie patents under the 2011 Leahy-Smith America Invents Act, which created *inter partes* review and post grant review procedures for challenging patent validity in administrative proceedings at the United States Patent and Trademark Office. Although most of the challenges to AbbVie's intellectual property have come from other businesses, governments may also challenge intellectual property rights. For example, court decisions and potential legislation relating to patents, such as legislation regarding biosimilars, and other regulatory initiatives may result in further erosion of intellectual property protection. In addition, certain governments outside the United States have indicated that compulsory licenses to patents may be sought to further their domestic policies or on the basis of national emergencies, such as HIV/AIDS. If triggered, compulsory licenses could diminish or eliminate sales and profits from those jurisdictions and negatively affect AbbVie's results of operations. AbbVie normally responds to challenges by vigorously defending its patents, including by filing patent infringement lawsuits. Patent litigation, administrative proceedings and other challenges to AbbVie's patents are costly and unpredictable and may deprive AbbVie of market exclusivity for a patented product. To the extent AbbVie's intellectual property is successfully challenged, circumvented or weakened, or to the extent such intellectual property does not allow AbbVie to compete effectively, AbbVie's business will suffer. To the extent that countries do not enforce AbbVie's intellectual property rights or require compulsory licensing of AbbVie's intellectual property, AbbVie's future revenues and operating earnings will be reduced. ***A third party's intellectual property may prevent AbbVie from selling its products or have a material adverse effect on AbbVie's future profitability and financial condition.*** Third parties may claim that an AbbVie product infringes upon their intellectual property. Resolving an intellectual property infringement claim can be costly and time consuming and may require AbbVie to enter into license agreements. AbbVie cannot guarantee that it would be able to obtain license agreements on commercially reasonable terms. A successful claim of patent or other intellectual property infringement could subject AbbVie to significant damages or an injunction preventing the manufacture, sale, or use of the affected AbbVie product or products. Any of these events could have a material adverse effect on AbbVie's profitability and financial condition. ***Any significant event that adversely affects Humira revenues could have a material and negative impact on AbbVie's results of operations and cash flows.*** Humira accounted for approximately 37% of AbbVie's total net revenues in 2021. Any significant event that adversely affects Humira's revenues could have a material adverse impact on AbbVie's results of operations and cash flows. These events could include loss of patent protection for Humira (as described further in "*—The expiration or loss of patent protection and licenses may adversely affect AbbVie's future revenues and operating earnings*" above), the commercialization of biosimilars of Humira, the discovery of previously unknown side effects or impaired efficacy, increased competition from the introduction of new, more effective or less expensive treatments and discontinuation or removal from the market of Humira for any reason. ***AbbVie's research and development efforts may not succeed in developing and marketing commercially successful products and technologies, which may cause its revenues and profitability to decline.*** To remain competitive, AbbVie must continue to launch new products and new indications and/or brand extensions for existing products, and such launches must generate revenue sufficient both to cover its substantial research and development costs and to replace revenues of profitable products that are lost to or displaced by competing products or therapies. Failure to do so would have a material adverse effect on AbbVie's revenue and profitability. Accordingly, AbbVie commits substantial effort, funds, and other resources to research and development and must make ongoing substantial expenditures without any assurance that its efforts will be commercially successful. A high rate of failure in the biopharmaceutical industry is inherent in the research and development of new products, and failure can occur at any point in the research and development process, including after significant funds have been invested. Products that appear promising in development may fail to reach the market for numerous reasons, including failure to demonstrate effectiveness, safety concerns, superior safety or efficacy of competing therapies, failure to achieve positive clinical or pre-clinical outcomes beyond the current standards of care,

inability to obtain necessary regulatory approvals or delays in the approval of new products and new indications, limited scope of approved uses, excessive costs to manufacture, the failure to obtain or maintain intellectual property rights, or infringement of the intellectual property rights of others. Decisions about research studies made early in the development process of a pharmaceutical product candidate can affect the marketing strategy once such candidate receives approval. More detailed studies may demonstrate additional benefits that can help in the marketing, but they also consume time and resources and may delay submitting the pharmaceutical product candidate for approval. AbbVie cannot guarantee that a proper balance of speed and testing will be made with respect to each pharmaceutical product candidate or that decisions in this area would not adversely affect AbbVie's future results of operations. Even if AbbVie successfully develops and markets new products or enhancements to its existing products, they may be quickly rendered obsolete by changing clinical preferences, changing industry standards, or competitors' innovations. AbbVie's innovations may not be accepted quickly in the marketplace because of existing clinical practices or uncertainty over third-party reimbursement. AbbVie cannot state with certainty when or whether any of its products under development will be launched, whether it will be able to develop, license, or otherwise acquire compounds or products, or whether any products will be commercially successful. Failure to launch successful new products or new indications for existing products may cause AbbVie's products to become obsolete, causing AbbVie's revenues and operating results to suffer. ***A portion of AbbVie's near-term pharmaceutical pipeline relies on collaborations with third parties, which may adversely affect the development and sale of its products.*** AbbVie depends on alliances and joint ventures with pharmaceutical and biotechnology companies for a portion of the products in its near-term pharmaceutical pipeline. Failures by these parties to meet their contractual, regulatory, or other obligations to AbbVie, or any disruption in the relationships between AbbVie and these third parties, could have an adverse effect on AbbVie's pharmaceutical pipeline and business. In addition, AbbVie's collaborative relationships for research and development extend for many years and may give rise to disputes regarding the relative rights, obligations and revenues of AbbVie and its collaboration partners, including the ownership of intellectual property and associated rights and obligations. This could result in the loss of intellectual property rights or protection, delay the development and sale of potential pharmaceutical products and lead to lengthy and expensive litigation, administrative proceedings or arbitration. ***Biologics carry unique risks and uncertainties, which could have a negative impact on future results of operations.*** The successful discovery, development, manufacturing and sale of biologics is a long, expensive and uncertain process. There are unique risks and uncertainties with biologics. For example, access to and supply of necessary biological materials, such as cell lines, may be limited and governmental regulations restrict access to and regulate the transport and use of such materials. In addition, the development, manufacturing and sale of biologics is subject to regulations that are often more complex and extensive than the regulations applicable to other pharmaceutical products. Manufacturing biologics, especially in large quantities, is often complex and may require the use of innovative technologies. Such manufacturing also requires facilities specifically designed and validated for this purpose and sophisticated quality assurance and quality control procedures. Biologics are also frequently costly to manufacture because production inputs are derived from living animal or plant material, and some biologics cannot be made synthetically. Failure to successfully discover, develop, manufacture and sell biologics—including Humira—could adversely impact AbbVie's business and results of operations. ***AbbVie's biologic products are subject to competition from biosimilars.*** The Biologics Price Competition and Innovation Act creates a framework for the approval of biosimilars in the United States and could allow competitors to reference data from biologic products already approved. In Europe, the European Commission has granted marketing authorizations for several biosimilars pursuant to a set of general and product class-specific guidelines for biosimilar approvals issued over the past few years. In addition, companies are developing biosimilars in other countries that could and do compete with AbbVie's biologic products, including Humira. As competitors obtain marketing approval for biosimilars referencing AbbVie's biologic products, AbbVie's products may become subject to competition from such biosimilars, with the attendant competitive pressure and consequences. Expiration or successful challenge of AbbVie's applicable patent rights could also trigger competition from other products, assuming any relevant exclusivity period has expired. As a result, AbbVie could face more litigation and administrative proceedings with respect to the validity and/or scope of patents relating to its biologic products. ***New products and technological advances by AbbVie's competitors may negatively affect AbbVie's results of operations.*** AbbVie competes with other research-based pharmaceutical and biotechnology companies that discover, manufacture, market and sell proprietary pharmaceutical products and biologics. For example, Humira competes with anti-TNF products

and other competitive products intended to treat a number of disease states and Mavyret/Maviret competes with other available hepatitis C treatment options. In addition, in the past few years, a number of other companies have started to develop, have successfully developed and/or are currently marketing products that are being positioned as competitors to Botox. All of these competitors may introduce new products or develop technological advances that compete with AbbVie's products in therapeutic areas such as immunology, hematologic oncology, aesthetics, neuroscience, eye care and women's health. AbbVie cannot predict with certainty the timing or impact of the introduction by competitors of new products or technological advances. Such competing products may be safer, more effective, more effectively marketed or sold, or have lower prices or superior performance features than AbbVie's products, and this could negatively impact AbbVie's business and results of operations. ***The manufacture of many of AbbVie's products is a highly exacting and complex process, and if AbbVie or one of its suppliers encounters problems manufacturing AbbVie's products, AbbVie's business could suffer.*** The manufacture of many of AbbVie's products is a highly exacting and complex process, due in part to strict regulatory requirements. Problems may arise during manufacturing for a variety of reasons, including equipment malfunction, failure to follow specific protocols and procedures, problems with raw materials, delays related to the construction of new facilities or the expansion of existing facilities, including those intended to support future demand for AbbVie's products, changes in manufacturing production sites and limits to manufacturing capacity due to regulatory requirements, changes in the types of products produced, physical limitations that could inhibit continuous supply, man-made or natural disasters and environmental factors. If problems arise during the production of a batch of product, that batch of product may have to be discarded and AbbVie may experience product shortages or incur added expenses. This could, among other things, lead to increased costs, lost revenue, damage to customer relations, time and expense spent investigating the cause and, depending on the cause, similar losses with respect to other batches or products. If problems are not discovered before the product is released to the market, recall and product liability costs may also be incurred. ***AbbVie uses a number of products in its pharmaceutical and biologic manufacturing processes that are sourced from single suppliers, and an interruption in the supply of those products could adversely affect AbbVie's business and results of operations.*** AbbVie uses a number of products in its pharmaceutical and biologic manufacturing processes that are sourced from single suppliers. The failure of these single-source suppliers to fulfill their contractual obligations in a timely manner or as a result of regulatory noncompliance or physical disruption at a manufacturing site may impair AbbVie's ability to deliver its products to customers on a timely and competitive basis, which could adversely affect AbbVie's business and results of operations. Finding an alternative supplier could take a significant amount of time and involve significant expense due to the nature of the products and the need to obtain regulatory approvals. AbbVie cannot guarantee that it will be able to reach agreement with alternative providers or that regulatory authorities would approve AbbVie's use of such alternatives. AbbVie does, however, carry business interruption insurance, which provides a degree of protection in the case of a failure by a single-source supplier. ***Certain aspects of AbbVie's operations are highly dependent upon third party service providers.*** AbbVie relies on suppliers, vendors and other third party service providers to research, develop, manufacture, commercialize, promote and sell its products. Reliance on third party manufacturers reduces AbbVie's oversight and control of the manufacturing process. Some of these third party providers are subject to legal and regulatory requirements, privacy and security risks and market risks of their own. The failure of a critical third party service provider to meet its obligations could have a material adverse impact on AbbVie's operations and results. If any third party service providers have violated or are alleged to have violated any laws or regulations during the performance of their obligations to AbbVie, it is possible that AbbVie could suffer financial and reputational harm or other negative outcomes, including possible legal consequences. ***Significant safety or efficacy issues could arise for AbbVie's products, which could have a material adverse effect on AbbVie's revenues and financial condition.*** Pharmaceutical products receive regulatory approval based on data obtained in controlled clinical trials of limited duration. Following regulatory approval, these products will be used over longer periods of time in many patients. Investigators may also conduct additional, and perhaps more extensive, studies. If new safety or efficacy issues are reported or if new scientific information becomes available (including results of post-marketing Phase 4 trials), or if governments change standards regarding safety, efficacy or labeling, AbbVie may be required to amend the conditions of use for a product. For example, AbbVie may voluntarily provide or be required to provide updated information on a product's label or narrow its approved indication, either of which could reduce the product's market acceptance. If safety or efficacy issues with an AbbVie product arise, sales of the product could be halted by AbbVie or by regulatory authorities and regulatory action could be

taken by such regulatory authorities. Safety or efficacy issues affecting suppliers' or competitors' products also may reduce the market acceptance of AbbVie's products. New data about AbbVie's products, or products similar to its products, could negatively impact demand for AbbVie's products due to real or perceived safety issues or uncertainty regarding efficacy and, in some cases, could result in product withdrawal. Furthermore, new data and information, including information about product misuse, may lead government agencies, professional societies, practice management groups or organizations involved with various diseases to publish guidelines or recommendations related to the use of AbbVie's products or the use of related therapies or place restrictions on sales. Such guidelines or recommendations may lead to lower sales of AbbVie's products. ***AbbVie is subject to product liability claims and other lawsuits that may adversely affect its business and results of operations.*** In the ordinary course of business, AbbVie is the subject of product liability claims and lawsuits alleging that AbbVie's products or the products of other companies that it promotes have resulted or could result in an unsafe condition for or injury to patients. For example, lawsuits are pending against Allergan, AbbVie's recently acquired subsidiary, and certain of its current and former officers alleging they made misrepresentations and omissions regarding Allergan's textured breast implants. Product liability claims and lawsuits and safety alerts or product recalls, regardless of their ultimate outcome, may have a material adverse effect on AbbVie's business, results of operations and reputation and on its ability to attract and retain customers. Consequences may also include additional costs, a decrease in market share for the product in question, lower income and exposure to other claims. Product liability losses are self-insured. AbbVie is also the subject of other claims, legal proceedings and investigations in the ordinary course of business, which relate to the intellectual property, commercial, securities and other matters. Adverse outcomes in such claims, legal proceedings and investigations may also adversely affect AbbVie's business and results of operations. Additionally, Allergan has been named as a defendant in approximately 3,130 matters relating to the promotion and sale of prescription opioid pain relievers and additional suits may be filed. See Note 15, "Legal Proceedings and Contingencies" to the Consolidated Financial Statements included under Item 8, "Financial Statements and Supplementary Data." AbbVie cannot predict the outcome of these proceedings. ***AbbVie is subject to cost-containment efforts and pricing pressures that could cause a reduction in future revenues and operating earnings, and changes in the terms of rebate and chargeback programs, which are common in the pharmaceuticals industry, could have a material adverse effect on AbbVie's operations.*** Cost-containment efforts by governments and private organizations are described in greater detail in Item 1, "Business—Regulation—Commercialization, Distribution and Manufacturing." To the extent these cost containment efforts are not offset by greater demand, increased patient access to health care, or other factors, AbbVie's future revenues and operating earnings will be reduced. In the United States, the European Union and other countries, AbbVie's business has experienced downward pressure on product pricing, and this pressure could increase in the future. AbbVie is subject to increasing public and legislative pressure with respect to pharmaceutical pricing. In the United States, practices of managed care groups, and institutional and governmental purchasers, and United States federal laws and regulations related to Medicare and Medicaid, including the Medicare Prescription Drug Improvement and Modernization Act of 2003 and the Patient Protection and Affordable Care Act, contribute to pricing pressures. The potential for continuing changes to the health care system in the United States and the increased purchasing power of entities that negotiate on behalf of Medicare, Medicaid and private sector beneficiaries could result in additional pricing pressures. In numerous major markets worldwide, the government plays a significant role in funding health care services and determining the pricing and reimbursement of pharmaceutical products. Consequently, in those markets, AbbVie is subject to government decision-making and budgetary actions with respect to its products. In particular, many European countries have ongoing government-mandated price reductions for many pharmaceutical products, and AbbVie anticipates continuing pricing pressures in Europe. Differences between countries in pricing regulations could lead to third-party cross-border trading in AbbVie's products that results in a reduction in future revenues and operating earnings. Rebates related to government programs, such as fee-for-service Medicaid or Medicaid managed care programs, arise from laws and regulations. AbbVie cannot predict if additional government initiatives to contain health care costs or other factors could lead to new or modified regulatory requirements that include higher or incremental rebates or discounts. Other rebate and discount programs arise from contractual agreements with private payers. Various factors, including market factors and the ability of private payers to control patient access to products, may provide payers the leverage to negotiate higher or additional rebates or discounts that could have a material adverse effect on AbbVie's operations.

- political and economic instability, including as a result of the United Kingdom's exit from the European Union and the COVID-19 pandemic;
- sovereign debt issues; • price and currency exchange controls, limitations on participation in local enterprises, expropriation, nationalization and other governmental action and regulation; • inflation, recession and fluctuations in interest rates; • restrictions on transfers of funds; • potential deterioration in the economic position and credit quality of certain non-U.S. countries; and • potential penalties or other adverse consequences for violations of anti-corruption, anti-bribery and other similar laws and regulations, including the United States Foreign Corrupt Practices Act and the United Kingdom Bribery Act. Events contemplated by these risks may, individually or in the aggregate, have a material adverse effect on AbbVie's revenues and profitability. ***If AbbVie does not effectively and profitably commercialize its products, AbbVie's revenues and financial condition could be adversely affected.*** AbbVie must effectively and profitably commercialize its principal products by creating and meeting continued market demand; achieving market acceptance and generating product sales; ensuring that the active pharmaceutical ingredient(s) for a product and the finished product are manufactured in sufficient quantities and in compliance with requirements of the FDA and similar foreign regulatory agencies and with acceptable quality and pricing to meet commercial demand; and ensuring that the entire supply chain efficiently and consistently delivers AbbVie's products to its customers. The commercialization of AbbVie products may not be successful due to, among other things, unexpected challenges from competitors, new safety issues or concerns being reported that may impact or narrow approved indications, the relative price of AbbVie's product as compared to alternative treatment options and changes to a product's label that further restrict its marketing. If the commercialization of AbbVie's principal products is unsuccessful, AbbVie's ability to generate revenue from product sales will be adversely affected. ***AbbVie may acquire other businesses, license rights to technologies or products, form alliances, or dispose of assets, which could couse it to incur significant expenses and could negatively affect profitobility.*** AbbVie may pursue acquisitions, technology licensing arrangements, joint ventures and strategic alliances, or dispose of some of its assets, as part of its business strategy. AbbVie may not complete these transactions in a timely manner, on a cost-effective basis, or at all, and may not realize the expected benefits. If AbbVie is successful in making an acquisition, the products and technologies that are acquired may not be successful or may require significantly greater resources and investments than originally anticipated. AbbVie may not be able to integrate acquisitions successfully into its existing business and could incur or assume significant debt and unknown or contingent liabilities. AbbVie could also experience negative effects on its reported results of operations from acquisition or disposition-related charges, amortization of expenses related to intangibles and charges for impairment of long-term assets. These effects could cause a deterioration of AbbVie's credit rating and result in increased borrowing costs and interest expense. Additionally, changes in AbbVie's structure, operations, revenues, costs, or efficiency resulting from major transactions such as acquisitions, divestitures, mergers, alliances, joint ventures, restructurings or other strategic initiatives, may result in greater than expected costs, may take longer than expected to complete or encounter other difficulties, including the need for regulatory approval where appropriate.

AbbVie is dependent on wholesale distributors for distribution of its products in the United States and, accordingly, its results of operations could be adversely affected if they encounter finonciol difficulties. In 2021, three wholesale distributors (McKesson Corporation, Cardinal Health, Inc. and AmerisourceBergen Corporation) accounted for substantially all of AbbVie's pharmaceutical product sales in the United States. If one of its significant wholesale distributors encounters financial or other difficulties, such distributor may decrease the amount of business that it does with AbbVie, and AbbVie may be unable to collect all the amounts that the distributor owes it on a timely basis or at all, which could negatively impact AbbVie's business and results of operations.

AbbVie is subject to numerous governmental regulations, and it can be costly to comply with these regulations and to develop compliant products and processes. AbbVie's products are subject to rigorous regulation by numerous international, supranational, federal and state authorities, as described in Item 1, "Business—Regulation—Discovery and Clinical Development," "Business—Regulation—Commercialization, Distribution and Manufacturing," and "Business—Regulation—Medical Devices." The process of obtaining regulatory approvals to market a pharmaceutical product can be costly and time consuming, and approvals might not be granted for future products, or additional indications or uses of existing products, on a timely basis, if at all. Delays in the receipt of, or failure to obtain approvals for, future products, or new indications and uses, could result in delayed realization of product revenues, reduction in revenues and substantial additional costs. In addition, AbbVie cannot guarantee that it will remain compliant with applicable regulatory requirements once approval has been obtained for a product. These requirements include, among other things, regulations regarding manufacturing practices, product labeling and advertising and post-marketing reporting, including adverse event reports and field alerts due to manufacturing quality concerns. AbbVie must incur expense and spend time and effort to ensure compliance with these complex regulations. Possible regulatory actions could result in substantial modifications to AbbVie's business practices and operations; refunds, recalls or seizures of AbbVie's products; a total or partial shutdown of production in one or more of AbbVie's or its suppliers' facilities while AbbVie or its supplier remedies the alleged violation; the inability to obtain future approvals; and withdrawals or suspensions of current products from the market. Any of these events could disrupt AbbVie's business and have a material adverse effect on its business and results of operations. ***Laws and regulations affecting government benefit programs could impose new obligations on AbbVie, require it to change its business practices, and restrict its operations in the future.*** The health care industry is subject to various federal, state and international laws and regulations pertaining to government benefit programs reimbursement, rebates, price reporting and regulation and health care fraud and abuse. In the United States, these laws include anti-kickback and false claims laws, the Medicaid Rebate Statute, the Veterans Health Care Act, the U.S. Physician Payments Sunshine Act, the TRICARE program, the government pricing rules applicable to the Medicaid, Medicare Part B, 340B Drug Pricing Program and individual state laws relating to pricing and sales and marketing practices. Violations of these laws may be punishable by criminal and/or civil sanctions, including, in some instances, substantial fines, imprisonment and exclusion from participation in federal and state health care programs, including Medicare, Medicaid and Veterans Administration health programs. These laws and regulations are broad in scope and they are subject to change and evolving interpretations, which could require AbbVie to incur substantial costs associated with compliance or to alter one or more of its sales or marketing practices. In addition, violations of these laws, or allegations of such violations, could disrupt AbbVie's business and result in a material adverse effect on its business and results of operations. ***The international nature of AbbVie's business subjects it to additional business risks that may cause its revenue and profitability to decline.*** AbbVie's business is subject to risks associated with doing business internationally, including in emerging markets. Net revenues outside of the United States made up approximately 23% of AbbVie's total net revenues in 2021. The risks associated with AbbVie's operations outside the United States include: • fluctuations in currency exchange rates; • changes in medical reimbursement policies and programs; • multiple legal and regulatory requirements that are subject to change and that could restrict AbbVie's ability to manufacture, market and sell its products; • differing local product preferences and product requirements; • trade protection measures and import or export licensing requirements; • international trade disruptions or disputes; • difficulty in establishing, staffing and managing operations; • differing labor regulations; • potentially negative consequences from changes in or interpretations of tax laws;

4S

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located? ☐ Nevada ☑ Out-of-State

Is your facility a reverse distributor? ☐ Yes ☑ No

Type of Application (check applicable box)		Ownership Change Type (check applicable box)
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH N/A	☑ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Mirati Therapeutics, Inc.

Physical Address: 3545 Cray Court

City: San Diego State: CA Zip: 92121

Mailing Address (if different from physical address): Same as physical address

City: State: Zip:

Telephone: 858-332-3410 Website: www.mirati.com

Name of Designated Representative (DR): Philip N. Roberts

Licensing Company Email: robertsp@mirati.com DR Email: robertsp@mirati.com

Entities the Wholesaler will Serve	Products to be Handled by Wholesaler
☑ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☑ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☑ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☑ Others: Distributors and clinics	☐ Others:

Section 2: History of Company

		Yes	No
1.	Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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)?		X
2.	Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3.	Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4.	Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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?		X
5.	Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been most involved with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attachment A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): N/A

Corporation Name: Mirati Therapeutics, Inc.

Mailing Address: 3545 Cray Court

City: San Diego State: CA Zip: 92121

Telephone: 858-332-3410 Email: robertsp@mirati.com

Contact Person Name: Philip N. Roberts

Date of SEC Registration: 05/03/2013 | SEC Registration Number: CIK:1576263 | Stock Exchange Symbol: MRTX

N/A **Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

N/A **Section 6: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

N/A **Section 7: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification N/A 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration See Attachment B 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. N/A - publicly traded		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment C	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** See Attachment D	✓			
• **List of all corporation shareholders and their percent ownership.** N/A		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.** See Attachment E	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** See Attachment D	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment F	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment G	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. N/A		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. N/A		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Philip N. Roberts
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

April 25, 2022
Date

Board Use Only	Date Received: _____	Amount: 500 check # 1071 ✓ 6/1/22

Attachment A

Nature of Business

Mirati Therapeutics, Inc. "Mirati" is a virtual prescription drug manufacturer. Mirati is developing products that directly target the genetic and immunological drivers of cancer to ultimately help improve the lives of patients with cancer. Mirati will use contract manufacturers to produce its product and a third party logistics provider to ship. No product will be handled at Mirati's business office. Provided below is the contact information for the contract manufacturer and third party logistics provider of Mirati's first product.

Contract Manufacturers:

Tianjin Asymchem Pharmaceuticals Co., Ltd.
No. 71 Xinye 7th Avenue
TEDA WEST Tianjin
Tianjin 300462
China
FDA #: 3013090624

Patheon Inc.
2100 Syntex Ct, Mississauga, ON L5N 3X4, Canada
FDA #: 3000264888

Sharp Corporation
7451 Keebler Way
Allentown, Pennsylvania 18106
FDA #: 3004161147

Third Party Logistics Provider:

Cardinal Health 105 Inc.
501 Mason Road, Suite 200
La Vergne, TN 37086

edrls@fda.hhs.gov

Subject: Labeler Code Request Approved

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Wednesday, September 30, 2020 1:47 PM
To: regaffairs <regaffairs_user@mirati.com>
Subject: Labeler Code Request Approved

EXTERNAL SENDER

eDRLS - Electronic Drug Registration & Listing System

Current Date: 30-SEP-2020
Labeler DUNS: 078870124
Labeler Name: Mirati Therapeutics, Inc.
Labeler Code Assigned: 80739

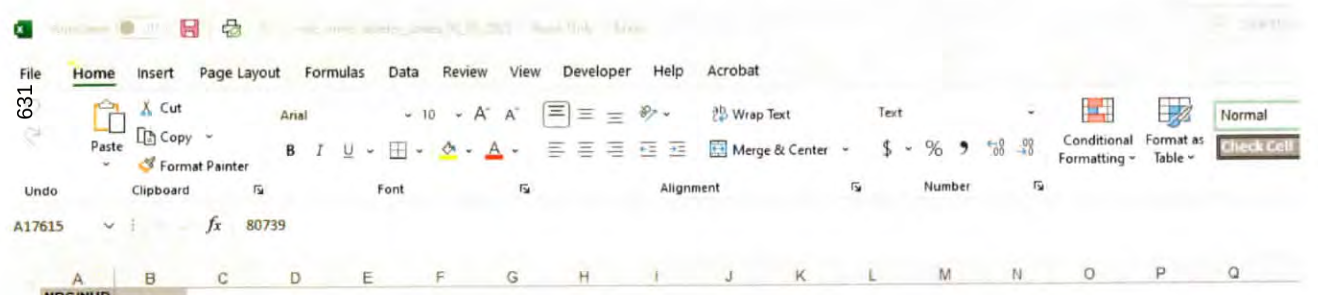
The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).



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Merge & Center Conditional Formatting Format as Table

Undo Clipboard Font Alignment Number

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	A	B
1	NDC/NHRIC Labeler	Firm Name
7585	76184	Fantasia Accessories, Ltd.
7586	63850	Natco Pharma Limited
7587	62187	Deborah Stubblefield dba Respiratory Services
7588	64346	Founders Healthcare LLC, dba Preferred Homecare
7589	75774	Saerom International, Inc.
7590	76400	Galen Limited
7591	80408	Ningbo Alabama Trading LLC
7592	82025	Phoenix Assurance, LLC
7593	59915	Conju Inc
7594	10147	Patriot Pharmaceuticals, LLC
7595	41856	GUANGZHOU KARLSBRAU Biotechnology Co., Ltd
7596	0245	Upsher-Smith Laboratories, LLC
7597	75078	Scentsational Soaps & Candles, Inc.
7598	72266	Fosun Pharma USA Inc
7599	78561	Acu-SAFE Inc
7600	80992	Maks Pharma and Diagnostics Inc
7601	51414	Yuyao Jessie Commodity Co., Ltd
7602	55455	Hebei Youjie Weishi Technology Co., Ltd.
7603	73552	TOYO Pharmaceutical Co., Ltd.
7604	73990	Shrieve Chemical Services - Us, LLC
7605	0013	Pfizer Laboratories Div Pfizer Inc
7606	86019	Shandong Rellet Cosmetic Co., Ltd.
7607	51098	Avadim II, LLC
7608	52989	Taizhou Yadai Daily-Use Co., Ltd.
7609	78418	BAF INDUSTRIES
7610	55447	Nan tong Feilong Natural Healthy Co.,LTD
7611	44946	Agile RX
7612	61369	CoLabs Intl. Corp
7613	71873	Garth Fisher Beauty LLC
7614	57710	Armand Products Company
7615	80739	Mirati Therapeutics, Inc.
7616	74021	Bacardi Bottling Corporation
7617	29565	UV Natural International Pty Ltd.
7618	52096	Adrian Pharmaceuticals LLC
7619	68559	Molecular Health Commerce, Inc.
7620	52549	Taro Pharmaceutical Industries Ltd.
7621	52810	PUREMEDY
7622	71361	Piramal Critical Care Limited
7623	74618	GAXTRACTS LLC
7624	76026	Serene Healthcare, Inc
7625	62284	PharmaZell (India) Private Limited
7626	77646	Antrix Distribution LLC
7627	79476	Napa Valley Limoncello Company, LLC
7628	76481	Famar Nederland B.V.
7629	71140	Perfectly Posh, Llc
7630	78900	Innovative Tool and design
7631	79418	Quantum Fluids LLC
7632	80971	Norwex Usa, Inc.
7633	81812	GC Love LLC
7634	69926	Too Cool For School USA, Inc
7635	62379	Simple Diagnostics, Inc.
7636	67978	SinoFresh HealthCare Inc
7637	51483	DeWitt Laboratories, Inc
7638	74361	Ghost Coast Distillery
7639	53043	Shanghai Aquagel Bio-polymer Co., Ltd.
7640	75037	Drivergent, Inc.
7641	66644	MCKENNA LABS, INC.
7642	40760	Huzhou Guoneng New Material Co., Ltd.
7643	63926	ProChemicals LLC
7644	63187	Proficient Rx LP
7645	59118	Rexall Sundown, Inc

NDCLabelerCodeAutoReport

Ready Accessibility: Unavailable

Attachment C

Corporate Officer and Director Information

Mirati Therapeutics, Inc.
3545 Cray Court
San Diego, CA 92121

Corporate Officers:

Charles M. Baum, M.D., Ph.D.
President

David D. Meek
CEO

Benjamin J. Hickey
CCO

James G. Christensen
CSO

Reena R. Desai
Chief Legal Officer and Corporate Secretary

Vickie S. Reed
CAO

Board of Directors:

Faheem Hasnain
Julie Cherrington, Ph.D.
Craig Johnson
Shalini Sharp
Charles M. Baum, M.D., Ph.D.
Aaron Davis
Maya Martinez-Davis
Bruce Carter, Ph.D.
Henry Fuchs, M.D.
David Meek

Attachment E

Certificate of Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MIRATI THERAPEUTICS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Jeffrey W. Bullock, Secretary of State

5324218 8300

SR# 20221128365

Authentication: 202987778

Date: 03-23-22

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

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Wholesale Drug Permit

LICENSE NO. WLS 7994

ISSUE DATE FEBRUARY 07, 2022

MIRATI THERAPEUTICS, INC.

3545 CRAY CT
SAN DIEGO CA 92121

The above is licensed with the State Board of Pharmacy as a Corporation.

CORPORATION
PHILIP NOLAND ROBERTS — EXEMPTEE IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL FEBRUARY 01, 2023

RECEIPT NUMBER 00706741

This original license must be kept for the life of the license and posted in public view.

In accordance with section 4060 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is NONTRANSFERABLE and must be renewed annually on or before the indicated date. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, shareholder (more than 10 percent share change), designated representative-in-charge, manager or vice president of operations. If you are planning to change location or designated representative-in-charge, the approval must be in advance of the change.

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

----- POST IN PUBLIC VIEW -----

PLEASE KEEP CONFIDENTIAL

First Name	Last Name
Charles	Baum
Jane	Shank
James	Christensen
Richard	Chao
Vickie	Reed
Vanessa	Tassell
Lars	Engstrom
Niranjan	Kambiliampatti Sudhakar
Ruth	Aranda
Jill	Hallin
Carolynn	Schnieder
William	Bleker
Peter	Olson
Hirak	Der-Torossian
Matthew	Marx
Lauren	Hargis
Temre	Johnson
Tawfik	Gharbaoui
Doreen	Gasparella
Victoria	Bowcut
John	Ketcham
Xiaohong	Yan
Xiaolun	Wang
John	Lawson
James	Marinacci
Laura	Waters
Philip	Roberts
Daniel	Beck
Venkateshwar Rao Prasanna	Ganta
Christopher	Smith
Elise	Bradley
Alejandra	Cerros
Cheng	Chen
Lisa	Rahbaek
Darin	Vanderpool
Thian	Kheoh
Reyna	Palacio
Natalie	Nguyen
Jon	Kuehler
Catherine	Balingit
Benjamin	Hickey
Roberto	Vieira
Svitlana	Kulyk

PLEASE KEEP CONFIDENTIAL

Kelly	Covello
Michal	Achmatowicz
Reena	Desai
Jade	Laguer
Thomas	Scattolin
Kevin	Watt
Ryan	Asay
Sharon	Real
Elizabeth	Gelfand
Lisa	Vuchak
Jennifer	Wilson
Tenneal	Kenley
Max	Kamer
David	Rubin
Yosyong	Surakitbanharn
Tara	Scrimger Brown
Jeffrey	Clarine
Jose	Rodriguez
Nicole	Thomas
Jingying	Cui
Roshna	Nalluri
Jacob	Haling
Kristin	Gustafson
Allen	Young
Kristin	Carner
Lisa	Roebuck
Noelle	Michalak
Priyanka	Shah
Mehrdad	Kheiripour Langroudi
Barry	Lennon
Tammi	Kim
Jacob	McDowell
Douglas	Cababa
Shilpi	Khare
Eimear	Bibby
Mark	Baczkowski
Fabiola	Shelton
Kenna	Anderes
William	Trebasky
Barbara	Saechao
Renard	DuBois
Ethan	Li
David	Trinh
Rongliang	Chen

PLEASE KEEP CONFIDENTIAL

Kealiiokapapaku	Lingo
Kelly	Pearson
Vinay Kumar	Kankala
Laura	Vegar
Marc	Acosta
Monica	Choi
Wei	Zhang
David	Meek
Dinesh	Paymode
Sean	O'Connell
Papireddy	Tiyyagura
Kyle	Leeman
Mangala	Hariharan
Two	Pham
Candelario	Pardo
Jason	Nestler
Cintia	Vazquez
Jessica	Conen
Zhichao	Lu
Todd	Baumgartner
Chengsheng	Chen
Rick	Schmitt
Sahar	Roshandel
Kevin	Ryan
Stanley	Yu
Stephen	Harwood
Nishma	Held
Olivia	Philyaw
Cynthia	Ren
Kristen	Eck
Francois	Nicol
Terence	Runge
Kersti	Caddell Haatveit
John Paul	Lamoureux
Cody	Parker
Jill	Smith
Roger	Furr
Anthony	Ivetac
Veronica	Cusguen
Yonghong	Gan
Robin	Gunn
Omar	Alchi
Stephanie	Ceballos

Attachment D

SEC Report and Top Shareholders

Enclosed are the first 15 pages of the 2022 SEC 10-K report. To entire report is over 100 pages. To review the entire report, please visit the following website: https://ir.mirati.com/financials/sec-filings/sec-filings-details/default.aspx?FilingId=15612822

The top four shareholders and percent Ownership Held (as of December 30, 2021):

1. Boxer 17%
2. Avoro 8.1%
3. Vanguard 7.1%
4. Perceptive 5.2%

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

WASHINGTON, D.C. 20549

FORM 10-K

(Mark one)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2021

or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For tbe transition period from to

Commission File Number: 1-15803

MIRATI THERAPEUTICS, INC.

(Exact Name of Registrant as Specified in Its Charter)

Delaware	**46-2693615**
(State or other jurisdiction of incorporation or organization)	*(IRS Employer Identification No.)*
3545 Cray Court, San Diego, California	**92121**
(Address of principal executive offices)	*(Zip Code)*

(858) 332-3410
(Registrant's Telephone Number, Including Area Code)

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class	Trading Symbol	Name of Each Exchange on Which Registered
Common Stock, par value $0.001 per share	**MRTX**	**The Nasdaq Stock Market LLC**

Securities registered pursuant to Section 12(g) of the Act:

None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or a smaller reporting company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☒	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financing accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☒

The aggregate market value of common stock held by non-affiliates (based on the closing price on the last business day of the registrant's most recently completed second fiscal quarter as reported on The Nasdaq Global Select Market) was $7.4 billion. All executive officers and directors of the registrant and certain shareholders filing a Schedule 13D or Schedule 13G with the Securities and Exchange Commission in respect to registrant's common stock have been deemed, solely for the purpose of the foregoing calculation, to be "affiliates" of the registrant.

As of February 22, 2022, the registrant had 55,488,261 shares of common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Certain information required to be disclosed in Part III of this report is incorporated by reference from the registrant's definitive Proxy Statement for the 2022 Annual

Meeting of Shareholders, which proxy statement will be filed not later than 120 days after the end of the fiscal year covered by this report.

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PART I

Forward-Looking Statements

This Annual Report on Form 10-K (the "Annual Report") and the information incorporated herein by reference includes forward-looking statements regarding our business and the therapeutic and commercial potential of our technologies and products in development. Any statement describing our goals, expectations, financial or other projections, intentions or beliefs, is a forward-looking statement and should be considered an at-risk statement. Such statements are subject to certain risks and uncertainties, particularly those inherent in the process of discovering, developing and commercializing medicines that are safe and effective for use as human therapeutics, and in the endeavor of building a business around such medicines. Our forward-looking statements also involve assumptions that, if they never materialize or prove correct, could cause our results to differ materially from those expressed or implied by such forward-looking statements. Factors that could cause or contribute to such differences include, but are not limited to, those discussed in this Annual Report, including those identified in Item 1A entitled "Risk Factors". Although our forward-looking statements reflect the good faith judgment of our management, these statements are based only on facts and factors currently known by us. As a result, you are cautioned not to rely or place undue reliance on these forward-looking statements. References in this Annual Report to "we", "our", "us", "Mirati" or "the Company" refer to Mirati Therapeutics, Inc. and its subsidiaries.

Summary of Risk Factors

Investing in our securities involves a high degree of risk. Below is a summary of material factors that make an investment in our securities speculative or risky. Importantly, this summary does not address all of the risks that we face. Additional discussion of the risks summarized in this summary of risk factors, as well as other risks that we face, can be found under the heading "Item 1A – Risk Factors" in Part I of this Annual Report.

- *Risks Related to our Business and Industry*
  - *Our research and development programs and product candidates are in development. As a result, we are unable to predict if or when we will successfully develop or commercialize our product candidates.*
  - *All of our product candidates are subject to extensive regulation, which can be costly and time consuming, cause delays or prevent approval of such product candidates for commercialization*
  - *The successful commercialization of our product candidates, if approved, will depend on achieving market acceptance and we may not be able to gain sufficient acceptance to generate significant revenue.*
  - *The COVID-19 pandemic could adversely impact our business including our ongoing and planned clinical trials and preclinical research.*
  - ***We rely upon third-party contractors and service providers for the execution of some aspects of our development programs. Failure of these collaborators** to provide services of a suitable quality and within acceptable timeframes may cause the delay or failure of our development programs.*
  - *Competition in our targeted market area is intense and this field is characterized by rapid technological change. Therefore, developments by competitors may substantially alter the predicted market or render our product candidates uncompetitive*
  - *Our product candidates may cause undesirable side effects or have other properties that could delay or prevent their regulatory approval, limit the commercial profile of an approved product label, or result in significant negative consequences following marketing approval, if any.*
  - ***We are subject** to compe**tition for** our **skilled** personnel **and** may experience **challenges in identifying** and **retaining key** personnel **that could impair** our ability to conduct our operations effectively.*
- *Risks Related to our Financial Position and Capital Requirements*
  - *We will require additional financing and may be unable to raise sufficient capital, which could lead us to delay, reduce or abandon development programs or commercialization.*
- *Risks Related to our Intellectual Property*
  - *We may not obtain adequate protection for our product candidates through patents and other intellectual property rights and as such, our competitive advantage in the marketplace may be compromised.*
- ***Other fact**ors set **forth herein**.*

Item 1. Business

BUSINESS

Company Overview

Mirati Therapeutics, Inc. is a clinical-stage oncology company developing novel therapeutics to address the genetic and immunological promoters of cancer.

We have two KRAS inhibitor programs. Adagrasib is an investigational, selective, specific, potent and orally available KRAS G12C inhibitor in clinical development as a monotherapy and in combination with other agents. Adagrasib is the provisionally filed nonproprietary name for MRTX849. MRTX1133 is an investigational, selective, specific and potent KRAS G12D inhibitor in preclinical development.

Sitravatinib is an investigational spectrum-selective kinase inhibitor designed to potently inhibit receptor tyrosine kinases ("RTK"s) and enhance immune responses through the inhibition of immunosuppressive signaling.

MRTX1719 is an internally discovered investigational synthetic lethal PRMT5 inhibitor designed to specifically target the PRMT5/methylthioadensoine (MTA) complex in preclinical development.

The Company also has additional preclinical programs of potentially first-in-class and best-in-class product candidates specifically designed to address mutations and tumors where few treatment options exist. We approach all of our programs with a singular focus: to translate our deep understanding of the molecular drivers of cancer into better therapies and better outcomes for patients.

KRAS Inhibitor Programs

The RAS family of genes is the most commonly mutated oncogene and mutations in this gene family occur in up to approximately 25% of all human cancers. Among the RAS family members, mutations most frequently occur in KRAS (approximately 85% of all RAS family mutations). Tumors characterized by KRAS mutations are commonly associated with poor prognosis and resistance to therapy. Nonclinical studies have demonstrated that cancer cells exhibiting KRAS mutations are highly dependent on KRAS function for cell growth and survival. Our KRAS inhibitor programs are focused on the discovery and development of small molecule compounds that target KRAS G12C and G12D. We are pursuing development of our KRAS G12C and KRAS G12D inhibitor programs in both single agent and rational combination approaches.

Adagrasib, a selective KRAS G12C inhibitor

Adagrasib, our lead KRAS G12C compound, is an investigational, selective, specific, potent and orally available KRAS G12C inhibitor and is in clinical development varying from Phase 1 through Phase 3. Adagrasib is designed to directly inhibit KRAS G12C mutations. KRAS G12C mutations are present in approximately 14% of non-small cell lung cancer ("NSCLC") adenocarcinoma patients, 3-4% of colorectal cancer ("CRC") patients, 2% of pancreatic cancer patients, as well as smaller percentages of several other difficult-to-treat cancers.

We received U.S. Food and Drug Administration ("FDA") authorization of our investigational new drug application ("IND") for adagrasib in November 2018, and in January 2019, we initiated the dose escalation phase of KRYSTAL-1, a Phase 1/2 multiple expansion cohort clinical trial evaluating adagrasib in patients with advanced solid tumors that harbor KRAS G12C mutations both in monotherapy and in combination with other anticancer therapies. Following single agent dose escalation, the KRYSTAL-1 trial was expanded into multiple cohorts in which adagrasib is being evaluated both in monotherapy and in combination with other compounds in patients with NSCLC, CRC and those with other tumors that carry the KRAS G12C mutation.

In December 2021, we completed our New Drug Application ("NDA") submission to the FDA for adagrasib for the treatment of patients with previously treated KRAS G12C-mutated NSCLC who have received prior systemic therapy. In February 2022, the FDA accepted the NDA and assigned a Prescription Drug User Fee Action ("PDUFA") date of December 14, 2022. The NDA is being reviewed by the FDA for Accelerated Approval (Subpart H), which allows for the approval of drugs that treat serious conditions, and that fill an unmet medical need based on a surrogate endpoint. In addition, this application is being reviewed under the FDA Real-Time Oncology Review pilot program, which aims to explore a more efficient review process that ensures safe and effective treatments are made available to patients as early as possible. Adagrasib has also achieved Breakthrough Therapy Designation as a potential treatment for patients with NSCLC who harbor the KRAS G12C mutation following prior systemic therapy. The Company also has an Expanded Access Program for adagrasib for the treatment of eligible patients with KRAS G12C-mutated cancers regardless of tumor type in the United States.

The KRYSTAL-1 trial is evaluating the combination of adagrasib and a PD-1 inhibitor (pembrolizumab) in patients with NSCLC, the combination of adagrasib and a pan-EGFR inhibitor (afatinib) in patients with advanced NSCLC, and the combination of adagrasib and an anti-EGFR antibody (cetuximab) in patients with CRC. In 2020, we initiated KRYSTAL-2, a Phase 1/2 clinical trial evaluating the combination of adagrasib and a SHP-2 inhibitor (TNO-155) in patients with advanced NSCLC and advanced CRC. In 2021, we initiated KRYSTAL-14, a Phase 1/2 clinical trial evaluating the combination of adagrasib and a SOS1 inhibitor (BI 1701963) in patients with advanced NSCLC, and we initiated KRYSTAL-16, a Phase 1/1b clinical trial evaluating the combination of adagrasib and a CDK4/6 inhibitor (palbociclib) in patients with advanced solid tumors with KRAS G12C mutation.

In the fourth quarter of 2021, we announced preliminary results from the Phase 1b cohort of the KRYSTAL-1 trial evaluating the combination of adagrasib and a PD-1 inhibitor (pembrolizumab) in eight patients with KRAS G12C-mutated first-line NSCLC. The preliminary results support moving forward with a 400mg twice daily dose ("BID") of adagrasib with full dose pembrolizumab, which will be evaluated in an ongoing Phase 2 clinical trial. The Phase 1b data showed adagrasib 400mg BID plus pembrolizumab had a manageable tolerability profile, with no observed Grade 4 or Grade 5 adverse events. Of the seven patients evaluable for a response as of October 21, 2021, four had a confirmed RECIST-defined partial response and one additional patient, who is still on study, experienced 49% tumor regression in the first scan, which allowed for tumor resection prior to achieving a RECIST-defined confirmed response. The disease control rate ("DCR") was 100%, with all seven patients exhibiting tumor regression ranging from 37% to 92%. With a median follow up of 9.9 months, five of the seven patients remained on treatment, as of the data cutoff date, and had been on treatment for 8 to 11 months.

On September 20, 2021, we announced that we completed an analysis in the intent-to-treat population of the registration enabling cohort of KRYSTAL-1, the Phase 1/2 clinical trial evaluating adagrasib at 600mg BID as a monotherapy treatment for patients in at least 2nd line NSCLC. The analysis showed an objective response rate ("ORR") of 43% and a DCR of 80%, based on central independent review, as of June 15, 2021.

In the third quarter of 2021, we amended KRYSTAL-7, the Phase 2 clinical trial evaluating the combination of adagrasib at 400mg BID and a PD-1 inhibitor (pembrolizumab) in patients with NSCLC stratified by <1% Tumor Proportion Score ("TPS") score and ≥1% TPS score.

In the first quarter of 2021, we initiated two registration-enabling Phase 3 clinical trials. The first clinical trial, KRYSTAL-12, is evaluating adagrasib as a monotherapy randomized against docetaxel in patients with 2nd line NSCLC. The second clinical trial, KRYSTAL-10, is evaluating the combination of adagrasib and an anti-EGFR antibody (cetuximab) randomized against chemotherapy in patients with 2nd line CRC.

On September 19, 2021, at the European Society for Medical Oncology Congress 2021, we presented preliminary results from the cohort of the KRYSTAL-1 Phase 1/2 clinical trial evaluating adagrasib at 600mg BID as both a monotherapy treatment and in combination with cetuximab for patients with heavily pretreated colorectal cancer harboring a KRAS G12C mutation.

- As of May 25, 2021, the adagrasib monotherapy arm (n=46) had a median follow up of 8.9 months. Of the evaluable patients (n=45), preliminary results showed an investigator assessed response rate ("RR") of 22%, including one unconfirmed partial response ("PR"), and a DCR of 87%; the median duration of response ("DOR") was 4.2 months. In all enrolled patients, the median progression free survival ("PFS") was 5.6 months (95% confidence interval ("CI"): 4.1,8.3).

- As of July 9, 2021, the adagrasib plus cetuximab arm (n=32) had a median follow up of 7 months. Of the evaluable patients (n=28), preliminary results showed an investigator assessed RR of 43%, including two unconfirmed PRs and a DCR of 100%. After the data cutoff date, of the two unconfirmed PRs, follow up scans showed one patient had a confirmed PR, and the second patient progressed.

- Adagrasib monotherapy and in combination with cetuximab was well-tolerated in this study, with a manageable safety profile. Grade 3/4 treatment related adverse events ("TRAEs") were observed in 30% of patients treated with adagrasib alone, and in 16% of patients treated with the combination. Treatment related adverse events led to treatment discontinuation in 6% of patients who received combination therapy and in none (0%) of those who received adagrasib monotherapy. No Grade 5 TRAEs were observed in either treatment arm.

On October 9, 2021, at the 33rd EORTC-NCI-AACR Symposium on Molecular Targets and Therapeutics, we presented preliminary results from a cohort of the KRYSTAL-1 clinical trial evaluating adagrasib at 600mg BID as

monotherapy for patients with pancreatic ductal adenocarcinoma harboring a KRAS G12C mutation. arm (n=12). Of the evaluable patients (n=10), preliminary results showed an investigator assessed RR of 50%, including an unconfirmed PR, and a DCR of 100%.

Preliminary efficacy data was assessed as of August 30, 2020 in six patients with advanced solid tumors, other than NSCLC and CRC, treated with adagrasib as a monotherapy at 600mg BID dose from a Phase 1/1b cohort. One patient each with pancreatic, ovarian, endometrial and cholangiocarcinoma tumors were treated and had a confirmed PR to therapy. Two appendiceal cancer patients had stable disease and all six eligible patients remained on treatment.

Adagrasib Development in Collaboration with Zai Lab Ltd. ("Zai")

In May 2021, we entered into a Collaboration and License Agreement with Zai (the "Zai Agreement"). Under the Zai Agreement, we granted Zai the right to research, develop, manufacture and exclusively commercialize adagrasib in all indications in China, Macau, Hong Kong and Taiwan (collectively, the "Zai Licensed Territory"), with Mirati retaining exclusive rights for the development, manufacture and commercialization of adagrasib outside the Zai Territory and certain co-commercialization, manufacture, and development rights in the Zai Licensed Territory.

MRTX1133, a selective KRAS G12D inhibitor

MRTX1133, our lead KRAS G12D compound, has been identified as a clinical development candidate and is an investigational, selective, specific and potent inhibitor of KRAS G12D and is currently in preclinical development. KRAS G12D mutations have been detected in over 25 different types of cancer, including pancreatic, colon, lung and endometrial adenocarcinoma. The prevalence of cancers harboring KRAS G12D mutations exceeds the prevalence of KRAS G12C positive cancers by greater than two-fold and is an area of significant unmet medical need.

On October 25, 2020 we announced initial preclinical in vivo data from MRTX1133. Based on preclinical analyses, MRTX1133 has a projected human half-life of approximately 50 hours and exhibits a low propensity for drug interactions or off-target pharmacology. MRTX1133 demonstrated tumor regression in multiple in vivo tumor models, including pancreatic and colorectal cancers. MRTX1133 has a low predicted target plasma concentration, based on its potency and high unbound fraction, and our goal is to achieve near complete and sustained target inhibition and maximal anti-tumor activity. We have prioritized a long-acting IV injectable drug product strategy, including liposome-based formulations, that are designed to optimize and extend the duration of KRAS G12D target inhibition as we progress towards IND-enabling studies. We are also continuing to evaluate strategies to enhance oral absorption to potentially enable development of a solid oral dose form.

Sitravatinib

Sitravatinib is a spectrum-selective kinase inhibitor in Phase 3 clinical development and is designed to potently inhibit receptor tyrosine kinases ("RTK"s), including TAM family receptors (TYRO3, Axl, Mer), split family receptors (VEGFR2, KIT) and RET. Sitravatinib's potent inhibition of TAM and split family RTKs may overcome resistance to checkpoint inhibitor therapy through targeted reversal of an immunosuppressive tumor microenvironment, enhancing antigen-specific T cell response and expanding dendritic cell-dependent antigen presentation. There are over 100,000 2nd or 3rd line NSCLC patients in the United States and Europe, who have derived prior clinical benefit following treatment with a PD-(L)1 inhibitor, with approximately 70,000 of these patients being of the non-squamous histology.

Sitravatinib in Combination with Nivolumab

As an immuno-oncology agent, sitravatinib is being evaluated in combination with nivolumab (*OPDIVO®*), Bristol-Myers Squibb Company's ("BMS") anti-PD-1 checkpoint inhibitor, in patients with NSCLC who have experienced documented disease progression following treatment with a checkpoint inhibitor. Sitravatinib is also being developed in certain Asian territories in collaboration with BeiGene, Ltd. ("BeiGene") which is evaluating sitravatinib in combination with tislelizumab, BeiGene's anti-PD-1 checkpoint inhibitor, in a number of advanced solid tumors.

We are enrolling an ongoing Phase 3 clinical trial in 2nd line non-squamous NSCLC patients whose tumors have progressed on prior therapy with platinum-chemotherapy in combination with a checkpoint inhibitor or 3rd line non-squamous NSCLC patients who have received chemotherapy followed by a checkpoint inhibitor. The Phase 3 clinical trial is comparing the combination of sitravatinib plus nivolumab randomized to docetaxel. The statistical design of the Phase 3 clinical trial includes an interim analysis of overall survival that we believe, if positive, could support an NDA submission seeking full approval.

In January 2019, we announced a clinical trial collaboration with BMS in connection with the aforementioned Phase 3 clinical trial. Under the terms of the collaboration, we are sponsoring and funding the clinical trial and BMS is providing nivolumab at no cost. We maintain global development and commercial rights to sitravatinib outside of certain Asian territories and Australia and New Zealand, where we have partnered with BeiGene, and we are free to develop the program in combination with other agents.

We also have several Phase 2 clinical trials in which we are evaluating sitravatinib in combination with nivolumab in patients with NSCLC, urothelial carcinoma or other cancers who have experienced documented disease progression following prior treatment with chemotherapy and/or a checkpoint inhibitor. On September 20, 2021, we announced results from a post hoc exploratory analysis of the Phase 2 study, MRTX-500, in patients with nonsquamous NSCLC with prior clinical benefit from checkpoint inhibitor therapy and where anti-PD-(L)1 was the most recent line of therapy (n=68) and a median follow-up of 33.6 months. The median overall survival was 14.9 months (95% CI: 9.3, 21.1), with 56% and 32% of these patients alive at one year and two years, respectively. The ORR was 18%, with 3% of patients achieving a complete response and 15% of patients achieving a PR. The median DOR was 12.8 months.

Sitravatinib Development in Collaboration with BeiGene

In January 2018, we entered into a Collaboration and License Agreement with BeiGene (the "BeiGene Agreement"). Under the BeiGene Agreement, we granted BeiGene an exclusive license to develop, manufacture and commercialize sitravatinib in Asia (excluding Japan and certain other countries), Australia and New Zealand (the "BeiGene Licensed Territory"), and we retained exclusive rights for the development, manufacturing and commercialization of sitravatinib outside the BeiGene Licensed Territory.

In November 2018, we dosed the first patient under the BeiGene Agreement to assess the safety and tolerability, pharmacokinetics and preliminary anti-tumor activity of sitravatinib in combination with BeiGene's investigational anti-PD-1 antibody, tislelizumab, in patients with advanced solid tumors. BeiGene's clinical trials will evaluate the combination of sitravatinib and tislelizumab in patients with solid tumors including NSCLC, renal cell carcinoma, hepatocellular cancer, gastric cancer and ovarian cancer.

MRTX1719, a synthetic lethal MTA cooperative PRMT5 inhibitor

MRTX1719, our lead synthetic MTA cooperative lethal PRMT5 inhibitor is an investigational, selective, potent and orally available inhibitor targeting the PRMT5/MTA complex in methylthioadenosine phosphorylase (MTAP)-deleted cancers and is in Phase 1/2 clinical development. The MTAP deletion is present in approximately 10 percent of all cancers and is the most frequently observed gene deletion event (MTAP/CDKN2A) across several cancer types. Cancers with an MTAP deletion, such as pancreatic, lung, and bladder cancers, are associated with a poor prognosis, representing a significant unmet medical need.

In preclinical studies, MRTX1719 has demonstrated a greater than 70-fold selectivity for MTAP-deleted cells relative to normal cells and demonstrated near complete and sustained inhibition of PRMT5 in tumor xenografts resulting in significant tumor growth inhibition or tumor regression in MTAP-deleted tumor models. The ability to target the PRMT5/MTA complex provides an opportunity to selectively target tumor cells harboring the MTAP gene deletion which exhibit an abnormally high level of MTA (methylthioadenosine) compared with normal cells. This is anticipated to provide an increased therapeutic index relative to first generation PRMT5 inhibitors that do not specifically target the PRMT5/MTA complex. In the first quarter of 2022, we initiated a Phase 1/2 multiple expansion cohort trial to evaluate MRTX1719 in patients with advanced, unresectable or metastatic solid tumor malignancy with homozygous deletion of the MTAP gene.

Market and Competition

NSCLC Market

The National Cancer Institute estimates that in 2021, approximately 236,000 patients in the United States ("U.S.") were diagnosed with lung cancer and 132,000 died due to the disease. Lung cancer represents almost 12% of all new cancer cases in the U.S., and 22% of all cancer deaths. According to the American Cancer Society, approximately 84% of lung cancers are NSCLC. The five-year survival rate for lung cancer patients is 25%, indicating a significant need for novel therapies to extend overall survival in this patient population.

The prognosis for advanced NSCLC is poor, and the primary objective of treating late-stage disease is to prolong overall survival, delay disease progression and control symptoms. The treatment algorithm for advanced NSCLC has changed

significantly following recent approvals and label expansions of immuno-oncology agents, specifically immune checkpoint inhibitors. In 2015, the FDA approved *OPDIVO®*, an anti-PD-1 monoclonal antibody, and the first immuno-oncology agent approved for the treatment of squamous NSCLC. The approval of *OPDIVO®* in NSCLC was subsequently followed by FDA approval of three additional immuno-oncology agents in NSCLC, *KEYTRUDA®*, *TECENTRIQ®*, and *IMFINZI®*. These four agents, approved for multiple indications including NSCLC, accounted for over $27 billion in global sales in 2020.

Despite the advances in patient outcomes demonstrated by approved immuno-oncology therapies in NSCLC, a significant patient need remains. The percentage of patients who respond to approved immuno-oncology treatments is quite low, and of the patients that respond, the majority will still experience disease progression.

NSCLC represents a heterogeneous patient population with diverse tumor histology and underlying genomic aberrations. The clinical and commercial success of leading targeted agents across multiple indications, including NSCLC, demonstrates the potential of new targeted treatments for cancer.

Competition

KRAS G12C

We are aware of at least six companies who currently have competing commercial or clinical-stage direct KRAS G12C inhibitor programs: Amgen, Inc., F. Hoffman-LaRoche Ltd., Eli Lilly and Company, Merck & Co., Inc., Novartis AG and Boehringer Ingelheim International GmbH.

Sitravatinib in Combination with Immune Checkpoint Inhibitors

There are several immune checkpoint inhibitors currently approved for use as single agents to treat multiple tumor types, including NSCLC. To augment the efficacy of these agents, combination studies are being conducted with a variety of potentially synergistic mechanisms, including inhibitors of CTLA-4, LAG3, TIM-3, TIGIT and CSF-1R, among others. Most of these combination studies are being conducted in patients who are naïve to immune checkpoint inhibitor therapy. Direct mechanistic competitors to sitravatinib in combination with checkpoint inhibitors in NSCLC patients who had previously failed checkpoint inhibitor therapy include *CABOMETYX®* (Exelixis, Inc.) and *LENVIMA®* (Eisai Co., Ltd.), both anti-VEGF agents that also inhibit other receptor tyrosine kinases. Additionally, there are numerous other potential competitors with kinase inhibitors that are being evaluated in combination with checkpoint inhibitors in NSCLC patients who had previously failed checkpoint inhibitor therapy in earlier lines of treatment.

Oncology

In addition to companies that have kinase inhibitors addressing our targets of interest, our competition also includes hundreds of private and publicly traded companies that operate in the area of oncology but have therapeutics with different mechanisms of action. The oncology market in general is highly competitive with over 1,000 molecules currently in clinical development. Other important competitors, in addition to those mentioned above, are small and large biotechnology companies, specialty and regional pharmaceutical companies and multinational pharmaceutical companies, including but not limited to AbbVie Inc., AstraZeneca plc, Bristol-Myers Squibb Company, Gilead Sciences, Inc., GlaxoSmithKline plc, Johnson & Johnson, Pfizer Inc., Sanofi S.A., and Takeda Pharmaceutical Co.

Intellectual Property

Our goal is to obtain, maintain and enforce patent protection wherever appropriate for our product candidates, formulations, processes, methods and any other proprietary technologies both in the United States and in other countries. We typically file for patents in the United States with counterparts in certain countries in Europe and certain key market countries in the rest of the world, thereby covering the major pharmaceutical markets. As of December 31, 2021, we own or co-own U.S. patents and patent applications and their foreign counterparts, including 34 issued U.S. patents, including one for KRAS inhibitors and 15 for sitravatinib and other kinase inhibitors. Mirati's patents and patent applications have expiration dates ranging from 2023-2041. In some instances, patent terms can be increased or decreased, depending on the laws and regulations of the country or jurisdiction that issued the patent.

Manufacturing

We do not own or operate manufacturing facilities for the production of any of our product candidates, nor do we plan to develop our own manufacturing operations in the foreseeable future. We currently depend on third-party contract manufacturers for all of our required raw materials and finished products for our preclinical and clinical trials.

Manufacturers of our products are required to comply with applicable FDA manufacturing requirements contained in the FDA's Current Good Manufacturing Practices ("cGMP") regulations. cGMP regulations require, among other things, quality control and quality assurance, as well as corresponding maintenance of records and documentation. Pharmaceutical product manufacturers and other entities involved in the manufacture and distribution of approved pharmaceutical products are required to register their establishments with the FDA and certain state agencies, and are subject to periodic unannounced inspections by the FDA and certain state agencies for compliance with cGMP and other laws. Accordingly, manufacturers must continue to expend time, money, and effort in the area of production and quality control to maintain cGMP compliance. Discovery of problems with a product after approval may result in restrictions on a product, manufacturer or holder of an NDA, including withdrawal of the product from the market. In addition, changes to the manufacturing process generally require prior FDA approval before being implemented.

Government Regulation

The Regulatory Process for Drug Development

Our business activities, including the manufacturing of our product candidates and our ongoing research and development activities are subject to extensive regulation by numerous governmental authorities in the United States and other countries. Regulation by these government authorities is a significant component in the development, manufacture and commercialization of pharmaceutical products and services. Before marketing in the United States, any new drug developed must undergo rigorous preclinical testing, clinical trials and an extensive regulatory clearance process implemented by the FDA under the Federal Food, Drug, and Cosmetic Act, as amended (the "FDCA"). The FDCA and other various federal, state and foreign statutes govern or influence the research, testing, manufacture, safety, labeling, storage, recordkeeping, approval, promotion, marketing, distribution, post-approval monitoring and reporting, sampling, quality, and import and export of our medicines. State, local, and other authorities also regulate pharmaceutical manufacturing.

Applicable legislation requires licensing of manufacturing and contract research facilities, carefully controlled research and testing of products, and governmental review and/or approval of results prior to marketing therapeutic products. Additionally, adherence to good laboratory practices ("GLP") and good clinical practices ("GCP") during nonclinical and clinical testing and cGMP during production is required. Our manufacturing CMOs are subject to periodic inspection by the FDA and other foreign equivalents to ensure that they are operating in compliance with cGMP requirements. In addition, marketing authorization for each new medicine may require a rigorous manufacturing pre-approval inspection by regulatory authorities. Post approval, there are strict regulations regarding changes to the manufacturing process, and, depending on the significance of the change, changes may require prior FDA approval. FDA regulations also require investigation and correction of any deviations from cGMP and impose reporting and documentation requirements upon us and any third-party manufacturers that we may decide to use.

In addition, we are subject to other state and federal laws, including, among others, anti-kickback laws, fraud and abuse, false claims laws, Sunshine Act, patient protection and affordable care, data privacy and security laws and regulations, and transparency laws that restrict certain business practices in the pharmaceutical industry. Violations of these healthcare laws can result in significant penalties, including civil, criminal and administrative penalties. Moreover, government coverage and reimbursement policies will both directly and indirectly impact our ability to successfully commercialize any future approved products, and such coverage and reimbursement policies will be impacted by enacted and any applicable future healthcare reform and drug pricing measures.

U.S. Pharmaceutical Product Development Process

To establish a new product candidate's safety and efficacy, the FDA requires companies seeking approval to market a pharmaceutical drug product to submit extensive preclinical and clinical data, along with other information, for each indication for which the product will be labeled. The data and information are submitted to the FDA in the form of a New Drug Application (NDA), which must be accompanied by payment of a significant user fee unless a waiver or exemption applies. Generating the required data and information for an NDA takes many years and requires the expenditure of substantial resources. Information generated in this process is susceptible to varying interpretations that could delay, limit or prevent regulatory approval at any stage of the process. The failure to demonstrate adequately the quality, safety and efficacy of a

product candidate under development would delay or prevent regulatory approval of the product candidate. Under applicable laws and FDA regulations, each NDA submitted for FDA approval is given an internal administrative review within 60 days following submission of the NDA. If deemed sufficiently complete to permit a substantive review, the FDA will "file" the NDA. The FDA can refuse to file any NDA that it deems incomplete or not properly reviewable. The FDA has established internal goals of eight months from submission for priority review of NDAs that cover new product candidates that offer major advances in treatment or provide a treatment where no adequate therapy exists, and 12 months from submission for the standard review of NDAs. However, the FDA is not legally required to complete its review within these periods, these performance goals may change over time and the review is often extended by FDA requests for additional information or clarification. Moreover, the outcome of the review, even if generally favorable, may not be an actual approval but a "complete response letter" that describes additional work that must be done before the NDA can be approved. Before approving an NDA, the FDA can choose to inspect the facilities at which the product is manufactured and will not approve the product unless the manufacturing facility complies with GMPs. The FDA may also audit sites at which clinical trials have been conducted to determine compliance with GCPs and data integrity. The FDA's review of an NDA may also involve review and recommendations by an independent FDA advisory committee, particularly for novel indications. The FDA is not bound by the recommendation of an advisory committee. Further, the FDA may require that certain contraindications, warnings or precautions be included in the product labeling.

FDA Regulation of Companion Diagnostics

As part of our clinical development plans, we are exploring the use of companion diagnostics to identify patients most likely to respond to our product candidates. Companion diagnostics are classified as medical devices under the FDCA in the United States and similarly in other foreign regulations. In the United States, the FDA regulates the medical device design and development, preclinical and clinical testing, premarket clearance or approval, registration and listing, manufacturing, labeling, storage, reporting, recordkeeping, advertising and promotion, export and import, sales and distribution, and post-market surveillance of medical devices. Unless an exemption applies, companion diagnostics require marketing clearance or approval from the FDA prior to commercial distribution. The two primary types of FDA marketing authorization applicable to a medical device are premarket notification, also called 510(k) clearance, and premarket approval ("PMA").

The FDA previously has required in vitro companion diagnostics intended to select the patients who will respond to the cancer treatment to obtain a 510(k) clearance or PMA simultaneously with approval of the drug. Based on the draft guidance, and the FDA's past treatment of companion diagnostics, we believe that the FDA will require a PMA for one or more companion diagnostics to identify patient populations suitable for our product candidates. The review of these companion diagnostics in conjunction with the review of our product candidates involves coordination of review by the FDA's Center for Drug Evaluation and Research and by the FDA's Center for Devices and Radiological Health.

Pharmaceutical Coverage, Pricing and Reimbursement

In the United States and markets in other countries, sales of any products for which we receive regulatory approval for commercial sale will depend in part on the availability of coverage and adequate reimbursement from third-party payors, including government authorities, managed care providers, private health insurers and other organizations. In the United States, private health insurers and other third-party payors often provide reimbursement for products and services based on the level at which the government (through the Medicare or Medicaid programs) provides reimbursement for such products and services. There is no uniform coverage and reimbursement policy among third-party payors in the United States; however, private third-party payors often follow Medicare coverage policy and payment limitations in setting their own reimbursement rates. Third-party payors are increasingly examining the medical necessity and cost-effectiveness of medical products and services in addition to their safety and efficacy and, accordingly, significant uncertainty exists as to the coverage and reimbursement status of newly approved therapeutics. In particular, in the United States, the European Union and other potentially significant markets for our product candidates, government authorities and third-party payors are increasingly attempting to limit or regulate the price of medical products and services, particularly for new and innovative products and therapies, which often has resulted in average selling prices that are lower than they would otherwise be. The increased emphasis on managed healthcare in the United States and on country and regional pricing and reimbursement controls in the European Union will put additional pressure on product pricing, reimbursement and utilization, which may adversely affect our future product sales and results of operations. These pressures can arise from rules and practices of managed care groups, judicial decisions and governmental laws and regulations related to Medicare, Medicaid and healthcare reform, pharmaceutical reimbursement policies and pricing in general. As a result, coverage and adequate third-party reimbursement may not be available for our product candidates to enable us to realize an appropriate return on our investment in research and product development.

The market for our product candidates for which we may receive regulatory approval will depend significantly on access to third-party payors' drug formularies, or lists of medications for which third-party payors provide coverage and reimbursement. The industry competition to be included in such formularies often leads to downward pricing pressures on pharmaceutical companies. Also, third-party payors may refuse to include a particular branded drug in their formularies or may otherwise restrict patient access to a branded drug when a less costly generic equivalent or other alternative is available. In addition, because each third-party payor individually approves coverage and reimbursement levels, obtaining coverage and adequate reimbursement is a time-consuming and costly process. We would be required to provide scientific and clinical support for the use of any product to each third-party payor separately with no assurance that approval would be obtained, and we may need to conduct expensive pharmacoeconomic studies in order to demonstrate the cost-effectiveness of our products. This process could delay the market acceptance of any of our product candidates for which we may receive approval and could have a negative effect on our future revenue and operating results. We cannot be certain that our product candidates will be considered cost-effective. If we are unable to obtain coverage and adequate payment levels for our product candidates from third-party payors, physicians may limit how much or under what circumstances they will prescribe or administer them and patients may decline to purchase them. This in turn could affect our ability to successfully commercialize our products and impact our profitability, results of operations, financial condition, and future success.

Human Capital Resources

Successful execution of our strategy is dependent on attracting, developing, and retaining key employees and members of our executive leadership team. The skills, experience and industry knowledge of our employees significantly benefit our operations and performance. We continuously evaluate, modify, and enhance our internal processes and technologies to increase employee engagement, productivity, and efficiency. The Company works diligently to attract the best talent from a diverse range of sources in order to meet the current and future demands of our business. We offer a strong employee value proposition and our compensation programs are designed to align the compensation of our employees with the Company's performance and to provide the proper incentives to attract, retain and motivate employees. The structure of our compensation programs incentivizes both short-term and long-term performance and we believe in a total rewards experience, specifically:

- We provide employee wages that are competitive and consistent with employee positions, skill levels, experience, and knowledge. Our competitive benefits packages include equity grants such as stock options and restricted stock units; performance-based bonuses; recognition awards; an employee stock purchase plan; retirement savings plan with company matching contributions; medical, dental and life insurance; an employee assistance program; work/life balance arrangements, including core hours and flexible work arrangements; paid time off and holidays; and volunteer hours.

- We engage nationally recognized independent compensation and benefits consulting firms to evaluate the effectiveness of our executive compensation and benefit programs and to provide benchmarking against our peers within the industry.

- Annual increases and incentive compensation, which are communicated to employees at the time of hiring and documented through our talent management process as part of our review procedures.

We also make significant investments in training, development and engagement, using development programs such as our Leadership Model Sessions program, comprised of interactive workshops to gain insight into leading at the Company, and our Mirati Mentor Program, in which employees self-nominate as mentors or mentees and facilitates meaningful relationships supporting new employees' career and development goals.

As of December 31, 2021, we had 418 employees of which 413 were full-time, exempt employees, one was a part-time, exempt employee, and the remaining were full-time, non-exempt employees. None of our employees are represented by a collective bargaining agreement

Culture

Fostering and maintaining a strong, healthy culture is fundamental to the success of our business. Our core values reflect who we are and the way our employees interact with one another, our partners, and stakeholders. Urgency, open-mindedness, accountability, and collaboration ground our work and behavior. These shared values are central to who we are, what we do, and how we do it. No matter the role, we are unified by our passion for helping patients, and we are inspired by a single vision – to unlock the science behind the promise of a life beyond cancer. We believe our culture creates strong engagement, which is measured through an annual employee-wide, anonymous survey to assess our performance on metrics including mission and vision, development and empowerment, our ability to adapt and overall employee satisfaction.

Diversity, Equity and Inclusion

We believe diverse professional experiences and an inclusive culture can drive better outcomes for patients. Our culture is one where we challenge norms, have high risk tolerance and celebrate an entrepreneurial and courageous attitude full of grit and determination to make a difference. In 2021, we initiated a Diversity, Equity and Inclusion ("DE&I") program, for which we took the following initials steps: established a DE&I Committee, comprised of cross-functional representatives including from medical affairs, supply chain, financial planning, business development, commercial and human resources, and surveyed all employees to inform the Company's DE&I objectives and future employee training. Based on data as of November 1, 2021, 46% of our Company's employees identify as women, including 43% of our executive leadership team; and 40% of our Company's employees identify as being a racial or ethnic minority, including 14% of our executive leadership team. As of December 31, 2021, 30% of the Company's board of directors, identify as women and 30% identify as being a racial or ethnic minority. We are committed to diversifying the representation of our organization.

COVID-19 Health and Safety

We are committed to providing a healthy and safe work environment for our employees, partners and consultants. In early 2020 as the pandemic began, we assembled a cross-functional COVID-19 response team that included members of our executive leadership. At the start of the pandemic, we quickly moved to a work-from-home mandate and adopted a flexible work schedule. We are continuing to allow for flexible work schedules, including remote and hybrid options. To allow employees to work from home seamlessly, we provide the necessary technology and collaboration tools and developed an internal task force to identify support opportunities for employees working from home and homeschooling children.

In response to employee feedback and as part of our commitment to supporting our employees and families in meaningful ways throughout the pandemic, we put in place the following programs: a work-from-home stipend for all employees whose jobs are not regularly remote; caregiver resources, including a tax-free subsidy to help with unplanned dependent care costs; an Employee Assistance Program that includes free resources and confidential counseling for employees and their household members; and fully-covered COVID-19 testing for employees.

As we move towards having more of our workforce onsite, we implemented the following protocols based on recent COVID-19 science and local/federal government advice: requiring the COVID-19 vaccination as a condition to be at our corporate headquarters, with certain exceptions; Company personnel who are onsite are highly recommended to wear face masks when unable to physically distance, regardless of vaccination status; providing disposable masks, face masks and a negative COVID-19 test result are required for those who are unvaccinated for each week they are approved to come on-site; and all personnel complete a touch-free temperature check and "check" to the site via a third-party app to help keep track of employees coming to the site for potential contact tracing needs. We continually evaluate our approach in line with our principles to meet our company goals, while maintaining the well-being and productivity of our teams.

Corporate Information

We were originally incorporated in Canada as MethylGene, Inc. ("MethylGene") and reincorporated in Delaware on April 29, 2013 as Mirati Therapeutics, Inc. with headquarters in San Diego, California. We have two wholly-owned subsidiaries: Methylgene, Inc. in Canada, and Mirati Therapeutics B.V., in the Netherlands. We maintain a website at www.mirati.com, to which we regularly post copies of our press releases as well as additional information about us. Our filings with the Securities and Exchange Commission ("SEC"), are available free of charge through our website as soon as reasonably practicable after being electronically filed with or furnished to the SEC. Interested persons can subscribe to our website for email alerts that are sent automatically when we issue press releases, file our reports with the SEC or post certain other information to our website. Information contained in our website does not constitute a part of this report or our other filings with the SEC. Our common stock is listed under the ticker symbol "MRTX" on the Nasdaq Global Select Market since June 5, 2018, and was previously listed on the Nasdaq Capital Market since July 15, 2013.

Item 1A. Risk Factors

RISK FACTORS

Risks Related to Our Business and Industry

Our research and development programs and product candidates are in development. As a result, we are unable to predict if or when we will successfully develop or commercialize our product candidates.

Our clinical-stage product candidates as well as our other pipeline assets will require significant further investment and regulatory approvals prior to commercialization. Adagrasib is in Phase 3 and Phase 1/2 clinical trials, sitravatinib is in a Phase 3 clinical trial, and Phase 1/2 clinical trials, MRTX1719 is in a Phase 1 clinical trial, and MRTX1133 is in preclinical development. We recently submitted an NDA to the FDA to adagrasib. Each of our product candidates will require the selection of suitable patients for our clinical trials and additional clinical development, management of clinical, preclinical and manufacturing activities, obtaining regulatory approval, obtaining manufacturing supply, continued build out of a commercial organization, substantial investment and significant marketing efforts before we generate any revenues from product sales. We are not permitted to market or promote any of our product candidates before we receive regulatory approval from the FDA or comparable foreign regulatory authorities, and we may never receive such regulatory approval for any of our product candidates. The treatment of cancer is a rapidly evolving field and will continue to evolve. By such time, if ever, as we may receive necessary regulatory approvals for our product candidates, the standard of care for the treatment of cancers may have evolved such that it would be necessary to modify our plans for full approval and commercial acceptance of our products may be limited by a change in the standard of care. In addition, some of our product development programs contemplate the development of companion diagnostics. Companion diagnostics are subject to regulation as medical devices and we or our collaborators may be required to obtain marketing approval for accompanying companion diagnostics before we may commercialize our product candidates.

Even if we obtain the required financing or establish a collaboration to enable us to conduct late-stage clinical development of our product candidates and pipeline assets, we cannot be certain that such clinical development would be successful, or that we will obtain regulatory approval or be able to successfully commercialize any of our product candidates and generate revenue. Success in preclinical testing and early clinical trials does not ensure that later clinical trials will be successful, and the clinical trial process may fail to demonstrate that our product candidates are safe and effective for their proposed uses. Any such failure could cause us to abandon further development of any one or more of our product candidates and may delay development of other product candidates. Product candidates in later stages of clinical trials may fail to show the desired safety and efficacy traits despite having progressed through preclinical studies and initial clinical trials. Any delay in, or termination of, our clinical trials will delay and possibly preclude the submission of any new drug applications ("NDA") with the FDA and, ultimately, our ability to commercialize our product candidates and generate product revenue.

We recently submitted an NDA to the FDA. We, however, have not previously submitted an NDA to the FDA, or similar drug approval filings to comparable foreign authorities, for any product candidate, and we cannot be certain that any of our product candidates will receive regulatory approval. Further, our product candidates may not receive regulatory approval even if they are successful in clinical trials. If we do not receive regulatory approvals for our product candidates, we may not be able to continue our operations. Even if we successfully obtain regulatory approvals to market one or more of our product candidates, our revenues will be dependent, in part, upon our current collaborators' and future collaborators' ability to obtain regulatory approval for the companion diagnostics to be used with our product candidates, if required, and upon the size of the markets in the territories for which we gain regulatory approval and have commercial rights. If the markets for patient subsets that we are targeting are not as significant as we estimate, we may not generate significant revenues from sales of such products, if approved.

Further, even if any product candidate we develop was to receive marketing approval or be commercialized for use in combination with other existing therapies, we would continue to bear the risks that the FDA or similar foreign regulatory authorities could revoke approval of the therapy used in combination with our product candidate or that safety, efficacy, manufacturing or supply issues could arise with these existing therapies.

All of our product candidates are subject to extensive regulation, which can be costly and time consuming, cause delays or prevent approval of such product candidates for commercialization.

The clinical development of product candidates is subject to extensive regulation by the FDA in the United States and by comparable regulatory authorities in foreign markets. Product development is a very lengthy and expensive process, and its outcome is inherently uncertain. The product development timeline can vary significantly based upon the product candidate's novelty and complexity and the applicable regulatory authority. For example, we are pursuing an expansion strategy to bring

our leading product candidate to countries within the European Economic Area ("EEA") and the United Kingdom ("UK"). The regulatory approval in other countries may include all the risks associated with FDA approval as well as additional, presently unanticipated, risks. Regulations are subject to change and regulatory agencies have significant discretion in the approval process.

Numerous statutes and regulations govern human testing and the manufacture and sale of human therapeutic products in the United States, Europe and other countries and regions where we intend to market our products. Such legislation and regulation bears upon, among other things, the approval of trial protocols and human testing, the approval of manufacturing facilities, safety of the product candidates, testing procedures and controlled research, review and approval of manufacturing, preclinical and clinical data prior to marketing approval including adherence to good manufacturing practices ("GMP") during production and storage as well as regulation of marketing activities including advertising and labeling.

In order to obtain regulatory approval, including an NDA or marketing authorization application, for the commercial sale of any of our product candidates in the United States, EEA and other foreign market, we must demonstrate through preclinical studies and clinical trials, as well as extensive information regarding chemistry, manufacturing and controls ("CMC"), that the potential product is safe and effective for use in humans for each target indication. The failure to adequately demonstrate the safety and efficacy of a product under development could delay or prevent regulatory approval of our product candidates. Regulatory approval in one country does not ensure regulatory approval in another, but a failure or delay in obtaining regulatory approval in one country may negatively impact the regulatory process in others.

No assurance can be given that current regulations relating to regulatory approval will not change or become more stringent in the United States or foreign markets. Regulatory agencies may also require that additional trials be run in order to provide additional information regarding the safety or efficacy of any drug candidates for which we seek regulatory approval or require additional administrative review periods, including obtaining reimbursement and pricing approval in select markets. Moreover, any regulatory approval of a drug which is eventually obtained may entail limitations on the indicated uses for which that drug may be marketed. Furthermore, product approvals may be withdrawn or limited in some way if problems occur following initial marketing or if compliance with regulatory standards is not maintained. Regulatory agencies could become more risk averse to any side effects or set higher standards of safety and efficacy prior to reviewing or approving a product. This could result in a product not being approved. Any of the foregoing scenarios could materially harm the commercial prospects for our product candidates.

The successful commercialization of our product candidates, if approved, will depend on achieving market acceptance and we may not be able to gain sufficient acceptance to generate significant revenue.

Even if our product candidates are successfully developed and receive regulatory approval, they may not gain market acceptance among physicians, patients, healthcare payors such as private insurers or governments and other funding parties and the medical community. The degree of market acceptance for any of our products will depend on a number of factors, including:

- demonstration of the clinical efficacy and safety of our products;
- the prevalence and severity of any adverse side effects;
- limitations or warnings contained in the product's approved labeling;
- cost-effectiveness and availability of acceptable pricing;
- competitive product profile versus alternative treatment methods and the superiority of alternative treatment or therapeutics;
- the effectiveness of marketing and distribution methods and support for the products; and
- the availability of coverage and adequate reimbursement from third-party payors to the extent that our products receive regulatory approval.

Disease indications may be small subsets of a disease that could be parsed into smaller and smaller indications as different subsets of diseases are defined. This increasingly fine characterization of diseases could have negative consequences; including creating an approved indication that is so small as not to have a viable market for us. If future technology allows characterization of a disease in a way that is different from the characterization used for large pivotal studies, it may make those

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

NON-REFUNDABLE $1,000.00 FEE

Rev (04/19/2022)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: PhaseBio Pharmaceuticals, Inc.

Physical Address: 1 Great Valley Parkway, Suite 30

City: Malvern State: PA Zip: 19355

Mailing Address (if different from physical address): Same as physical address

City: _____ State: _____ Zip: _____

Telephone: 610-981-6500 Website: www.PhaseBio.com

Name of Designated Representative (DR): Leonard J. Fasullo

Licensing Company Email: len.fasullo@phasebio.com DR Email: len.fasullo@phasebio.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others: Distributors	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attachment A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): N/A

Corporation Name: PhaseBio Pharmaceuticals, Inc.

Mailing Address: 1 Great Valley Parkway, Suite 30

City: Malvern State: PA Zip: 19355

Telephone: 610-981-6500 Email: len.fasullo@phasebio.com

Contact Person Name: Leonard J. Fasullo

Date of SEC Registration: Oct 17, 2018 | SEC Registration Number: SEC-CIK 0001169245 | Stock Exchange Symbol: PHAS

Section 5: Non Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration See Attachment A 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

N/A - See Attachment B

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment C	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** See Attachment B	✓			
• **List of all corporation shareholders and their percent ownership.** N/A		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.** See Attachment D	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) See Attachment B	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment E	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered. N/A				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Leonard J. Fasullo

Print Name of Authorized Person Submitting Application

Leonard J. Fasullo

Original signature of Authorized Person (copies or stamps not accepted)

May 10, 2022

Date

Board Use Only	Date Received: _____	Amount: 1,000 00	✓ 5/11/22

- **Do I need to register if my company is only handling API (Active Pharmaceutical Ingredient)?**

- **Does a licensed practitioner (i.e. physician, dentist, etc.) need to obtain a separate state controlled substances license from the Department of Health in addition to their federal DEA license to prescribe controlled substances?**

- **What is a certificate or letter of record?**

- **How do I obtain a certificate or letter of record?**

- **How do I get a formal verification or letter of good standing for my Pennsylvania drug or device registration?**

- **Does an in state virtual drug manufacturer need to be registered or licensed with the Pennsylvania Department of Health?**

To locate references to a specific word or phrase, use the Find feature of your browser.

To open the Find window:

- Use the keyboard combination Ctrl+F or
- Select "Edit, Find (on This Page)..." from the menu bar in Internet Explorer or
- Select "Edit, Find in Page..." from the menu bar in Netscape.

Key your search term in the field labeled "Find what:"on the Find window. Depress the "Find Next" button to search through the document for the next occurence of your keyword. Use the "Cancel" button to stop searching and close the Find window.

Back to DD&C Home

GENERAL INFORMATION

Any business (each location) in the Commonwealth who is physically manufacturing, compounding under 503B, distributing, or retailing drugs (prescription, controlled substances or over-the-counter), medical devices, and/or medicated cosmetics in accordance with the Controlled Substance, Drug, Device and Cosmetic Act (Act 233 of 1972)(DD&C Act) must register with the Pennsylvania Department of Health. A Certificate of Registration will be issued to the applicant upon registration. Note practitioners and healthcare facilities engaging in the above activities AND whereas the above activities are noted as part of their scope of practice do not need to register (i.e. physician dispensing medical devices to his patients after medical evaluation) In addition to the registration requirement, any distributor of prescription drugs or controlled substances, needs to comply with the licensure requirements under the Wholesale Prescription Drug Distributors Licensure Act (Act 145 of1992)(WPDDL Act). A Certificate of Licensure will be issued to the applicant upon meeting all requirements for licensure. Any Pennsylvania located wholesale distributor of human prescription drugs or controlled substances (i.e. actually handling product), needs both registration and licensure. Pennsylvania located Brokers or other entities not actually handling product are not required to registration or obtain licensure

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have a specific form to be completed. Complete your portion of the form and submit it to our office along with the pre-addressed envelope. If the state does not have a specific form, note such in the request letter. Please include facility name, certificate number, and contact information for person making the request. (Currently there is no fee for verification requests and turn around time is generally 25 business days.) Mail to: PA Dept. of Health Drug, Device, and Cosmetic Program Attn: Verification 555 Walnut St, 7th Floor Harrisburg, PA 17101 Please allow 10-15 business days for any request.

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Does an in state virtual drug manufacturer need to be registered or licensed with the Pennsylvania Department of Health?

The Pennsylvania Department of Health does not license or register a virtual drug or device manufacturers located within the Commonwealth. However, virtual drug or device manufacturers located in the Commonwealth and recognized by federal government (ie FDA) may voluntarily request an official letter of record with record number upon completion of a record application (www.health.state.pa.us/ddc under download application) from the Pennsylvania Department of Health, Drug, Device, and Cosmetic Program/ All applications are subject to review and verification of certain documentation (ie FDA label code, business filings etc.). If engaging in activities in another state that requires documentation from a virtual drug or device manufacturer, you should check with that state as to their requirements but it may be helpful to provide or have readily available: 1. A Pennsylvania letter of record 2. A verification form (see other FAQ on How to obtain a formal verification?) 3. A FDA assigned drug or device labeler code, 5. A copy of the contract entered into with the contract manufacturer and/or FDA facility number for the physical manufacturing site. 6. DUNS and BRADSTREET Registration Number. Additionally, the National Association of Board of Pharmacies (NABP) offers an inspection and accreditation program for virtual manufacturers. Contact them directly if interested.

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Assembly Version 4.0.18274.4 Database Version Could not retrieve database version. Check that the database is registered as a Data-tier Application.

Attachment A

Nature of Business and FDA Registration

PhaseBio Pharmaceuticals, Inc. "PhaseBio" is a virtual drug manufacturer. No pharmaceutical product will be handled at the company's business office. Third parties will be used to manufacture and ship product. The information for the manufacturing and third party logistics provider are provided below. In addition, enclosed is proof of FDA registration.

Contract Manufacturer:

Berkshire Sterile Manufacturing
480 Pleasant Street, Lee, MA 01238

Third Party Logistics Provider:

Integrated Commercialization Services
420 International Drive, STE 500
Brooks, KY 40109

From: edrls@fda.hhs.gov
Sent: Tuesday, December 21, 2021 2:30 PM
To: Robert Guzman
Subject: Labeler Code Request Approved

CAUTION: External Email

eDRLS - Electronic Drug Registration & Listing System

Current Date: 21-DEC-2021
Labeler DUNS: 126104244
Labeler Name: PhaseBio Pharmaceuticals, Inc.
Labeler Code Assigned: 82466

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

	A	B
663		
1	NDC/NHRIC Labeler	Firm Name
1499	75102	ACTEGA North America
1500	58864	Prepackage Specialists
1501	24462	MMA Pain Relief Gel, LLC
1502	82716	NORTHERN SAFETY CO., INC.
1503	81284	Provepharm Inc.
1504	43369	FidoPharmBrands, LLC
1505	62651	Base4 Ventures, LLC
1506	60112	The Richline Group dba Inverness Corporation
1507	63794	Pediatric Health Choice
1508	69384	HAIRJOY
1509	72678	NATIONAL BIO GREEN SCIENCES LIMITED LIABILITY COMPANY
1510	69827	Himachal Pharmaceuticals
1511	80595	AVP Labs and Investment Group LLC
1512	10849	Armand Dupree Inc.
1513	79975	Solugen Blending Llc
1514	75501	Eclectic Trading LLC
1515	77512	Inkwell Global Marketing Corp.
1516	78240	Lokahi Brewing Company LLC
1517	78532	JKM Medical Supplies LLC
1518	78364	Medisys USA, Inc.
1519	75539	LiDestri Beverages, LLC
1520	79436	Oingo Products LLC
1521	69152	Paramesh Banerji Life Sciences LLC
1522	69678	EEZAWAY RELIEF INC
1523	50084	Grindlays Pharmaceuticals PVT. LTD. DBA Q-Source
1524	74327	Sandstrom Products Company
1525	51956	Cadila Healthcare Limited
1526	29943	Johnson & Johnson Surgical Vision, Inc
1527	19346	Archer Cooperative Grain Co.
1528	44924	Babor Cosmetics America Corp.
1529	82466	PhaseBio Pharmaceuticals, Inc.
1530	81899	Tower28 Beauty
1531	70300	Brainerd Medical Supply, Inc.
1532	52183	Prestige Brands Holdings, Inc.
1533	71785	Annora Pharma Private Limited
1534	51612	Novo Nordisk (China) Pharmaceuticals Co., Ltd.
1535	67345	Purminerals
1536	70642	Golden Sunrise Pharmaceutical Incorporation
1537	13741	Boujuior (Shanghai) Cosmetics Co., Ltd.
1538	86048	Prodibio SAS
1539	70134	Syenz Laboratory, LLC
1540	63830	Pro Chem, Inc.
1541	61387	DermDeal, LLC dba CherylLee MD,Sensitive Skin Care
1542	69330	Lexington International LLC
1543	55505	Kramer Laboratories, Inc.
1544	11853	Air Liquide Large Industries U.S. LP
1545	76015	MineralHouse Corporation
1546	75731	Inner Mission, Inc.
1547	76082	Precision Dermatology, Inc.
1548	72187	Stemline Therapeutics, Inc.
1549	72071	RTMH Enterprises DBA Research Technology Medical Home
1550	76118	Purax International GmbH
1551	72794	Jiangsu Huanxin High Tech Materials
1552	74299	Southern Distilling Company, LLC
1553	69002	Changshu Huashun Logistic Co., Ltd.
1554	42689	Nortec Development Associates, Inc.
1555	81313	AMERICAN MEDICAL GAS RESOURCES LLC
1556	63672	Synthon Pharmaceuticals, Inc.
1557	67147	Apple Products, Inc.
1558	70809	USRX LLC
1559	58178	MedImmune, LLC

Attachment C

Corporation Information

PhaseBio Pharmaceuticals, Inc.
1 Great Valley Parkway, Suite 30
Malvern, PA 19355

PhaseBio Pharmaceuticals, Inc. is a publicly traded company.

Corporate Officers:

Jonathan P. Mow
Chief Executive Officer & Director

John P. Sharp
Chief Financial Officer

Kristopher L. Hanson
Sr. Vice President & General Counsel and Secretary

Attachment D

Delaware Certificate of Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHASEBIO PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHASEBIO PHARMACEUTICALS, INC." WAS INCORPORATED ON THE TENTH DAY OF JANUARY, A.D. 2002.

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

Jeffrey W. Bullock, Secretary of State

3478949 8300

SR# 20221233858

Authentication: 203049701

Date: 03-30-22

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

PhaseBio Pharmaceuticals, Inc. Employees

PhaseBio Pharmaceutical Employees		
Number of Employees	**First Name**	**Last Name**
1	Alexa	Peregrina Barranco
2	Amanda	Bovell
3	Andrew	Powers
4	Anjali	Patel
5	Anne	Kulak
6	Bret	Umstead
7	Casey	Umstead
8	Charisse	Ball
9	Danielle	Bernard
10	Dave	Dickerhoff
11	Dave	Sendecki
12	Gina	Wildman
13	Glen	Burkhardt
14	Jake	Smith
15	Jamie	Jowett
16	Jeffrey	Glenn
17	Jeffrey	Erickson
18	Jennifer	Ranoia
19	Jeremy	Lutsky
20	John	Lee
21	John	Sharp
22	Jonathan	Mow
23	Jonathan	Birchall
24	Julie	Ly
25	Kaitlyn	Kelly
26	Kamran	Mammadov
27	Katie	Reyes
28	Kaye	Kugler
29	Kayla	Turro
30	Kim	McGill
31	Kim	Sorbello
32	Kris	Hanson
33	Kyle	Casement
34	Lauren	Richardson
35	Len	Fasullo
36	Leslie	Moser

PhaseBio Pharmaceuticals, Inc. Employees

37	Lori	Capetola
38	Marianne	Retif
39	Marilyn	Holloway
40	Mary	Fleres
41	Mary	Fragnito
42	Mike	Reid
43	Mike	Mays
44	Morgan	Paulsen
45	Morgan	Rogers
46	Patricia	Toland
47	Pompi	Borkakoty
48	Robert	Guzman
49	Rohit	Ramnath
50	Sarah	Cirillo
51	See	Mahin
52	Shawn	Colden
53	Sue	Arnold
54	Susan	Maloney
55	Susan	Forrester
56	Tara	Pleickhardt
57	Tasha	Hutchinson
58	Victor	Litvinskiy
59	Zhuojia	Lin
60	Zina	Garber

Attachment B

Ownership Information

The applicant, PhaseBio Pharmaceuticals, Inc. is a publicly traded company trading on the NASDAQ (symbol PHA5). As such, the company is exempt from the surety bond requirement. Provided below are the top four shareholders. In addition, enclosed please find the first 10 pages from the most recently filed annual SEC (10-K) report. The entire report is over 100 pages. To view the entire report, you may visit the following website: https://investors.phasebio.com/static-files/a442c99c-bb4a-4f45-a44b-55c6260a3b68

Top Four Shareholders:

NEA Management Company, LLC	13.64%
Avidity Partners Management, LP	9.05%
Wellington Management Group, LLP	5.89%
RA Capital Management, L.P.	5.85%

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2021

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission File Number 001-38697

PhaseBio Pharmaceuticals, Inc.
(Exact name of registrant as specified in its charter)

Delaware	**03-0375697**
(State or other jurisdiction of incorporation or organization)	**(I.R.S. Employer Identification No.)**

1 Great Valley Parkway, Suite 30
Malvern, Pennsylvania 19355
(Address including zip code of principal executive offices)

(610) 981-6500
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

(Title of Class)	Trading Symbol	(Name of exchange on which registered)
Common Stock, par value $0.001 per share	**PHAS**	**The Nasdaq Stock Market, LLC**

Securities registered pursuant to section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant: (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act:

Large accelerated filer	☐	Accelerated filer	☐
Non-Accelerated Filer	☒	Smaller reporting company	☒
		Emerging growth company	☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☒

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value of the voting and non-voting common equity held by non-affiliates of the registrant as of June 30, 2021 was approximately $168.9 million based on the closing price on the Nasdaq Global Market reported for such date. Shares of common stock held by each officer and director and by each person who is known to own 10% or more of the outstanding common stock have been excluded in that such persons may be deemed to be affiliates of the registrant. This determination of affiliate status is not necessarily a conclusive determination for other purposes.

Class of Common Stock	Outstanding Shares as of March 21, 2022
Common Stock, $0.001 par value	48,690,590

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive proxy statement, to be filed pursuant to Regulation 14A under the Securities Exchange Act of 1934, for its 2022 Annual Meeting of Stockholders are incorporated by reference in Part III of this Form 10-K.

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SPECIAL CAUTIONARY NOTICE REGARDING FORWARD-LOOKING STATEMENTS

This Annual Report on Form 10-K, or this Annual Report, contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, or the Securities Act, and Section 21E of the Securities Exchange Act of 1934, as amended, or the Exchange Act, that involve substantial risks and uncertainties. The forward-looking statements are contained principally in Part I, Item 1. "Business," Part I, Item 1A. "Risk Factors," and Part II, Item 7. "Management's Discussion and Analysis of Financial Condition and Results of Operations," but are also contained elsewhere in this Annual Report. In some cases, you can identify forward-looking statements by the words "may," "might," "will," "could," "would," "should," "expect," "intend," "plan," "objective," "anticipate," "believe," "estimate," "could," "predict," "project," "target," "potential," "continue" and "ongoing," or the negative of these terms, or other comparable terminology intended to identify statements about the future. These statements involve known and unknown risks, uncertainties and other factors that may cause our actual results, levels of activity, performance or achievements to be materially different from the information expressed or implied by these forward-looking statements. Although we believe that we have a reasonable basis for each forward-looking statement contained in this Annual Report, we caution you that these statements are based on a combination of facts and factors currently known by us and our expectations of the future, about which we cannot be certain. Forward-looking statements include statements about:

- the timing, progress and results of clinical trials of bentracimab, PB6440 and any other potential product candidates, including statements regarding the timing of initiation and completion of preclinical studies or clinical trials and related preparatory work, the period during which the results of the trials will become available and our research and development programs;
- the timing of any submission of filings for regulatory approval of bentracimab, PB6440 and any other product candidates and our ability to obtain and maintain regulatory approvals for bentracimab, PB6440 or any other product candidates for any indication;
- our expectations regarding the size of the patient populations, market acceptance and opportunity for and clinical utility of our product candidates, if approved for commercial use;
- our manufacturing capabilities and strategy, including the scalability and commercial viability of our manufacturing methods and processes and our ability to maintain agreements with third parties;
- our expectations regarding the scope of any approved indications for bentracimab and PB6440;
- our ability to successfully commercialize our product candidates;
- our ability to leverage our proprietary elastin-like polypeptide technology to identify and develop future product candidates;
- the potential effects of COVID-19 on our business, operations and clinical development timelines and plans;
- our ability to continue as a going concern;
- our estimates of our expenses, ongoing losses, future revenue, capital requirements and our needs for or ability to obtain additional financing;
- our ability to establish or maintain collaborations or strategic relationships;
- our ability to identify, recruit and retain key personnel;
- our ability to protect and enforce our intellectual property position for our product candidates and our research and development programs, and the scope of such protection;
- our financial performance;
- our competitive position and the development of and projections relating to our competitors or our industry;
- the impact of laws and regulations; and
- our expectations regarding the time during which we will be an emerging growth company under the Jumpstart Our Business Startups Act of 2012.

You should refer to "Item 1A., Risk Factors" in this Annual Report for a discussion of important factors that may cause our actual results to differ materially from those expressed or implied by our forward-looking statements. As a result of these factors, we cannot assure you that the forward-looking statements in this Annual Report will prove to be accurate.

Furthermore, if our forward-looking statements prove to be inaccurate, the inaccuracy may be material. In light of the significant uncertainties in these forward-looking statements, you should not regard these statements as a representation or warranty by us or any other person that we will achieve our objectives and plans in any specified time frame, or at all. The forward-looking statements in this Annual Report represent our views as of the date of this Annual Report. We anticipate that subsequent events and developments may cause our views to change. However, while we may elect to update these forward-looking statements at some point in the future, we undertake no obligation to publicly update any forward-looking statements, whether as a result of new information, future events or otherwise, except as required by law. You should, therefore, not rely on these forward-looking statements as representing our views as of any date subsequent to the date of this Annual Report.

You should read this report and the documents that we reference in this report, completely and with the understanding that our actual future results may be materially different from what we expect. We qualify all of our forward-looking statements by these cautionary statements.

All brand names or trademarks appearing in this Annual Report are the property of their respective owners. Solely for convenience, the trademarks and trade names in this Annual Report are referred to without the symbols ® and ™, but such references should not be construed as any indication that their respective owners will not assert, to the fullest extent under applicable law, their rights thereto. Unless the context requires otherwise, references in this report to "PhaseBio," the "Company," "we," "us," and "our" refer to PhaseBio Pharmaceuticals, Inc.

Industry and Market Data

We obtained the industry and market data in this Annual Report from our own research as well as from industry and general publications, surveys and studies conducted by third parties. Industry and general publications, studies and surveys generally state that the information contained therein has been obtained from sources believed to be reliable. These third parties may, in the future, alter the manner in which they conduct surveys and studies regarding the markets in which we operate our business. As a result, you should carefully consider the inherent risks and uncertainties associated with the industry and market data contained in this Annual Report, including those discussed in Part I Item 1A. "Risk Factors."

PART I

Item 1. Business.

Overview

We are a clinical-stage biopharmaceutical company focused on the development and commercialization of novel therapies for cardiovascular diseases. Our lead product candidate, bentracimab (also known as PB2452), is a novel reversal agent for the antiplatelet drug ticagrelor. Based on feedback from the United States Food and Drug Administration, or FDA, we intend to seek approval of bentracimab in the United States through an accelerated approval process. Bentracimab has been generally well tolerated in our completed trials, with no drug-related serious adverse events, or SAEs. In our completed Phase 2a and Phase 2b clinical trials of bentracimab, we observed immediate and complete reversal of ticagrelor's antiplatelet activity within five minutes following initiation of infusion and sustained reversal for over 20 hours. We are currently conducting our pivotal Phase 3 REVERSE-IT trial of bentracimab. In a prespecified interim analysis of 150 enrolled patients (142 of whom enrolled required urgent surgery or an invasive procedure and eight of whom enrolled with uncontrolled major or life-threatening bleeding), bentracimab achieved the primary endpoint of the trial by immediately and sustainably reversing the antiplatelet effects of ticagrelor. We are targeting to submit a Biologics License Application, or BLA, to the FDA for bentracimab in mid-2022, although this timing could be impacted by the continued scope and duration of the COVID-19 pandemic. We are developing bentracimab pursuant to a co-development agreement, or the SFJ Agreement, with SFJ Pharmaceuticals X, Ltd., an SFJ Pharmaceuticals Group company, or SFJ. Under the SFJ Agreement, SFJ has agreed to pay us up to $120.0 million to support the clinical development of bentracimab. We are also developing our preclinical product candidate, PB6440, for treatment-resistant hypertension. Except for the rights that we granted to Alfasigma S.p.A., or Alfasigma, for bentracimab, we retain worldwide commercial rights to all of our product candidates.

As we advance our clinical programs for bentracimab with site activations and patient enrollment, we remain in close contact with our clinical research organizations, clinical sites and suppliers to attempt to assess the impacts that COVID-19 and its variants may have on our clinical trials and current timelines and to consider whether we can implement appropriate mitigating measures to help lessen such impacts. At this time, however, we cannot fully forecast the scope of impacts that COVID-19 may have on our ability to initiate trial sites, enroll and assess patients, supply study drug and report trial results.

Bentracimab

Bentracimab is a novel recombinant human monoclonal antibody antigen-binding fragment, or Fab fragment, designed to reverse the antiplatelet activity of ticagrelor. Ticagrelor is an antiplatelet therapy widely prescribed to reduce the rates of death, heart attack and stroke in patients with acute coronary syndrome, or ACS, or who have previously experienced a heart attack. The American College of Cardiology, American Heart Association and European Society of Cardiology guidelines recognize ticagrelor as the preferred antiplatelet therapy for ACS. In 2021, ticagrelor, currently marketed by AstraZeneca plc, or AstraZeneca, under the brand names Brilinta and Brilique, had worldwide sales of $1.5 billion. Ticagrelor binds to platelets to prevent them from forming blood clots, which could restrict blood flow to critical organs in these patients, causing heart attacks or strokes. Due to ticagrelor's antiplatelet activity, patients on ticagrelor have an elevated risk of spontaneous bleeding. In addition, patients on ticagrelor who need urgent surgery cannot wait the recommended five days for ticagrelor's effect to dissipate and are at increased risk of major bleeding during and after surgery. There are currently no other known reversal agents approved or in clinical development for ticagrelor or any other antiplatelet drugs. In the European Union, an extracorporeal whole blood purification adsorber device is available that may be useful for non-specific removal of ticagrelor during some cardiac procedures when used in conjunction with cardiopulmonary bypass. The maker of the device, CytoSorbents Corporation, has also initiated a clinical trial in the U.S. to evaluate the use of the DrugSorb-ATR antithrombotic removal system during cardiothoracic surgery. Upon approval, bentracimab would be the only therapeutic agent available for specific reversal of ticagrelor. We believe the availability of bentracimab as a specific reversal agent could expand ticagrelor's use by mitigating concerns regarding bleeding risk and uniquely position ticagrelor as the only oral antiplatelet drug with a reversal agent. In our Phase 1, Phase 2a and Phase 2b clinical trials, as well as in the interim analysis of our Phase 3 REVERSE-IT trial, bentracimab achieved immediate and complete reversal of ticagrelor's antiplatelet activity, with potential customizable duration of reversal based on the dosing regimen, which we believe has the potential to bring life-saving therapeutic benefit to these patients by increasing the safety of ticagrelor.

In March 2020, we commenced our pivotal REVERSE-IT trial, a global, multi-center, non-randomized, open-label trial in which we plan to enroll a total of 200 ticagrelor patients with uncontrolled major or life-threatening bleeding or requiring urgent surgery or an invasive procedure. The primary endpoints for this trial are the reversal of the antiplatelet effects of ticagrelor with intravenous infusion of bentracimab as measured by the VerifyNow PRUTest biomarker and achievement of clinical hemostasis in enrolled patients. In the interim analysis of 150 enrolled patients (142 of whom required urgent surgery or an invasive procedure and eight of whom enrolled with uncontrolled major or life-threatening bleeding), which we announced

in November 2021, bentracimab achieved the primary endpoint of the trial by immediately and sustainably reversing the antiplatelet effects of ticagrelor. Bentracimab was generally well tolerated, with five drug-related non-serious adverse events reported in three patients. The cohort of patients requiring urgent surgery or an invasive procedure has been fully enrolled, and trial sites have shifted focus to enrolling patients with uncontrolled major or life-threatening bleeding events. We are continuing to attempt to accelerate enrollment of these patients, including by working to increase the number of enrolling clinical trial sites in the United States, Canada, and the European Union as we believe that a broader site footprint will increase the probability of enrolling these patients. In addition, our Investigational New Drug application, or IND, for bentracimab was recently approved by the Center for Drug Evaluation, or CDE, of the China National Medical Products Administration, or NMPA, in August 2021. We expect to begin enrolling patients in China in the first half of 2022.

The FDA granted Breakthrough Therapy designation for bentracimab in April 2019, and the European Medicines Agency, or the EMA, granted bentracimab Priority Medicines, or PRIME, designation in February 2020. The FDA previously provided feedback that we could submit a BLA for potential accelerated approval based on an interim analysis of the first approximately 100 patients treated in our REVERSE-IT trial. For the interim analysis, the FDA also recommended that approximately 50 patients enrolled have uncontrolled major or life-threatening bleeding and approximately 50 require urgent surgery or an invasive procedure, although the FDA indicated that whether there are an adequate number of patients in either group would be a review issue.

We intend to submit our BLA for potential accelerated approval based on the interim analysis of the patients in our REVERSE-IT trial, all of whom were measured against the same VerifyNow PRUTest biomarker and hemostasis endpoints described above. For the interim analysis, we elected to continue to enroll ticagrelor patients in excess of our prior target of approximately 100 patients to take advantage of robust surgical enrollment and to mitigate continued uncertainties caused by the COVID-19 pandemic and its potential impact on future patient availability. We are targeting to submit our BLA in mid-2022, although that timeline could be impacted by the continued scope and duration of the COVID-19 pandemic. Following the submission of our BLA, the FDA could determine that we did not enroll a sufficient number of patients in the REVERSE-IT trial, including patients with uncontrolled major or life-threatening bleeding, for all or some of the proposed indications we intend to pursue. Further, the FDA may require us to conduct extensive post-approval studies or require us to make modifications to our ongoing REVERSE-IT trial after approval and marketing.

We intend to complete the REVERSE-IT trial and establish a post-approval registry in accordance with FDA requirements. With regard to the 200 total patients needed for full enrollment of the REVERSE-IT trial, our protocol provides that no more than approximately two-thirds of patients can come from either the uncontrolled major or life-threatening bleeding population or the patient population requiring urgent surgery or an invasive procedure. The Committee for Medicinal Products for Human Use, or CHMP, of the EMA has also generally agreed with our proposed clinical development plan for bentracimab.

In June 2021, we entered into a sublicense agreement with Alfasigma, or the Alfasigma Sublicense, pursuant to which we granted Alfasigma exclusive rights to distribute and sell bentracimab in the European Union and European Economic Area, as well as the United Kingdom, Russia, Ukraine and certain other countries within the Commonwealth of Independent States, Europe and central Asia, or the Sublicense Territory. Under the Alfasigma Sublicense, we are responsible for developing bentracimab and securing regulatory approval with the EMA and the Medicines and Healthcare products Regulatory Agency, or MHRA, including in accordance with the SFJ Agreement, after which any marketing authorizations will be assigned to Alfasigma. Alfasigma is obligated to obtain and maintain any regulatory approvals necessary to market and sell bentracimab (including pricing approvals and post-marketing commitments) and is also responsible for securing regulatory approval in countries outside of Europe and the United Kingdom.

PB6440

PB6440 is a highly selective aldosterone synthase inhibitor being developed for treatment-resistant hypertension. In preclinical studies to date, PB6440 demonstrated dose-dependent aldosterone reduction without a significant increase in 11-deoxycorticosterone or deoxycortisol in both rodent and primate models. The oral bioavailability and pharmacokinetic profiles observed in these preclinical studies appear suitable for once-daily oral dosing in humans. To date, no evidence of toxicity has been observed in either *in vitro* toxicity studies or in animal models, including primates. We initiated nonclinical IND-enabling studies for PB6440 in 2021 and we plan to submit an IND in the second half of 2022. We are also targeting to begin a first-in-human trial in late 2022, although our timelines could be impacted by the scope and duration of the COVID-19 pandemic.

Strategy

Our strategy is to identify, develop and commercialize novel therapies for cardiovascular diseases. The key elements of our strategy include:

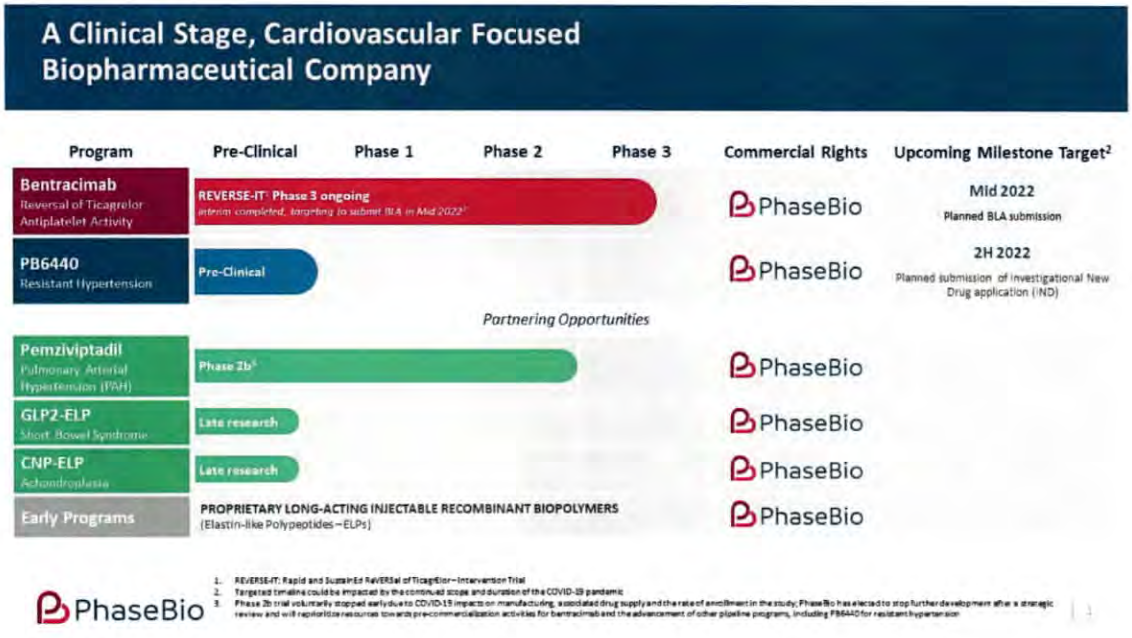
- ***Continue to advance bentracimab through clinical development and regulatory approval.*** We intend to develop and commercialize bentracimab as a novel reversal agent for the antiplatelet drug ticagrelor. In

March 2020, in collaboration with SFJ, we commenced our pivotal REVERSE-IT trial in patients on ticagrelor with uncontrolled major or life-threatening bleeding or requiring urgent surgery or an invasive procedure, and recently completed the planned interim analysis of the first 1S0 patients enrolled in the REVERSE-IT trial. We intend to continue to enroll patients in the REVERSE-IT trial in the United States, the European Union and Canada, and we expect to begin enrolling patients in China in the first half of 2022. We have received Breakthrough Therapy designation and plan to submit a BLA seeking accelerated approval of bentracimab prior to completion of the REVERSE-IT trial, based on biomarker data from an initial subset of the REVERSE-IT patients, in mid-2022. The EMA granted bentracimab PRIME designation in February 2020, and the China NMPA granted Breakthrough Therapy designation in December 2021.

- ***Continue the preclinical development of PB6440 for treatment-resistant hypertension.*** We initiated IND-enabling studies for PB6440 in 2021, and we plan to submit an IND for PB6440 with the FDA in the second half of 2022. We are also targeting to begin a first-in-human trial in late 2022, although our timelines could be impacted by the scope and duration of the COVID-19 pandemic.
- ***Leverage our ELP technology platform to expand our development pipeline.*** We believe that our ELP technology enhances solubility, stability and bioavailability, provides extended drug exposure and creates product candidates that are straightforward to manufacture and administer. As such, we plan to utilize our platform to identify product candidates for additional indications. We intend to apply our ELP technology to improve the pharmacokinetics of proteins and peptides with well-characterized therapeutic activities but suboptimal half-lives, in order to improve their pharmacokinetics, enable their use as pharmaceutical products and allow for more convenient dosing regimens.
- ***Commercialize our product candidates.*** We have entered into exclusive license agreements with AstraZeneca for bentracimab and Duke University, or Duke, for our ELP technology, pursuant to which we retain worldwide commercial rights to our product candidates. In addition, we own all of the assets and intellectual property rights related to PB6440. If approved, we intend to commercialize bentracimab and PB6440 independently in the United States and through partnerships in international markets. As we advance towards regulatory approvals for our product candidates, we intend to establish a focused marketing and sales infrastructure.

Pipeline

Our preclinical and clinical-stage pipeline is set forth below:



Bentracimab: Antiplatelet Therapy Reversal Agent for Ticagrelor

Our lead product candidate, bentracimab, is a novel ticagrelor reversal agent, which we are developing for the reversal of the antiplatelet effects of ticagrelor.

We are currently conducting REVERSE-IT, our pivotal Phase 3 clinical trial of bentracimab, in which we plan to enroll 200 ticagrelor patients with uncontrolled major or life-threatening bleeding or requiring urgent surgery or an invasive procedure. In the interim analysis of 150 enrolled patients, bentracimab achieved the primary endpoint of the trial by immediately and sustainably reversing the antiplatelet effects of ticagrelor. Bentracimab was generally well tolerated. We observed similar results in a Phase 2a clinical trial in older subjects and healthy, younger subjects and in a Phase 2b trial of healthy, older subjects.

Background on Acute Coronary Syndrome

ACS describes a range of conditions associated with sudden reduced blood flow to the heart, including unstable angina and myocardial infarction, or heart attack. ACS is caused by the inappropriate formation of clots in the coronary arteries. These blood clots are made up primarily of platelets, small lens-shaped cells found in the blood that normally aggregate at sites of injury to help stop bleeding. According to the Centers for Disease Control and Prevention, approximately 805,000 Americans have a heart attack every year, and heart attacks are a leading cause of death in the developed world.

The primary treatment for ACS is the use of antiplatelet drugs to prevent the worsening of existing clots or to reduce the formation of additional clots. These clots can occur in the heart or in stents that are placed in the blocked coronary artery to keep the blood vessel open or elsewhere in the body. Without antiplatelet drugs, patients are at a significantly increased risk of recurrent heart attacks, stroke and death. The standard of care for ACS patients is dual antiplatelet therapy, or DAPT, which is a combination of aspirin and an inhibitor of a specific receptor found on platelets known as the $P2Y_{12}$ receptor. This combination is started after a patient experiences a heart attack or other manifestation of ACS and has been shown to significantly reduce platelet aggregation and clot formation and reduce the frequency of recurrent heart attacks, stroke and death.

While the antiplatelet drugs used in DAPT have proven effective at improving overall outcomes in ACS patients, their suppression of blood clotting increases patients' risk of bleeding. Bleeding events in patients on antiplatelet therapy, which

can occur spontaneously or as a result of injury or surgery, are classified as minor or major. In the 18,000-patient clinical trial, Platelet Inhibition and Patient Outcomes, or PLATO, conducted by AstraZeneca, ticagrelor was shown to be superior to the antiplatelet drug clopidogrel, marketed under the brand name Plavix, in reducing recurrent heart attack, stroke and death in patients with ACS. However, in both treatment groups, approximately 11% to 12% of patients in the trial suffered major bleeding events, and in approximately 6% of patients, these major bleeding events were fatal or life-threatening. The causes of bleeding varied in the trial population. In approximately 3% of the patients on ticagrelor, the major bleeding events were spontaneous and not related to any medical procedure, whereas approximately 9% of patients on ticagrelor developed major bleeding that was related to procedures like coronary artery bypass surgery, or CABG. Although the trial protocol recommended that patients who needed CABG stop taking ticagrelor for one to three days prior to surgery, nearly half of all ticagrelor patients needed surgery urgently and could not wait the up to three days for ticagrelor's effect to dissipate so normal blood clotting could be restored. Overall, up to 80% of patients who underwent CABG surgery in the trial suffered a major or life-threatening bleeding event related to the surgery, and for those who needed urgent surgery and could not wait three days for the effects of ticagrelor to dissipate, approximately 50% experienced a fatal or life-threatening bleeding event. While some of this risk was likely associated with patients' underlying conditions, the overall bleeding risk is significantly increased by antiplatelet drugs, and the current United States and European prescribing information for ticagrelor suggests suspension of ticagrelor treatment for five days prior to surgery.

Despite the increased bleeding risk, antiplatelet drugs, along with anticoagulant drugs that are used to prevent clots in veins, represent some of the most widely prescribed drugs in the United States due to their lifesaving effects. There are currently no other known reversal agents approved or in clinical development for ticagrelor or any other antiplatelet drugs. In the European Union, an extracorporeal whole blood purification adsorber device is available that may be useful for non-specific removal of ticagrelor during some cardiac procedures when used in conjunction with cardiopulmonary bypass. The maker of the device, CytoSorbent Corporation, has also initiated a clinical trial in the U.S. to evaluate the use of the DrugSorb-ATR antithrombotic removal system during cardiothoracic surgery. Upon approval, bentracimab would be the only therapeutic agent available for specific reversal of ticagrelor. In the absence of a specific reversal agent, physicians have limited treatment options, and sometimes administer platelet transfusions, which are unproven in this setting. The ability to quickly reverse the antiplatelet activity of ticagrelor and restore normal clotting would increase its safety, both in instances of major bleeding as well as in situations where surgical or other medical interventions associated with bleeding are urgently needed.

Background on Antiplatelet Drugs

The three oral antiplatelet $P2Y_{12}$ receptor antagonist drugs prescribed in DAPT are clopidogrel, marketed under the brand name Plavix; prasugrel, marketed under the brand name Effient; and ticagrelor, marketed under the brand names Brilinta and Brilique. Unlike clopidogrel and prasugrel that permanently bind to and inhibit the target receptors on platelets, ticagrelor binds to the $P2Y_{12}$ receptor in a transient manner, quickly cycling on and off the receptor. We believe this transient binding of ticagrelor presents a unique opportunity to develop a specific reversal agent for ticagrelor, whereas the permanent binding of the other drugs to the receptor precludes a reversal agent from being developed.

We consider ticagrelor to be the best-in-class $P2Y_{12}$ antiplatelet agent because it has demonstrated a superior benefit-risk profile compared to other products in the $P2Y_{12}$ class. In 2020, ticagrelor had worldwide sales of $1.6 billion. Ticagrelor has achieved this level of market share despite the availability of generic versions of clopidogrel and prasugrel. We believe ticagrelor growth is being driven in part by treatment guidelines from the American College of Cardiology, American Heart Association and the European Society of Cardiology that recognize ticagrelor as the preferred antiplatelet treatment for ACS. We believe that the availability of a reversal agent could further drive the use of ticagrelor by making it the only reversible oral $P2Y_{12}$ antiplatelet treatment, thereby conferring a possible safety benefit over the other agents. Furthermore, based on the growth of clopidogrel prescriptions after the introduction of a generic form of that drug, we believe ticagrelor prescriptions could grow significantly after its patents expire in 2024 and generic competition drives prices down to similar levels as other $P2Y_{12}$ antiplatelet therapies.

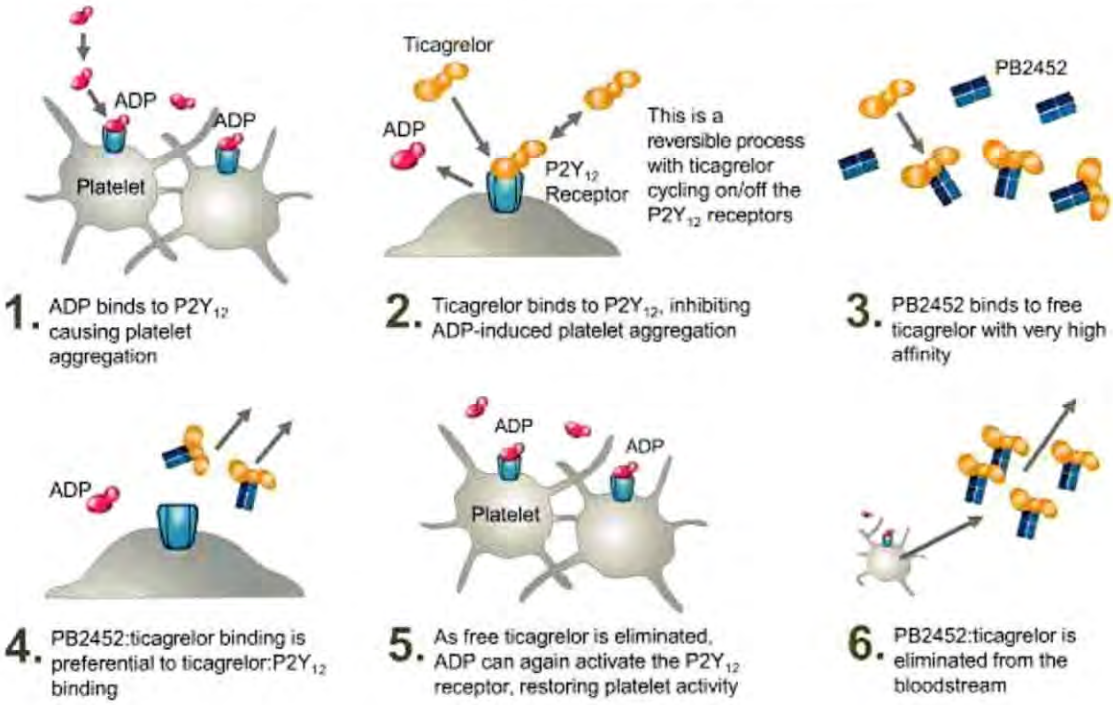
Our Solution: Bentracimab

Bentracimab is a human Fab fragment that binds to ticagrelor with high affinity and specificity to reverse ticagrelor's antiplatelet activity. We believe that the availability of bentracimab may further differentiate ticagrelor from other $P2Y_{12}$ receptor antagonists by providing for better clinical management of the balance between the desired antiplatelet effect and prevention or control of bleeding. We exclusively licensed bentracimab from MedImmune Limited, or MedImmune, a wholly-owned subsidiary of AstraZeneca.

Bentracimab Background

Ticagrelor works by binding to the $P2Y_{12}$ receptor on platelets, thereby preventing adenosine diphosphate, or ADP, from causing platelet aggregation. Ticagrelor binds transiently to the $P2Y_{12}$ receptor, quickly cycling on and off, and allowing bentracimab to bind to free ticagrelor, thereby preventing ticagrelor's inactivation of the receptor and removing ticagrelor from circulation. With ticagrelor removed, ADP can once again activate the $P2Y_{12}$ receptor and induce platelet aggregation. This activity is illustrated below.

Mechanism of action of ticagrelor and its reversal by bentracimab



Bentracimab binds to ticagrelor with an affinity that is approximately 100 times stronger than ticagrelor's affinity for the $P2Y_{12}$ receptor. This high affinity enables bentracimab to bind to free ticagrelor, resulting in an immediate reversal of ticagrelor's effect and restoration of platelet activity.

Clinical Development of Bentracimab

Phase 3 REVERSE-IT Clinical Trial

In March 2020, we commenced our pivotal REVERSE-IT trial. We expect to enroll a total of 200 ticagrelor patients with uncontrolled major or life-threatening bleeding or requiring urgent surgery or an invasive procedure in this global, multi-center, non-randomized, open-label trial and file for an accelerated approval based upon the results of the interim analysis of the first 150 patients, which we announced in November 2021. The primary endpoints for this trial are the reversal of the antiplatelet effects of ticagrelor with intravenous infusion of bentracimab as measured by the VerifyNow® PRUTest® biomarker and achievement of clinical hemostasis in enrolled patients. We are targeting to submit our BLA in mid-2022.

We recently completed the planned interim analysis of the first 150 patients enrolled in the REVERSE-IT trial and announced the results from this analysis in November 2021. The prespecified interim analysis of 150 enrolled patients (142 of whom enrolled required urgent surgery or an invasive procedure and eight of whom enrolled with uncontrolled major or life-threatening bleeding) demonstrated that bentracimab achieved the primary endpoint of the trial by immediately and sustainably reversing the antiplatelet effects of ticagrelor. As measured by the point-of-care VerifyNow PRUTest platelet function assay, a 135% reduction in platelet inhibition ($P<0.001$) was observed within five to ten minutes after initiation of bentracimab infusion and sustained through all timepoints over 24 hours. More than 90% of eligible patients achieved the co-primary endpoint of the trial, defined as good or excellent hemostasis within 24 hours of initiation of bentracimab therapy ($P<0.001$). Thrombotic

events were reported in 5.3% of patients, with none resulting in death or considered by investigators to be related to bentracimab.

Bentracimab was generally well tolerated, with five non-serious adverse events, reported in three patients, considered by investigators to be related to bentracimab. The most common adverse events were related to pain associated with surgical procedures. Four patients died of events considered by investigators to be unrelated to treatment with bentracimab: two patients from septic shock and two patients from cardiogenic shock. Bentracimab immunogenicity was also measured in the trial by testing patients for anti-drug antibodies, or ADA, before and after the initiation of bentracimab infusion. Results of the immunogenicity testing found that 22.6% of patients had pre-existing ADA, 24.3% of patients developed ADA after bentracimab infusion, and 53.0% of patients had no ADA. The presence of ADA had no apparent effect on ticagrelor reversal as measured by VerifyNow or on achievement of effective hemostasis.

Phase 2b Clinical Trial

In November 2021, we announced topline data from our Phase 2b bentracimab trial, which is a multi-center, randomized, double-blind, placebo-controlled trial that is designed to evaluate the safety and efficacy of bentracimab in reversing the antiplatelet effects of ticagrelor in 200 healthy volunteers who are older and elderly (ages 50 to 80), with 150 subjects receiving bentracimab and 50 subjects receiving placebo, all after pretreatment with dual antiplatelet therapy composed of ticagrelor and low-dose aspirin. In the Phase 2b bentracimab trial, we observed immediate and complete reversal of ticagrelor's antiplatelet activity within five minutes following initiation of infusion and sustained reversal for over 20 hours as measured using the point-of-care VerifyNow PRUTest biomarker. In addition, treatment with bentracimab had a favorable safety profile, with no drug-related SAEs or thrombotic events reported in the Phase 2b trial. In our earlier, completed Phase 2a clinical trial of bentracimab, we also observed immediate and complete reversal of ticagrelor's antiplatelet activity within five minutes following initiation of infusion and sustained reversal for over 20 hours.

Phase 2a Clinical Trial

In September 2019, we completed a Phase 2a clinical trial of bentracimab in older and elderly subjects dosed with ticagrelor and aspirin and in healthy, younger subjects on supratherapeutic doses of ticagrelor. We observed a statistically significant reversal of ticagrelor within five minutes of initiation of bentracimab infusion, which was sustained for over 20 hours. Platelet function was normalized by 15 minutes (30 minutes for the supratherapeutic ticagrelor-dose cohort) following initiation of bentracimab infusion and remained normal for over 20 hours. Bentracimab was generally well tolerated, with only minor AEs reported. These results are consistent with results observed in healthy, younger subjects treated with ticagrelor in our Phase 1 trial. The older and elderly subjects in the Phase 2a trial resemble the patient population most likely to be treated with ticagrelor and to potentially benefit from bentracimab, if approved.

Phase 1 Clinical Trial

In September 2018, we completed a Phase 1 dose escalation clinical trial of bentracimab, delivered as an intravenous infusion in healthy subjects pre-dosed with ticagrelor that was designed to identify the target dose, determine proof of concept and evaluate the safety and tolerability of bentracimab. In the trial, we observed that bentracimab immediately and completely reversed the antiplatelet effects of ticagrelor. We conducted this trial pursuant to an IND that we sponsored and that became effective in March 2018. In March 2019, the full results from this trial of bentracimab were published in the *New England Journal of Medicine*.

Our Phase 1 clinical trial enrolled 64 subjects across 10 sequential dose cohorts. Based on pharmacokinetic and pharmacodynamic data from the early dose cohorts in the trial, we adjusted the intravenous infusion of bentracimab to identify the optimal dose and dosing regimen for future trials and for the target patient populations. The initial three cohorts of subjects were dosed with 30-minute intravenous infusions of bentracimab alone in order to assess pharmacokinetics and safety. Subsequent cohorts were pre-dosed with the standard clinical regimen of ticagrelor for two days prior to administration of bentracimab to enable direct assessment of reversal of ticagrelor's inhibition of platelet aggregation using platelet function assays. There were no bentracimab-related AEs or SAEs in any of the dose cohorts.

In cohorts 5 and 6, which were the first cohorts in which potentially pharmacodynamically active doses of bentracimab were administered, we saw immediate and complete reversal of ticagrelor's antiplatelet activity based upon restoration of platelet function. In 11 out of 12 subjects, platelet function was restored at the first measured time point at the end of the 30-minute infusion. The duration of reversal varied from approximately one to four hours depending upon the dose level and subject, with longer duration at higher doses. In cohort 7, we modified the dosing regimen to deliver a total dose of 18 g,

with 3 g delivered in the first five minutes of infusion, followed by 15 g delivered at a constant rate over an additional seven hours and 55 minutes. In cohort 7, we observed that all subjects achieved complete and sustained restoration of platelet function within two hours after the start of infusion. The duration of reversal in cohort 7 lasted approximately 16 hours from the start of the infusion as measured by restoration of platelet activity.

In cohorts 8, 9 and 10, the dosing regimen of bentracimab was further refined to achieve both a more rapid onset of reversal and a longer duration of reversal compared to earlier cohorts. We administered a total dose of 18 g, with the initial 6 g delivered as a bolus in cohorts 8, 9 and 10. The remaining 12 g was administered after the initial bolus for an additional 12 to 16 hours in cohorts 8, 9 and 10. In each of these cohorts, we observed both immediate and complete reversal within the first five minutes following initiation of infusion and a sustained duration of reversal of over 20 hours. We intend to further evaluate the dose and dosing regimens observed in these cohorts in future clinical trials.

Planned BLA Submission

Based on feedback from the FDA, we intend to submit a BLA for potential accelerated approval based on the interim analysis of our REVERSE-IT trial, which included 142 patients enrolled requiring urgent surgery or an invasive procedure and eight patients enrolled with uncontrolled major or life-threatening bleeding. To support our plan to seek full approval and consistent with the recommendation of the FDA, we plan to enroll 200 total patients in the REVERSE-IT trial. After we submit our BLA with data from the first 150 patients, we intend to complete the REVERSE-IT trial and establish a post-approval registry in accordance with FDA requirements. We are targeting to submit our BLA for bentracimab in mid-2022, although this timing could be impacted by the continued scope and duration of the COVID-19 pandemic. The FDA granted Breakthrough Therapy designation for bentracimab in April 2019. The EMA granted bentracimab PRIME designation in February 2020 and NMPA of China granted Breakthrough Therapy designation in December 2021.

PB6440 for Treatment-Resistant Hypertension

PB6440 is a selective aldosterone synthase inhibitor that we are developing as an orally administered treatment for resistant hypertension. The mineralocorticoid hormone aldosterone is a critical regulator of fluid and electrolyte balance in the body and, as such, can play an important role in the development of high blood pressure or hypertension. Elevated aldosterone levels are associated with resistant hypertension, congestive heart failure and chronic kidney disease. Agents that block the action of mineralocorticoids at the receptor level, such as spironolactone, have been shown to lower blood pressure, including in patients with resistant hypertension. However, use of these agents is limited by adverse side effects. Inhibition of the production of aldosterone through inhibition of the enzyme responsible for its synthesis, aldosterone synthase (CYP11B2), is an alternative approach to treatment of hypertension. However, development of aldosterone synthase inhibitors is challenging because of a closely-related enzyme, steroid 11β-hydroxylase (CYP11B1), which many potential compounds also inhibit. In preclinical studies, PB6440 was observed to be a highly potent and selective inhibitor of aldosterone synthase and demonstrated a dose-dependent aldosterone reduction without a significant increase in 11-deoxycorticosterone or deoxycortisol in both rodent and primate models. The oral bioavailability and pharmacokinetic profiles appear suitable for once-daily oral dosing in humans.

We initiated nonclinical IND-enabling studies for PB6440 in 2021, and we plan to submit an IND in the second half of 2022. We are also targeting to begin a first-in-human trial in late 2022, although our timelines could be impacted by the scope and duration of the COVID-19 pandemic.

ELP Technology

Our proprietary ELP technology is based on recombinant biopolymers called ELPs, which comprise individual subunits or building blocks derived from a five-amino acid repeat motif found in the human protein elastin. This five-amino acid motif is repeated multiple times to form the ELP biopolymer. We produce our ELP-based products by engineering *E. coli* to produce a single protein comprising the active peptide or protein fused to the ELP biopolymer. This molecule is active as a fusion protein and does not require cleavage or release of the peptide. ELP fusion proteins are produced in the soluble fraction of *E. coli*, which allows for ease of scale-up and purification.

Fusion to ELPs significantly improves the stability of peptides and proteins and enables use of natural or minimally altered peptide sequences. We believe these fusion proteins retain similar potency to the native molecule while being protected from degradation by enzymes in circulation. Additionally, we have observed that the fusion protein maintains the solubility and long half-life of the ELP, in many cases allowing for long-term liquid stability, which is important for injectable products.

4U

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located?	☐ Nevada ■ Out-of-State
Is your facility a reverse distributor?	☐ Yes ■ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH N/A	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: HCP Concierge LLC

Physical Address: 310 Hansen Access Rd Ste 105

City: King of Prussia State: PA Zip: 19406

Mailing Address (if different from physical address): N/A

City: _____ State: _____ Zip: _____

Telephone: _____ Website: https://hcpconcierge.com

Name of Designated Representative (DR): Robert LaGrossa

Licensing Company Email: compliance.HCPConcierge@gmail.com DR Email: mluby@servehcp.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
■ Pharmacies	■ Legend Pharmaceuticals, Supplies or Devices
■ Practitioners	☐ Controlled Substances
■ Hospitals	☐ Hypodermic Devices
■ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	■ Others: OTC

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): N/A

Corporation/Organization Name: HCP Concierge LLC

Mailing Address: 310 Hansen Access Rd Ste 105

City: King of Prussia State: PA Zip: 19406

Telephone: (267) 987-0306 Email: compliance.HCPConcierge@gmail.com

Contact Person Name: Michael Luby

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Luby

Print Name of Authorized Person Submitting Application

Michael Luby

Original signature of Authorized Person (copies or stamps not accepted)

4/11/2022

Date

Board Use Only	Date Received: _____	Amount: 500 cc ✓ 4/26/22

Certificate of Licensure

Certificate No. 8000003079
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Category:

Wholesaler/Distributor

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 736-7356

HCP CONCIERGE LLC
310 HANSEN ACCESS RD STE 105
KING OF PRUSSIA, PA 19406

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992.

Issuance Date: September 02, 2021
Expiration Date: The Last Day of September, 2022

Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Alison V. Beam
Acting Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

687

Certificate of Registration

Certificate No. 3000010296
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 736-7356

Category:

Distributor (Prescription)
Distributor (Non-Prescription)

HCP CONCIERGE LLC
310 HANSEN ACCESS RD STE 105
KING OF PRUSSIA, PA 19406

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: September 02, 2021
Expiration Date: The Last Day of September, 2022

Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Alison V. Beam
Acting Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

688

H114-257 (rev. 01/19)

Commonwealth of Pennsylvania
Department of Health (DOH)
(717) 787-4779 FAX (717) 787-3188

Drug, Device, & Cosmetic Program
555 Walnut St, 7th Floor, Suite 701
Harrisburg, PA. 17101

DRUG, DEVICE, & COSMETIC COMPLIANCE INSPECTION REPORT

FIRM NAME: HCP Concierge LLC	DATE: 11/5/2021		PA DOH REGISTRATION: Pending	EXP. DATE	
ADDRESS: 310 Hansen Access Rd, Suite 105	CHANGE ☐		PA DOH LICENSE: Pending	EXP. DATE	
CITY: King of Prussia	ZIP CODE: 19406	COUNTY: Montgomery	FDA REGISTRATION: N/A	EXP. DATE	
OWNER/PARENT (if different than above)		LEAD PERSON INTERVIEWED: Mike Lusby	DEA REGISTRATION: N/A	EXP. DATE	
PHONE: 267-987-0306		TITLE: DE President / CEO	PA L & I LICENSE: N/A	EXP. DATE	
HOURS OF OPERATION: 8-5 M-F		ID OF PERSON INTERVIEWED: DL 24010289 PA	PA DOS LICENSE: N/A	EXP. DATE	
TOTAL EMPLOYEES/ FACILITYSIZE: 3-5		INSPECTOR NAME: T. Ritchie	OTHER REGISTRATION	EXP. DATE	

Initial Inspection	X	Type of Action/Pursuant to:	Controlled Substance, Drug, Device, & Cosmetic Act, Act 64 of 1972
Investigation/Compliance			Wholesale Prescription Drug Distributors License Act, Act 145 of 1992
Follow-up			Noncontrolled Substance Registration & Reporting Act
Disaster			Other

TYPE of FIRM		PRODUCTS		SUBTYPE		MISC.
	Manufacturer-Drugs	X	Prescription Drugs (RX)		DME	No Controlled substances
	Manufacturer-Devices		Controlled Substances		Diagnostics	
	Manufacturer-Cosmetics		List 1 Chemicals		Optical	No List I
	Transfiller-Medical Gases		OTC Drugs/Medicinals		Dental	
	Relabeler/Repackager		Cosmetics/Cosmeceuticals		Orthotics	Mostly Distribution to
X	Distributor-Drugs		Veterinary-Prescription		Prosthetics	Practitioner
	Distributor-Medical Gases		Veterinary- OTC		Implants	
	Distributor-Devices		Medical Gases		Assisted Hearing Devices	
	Distributor-Cosmetics		RX Devices		Reprocessor/Reuser	
	Retailer-Medical Gases		OTC Devices		Delivery Systems	
	Retailer-Drugs, Medicinals,		Biologics/Blood Products		Radiation Emitting Device	
	Practitioner/Institution		Radiation Emitting Drug		Samples	
	Medicated Feed Plant/Agri.		Medicated Feed		Clinical Trial/Investigation	
	Research/Training		API (Active Pharm Ingred.)		Foreign Import/Export	
	Other:		Other:		Other:	

FACILITY, PHYSICAL CONTROLS, & STAFF		STOCK, RECORDS, & POLICIES		QUALITY CONTROL	
"X" denotes firm meets standard in this area. "N" denotes deficiency in this area. " / " denotes not applicable					
X	Physical Condition	X	Inventory control/Errors	X	Adulterated/Expired
X	Adequate Equipment	X	Suspect Product Policy	X	Misbranded
X	Physical Security	X	Recall Policy	X	Contraband
X	Staff Security/Limited Access	X	Return Goods Policy		*Manufacturing/Repack Only*
X	Temperature system/Logs	X	Emergency Policy/Reporting	/	Adherence to GMP
X	Ventilation/Humidity	X	Track and Trace System	/	Validation: Equipment
X	Running Water/Restroom	X	Receiving Records/Pedigree		Raw Materials
X	Cleanliness/Pest-Free	X	Distributing Records		Intermediaries
X	Quarantine/Hold Area	X	Authorized trading/transfer		Finished Prod.
X	Appropriate Storage	X	Disposal/Destruction Records	X	Sterile/X Contamination
X	Registration/Licenses	/	Controlled Substance Rec.	X	Product Label/Identifiers
X	Perm. Site (deed/lease > 6m)	/	Labels/Prescription Order	X	Batch Record/Lot No.
X	Qualified Staff & Supervision		Other:		Other:
X	Name/ID/qualifications of manager: 3 yrs - Mike Lusby PA DL 24010289				

Resolved standards not. Physical standards not. Track/Trace/Record keeping standards not. Policy/Procedures standards not. Recommend Clarify Notification to PA Dept/Health & plan for emergency event/product exposure

PASS **FAIL** or **PASS-pending** (pending corrections made noted above & date corrections must be made)

Signature of Inspector

Signature of Firm Representative

11/5/2021
Date

HCP Concierge is a pharmaceutical marketing logistics company based in King of Prussia, Pennsylvania with service specialists located across the United States visiting doctors' offices to promote medical products on behalf of our clients.

We are expanding our warehouse operations and obtaining our Wholesale Distribution and 3PL licenses for the purpose of shipping and storing prescription drugs, wholesale distribution and direct to practitioner shipping in all 50 states.

HCP Concierge LLC
310 Hansen Access Rd, Ste 105
King of Prussia, PA 19406
FEIN: 46-4172115
Phone Number: (267) 987-0306

Name: Micheal Luby
Position: President, Owner / CEO
Address: [redacted] Black Rock Rd, Bryn Mawr, PA 19010
Date of Birth: [redacted]
Percentage owed: 100%

Name:Alex Cartwright
Position: Vice President, Operations
Address: [redacted] Green Hill Rd, Collegeville, PA 194526
Date of Birth: [redacted]
Percentage Owned: 0%

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206 – Reno, NV 89521 – (775) 850-1440

Send to State Board of Pharmacy for completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

LICENSE VERIFICATION

Name: HCP Concierge LLC

Address: 310 Hansen Access Rd Ste 105

City: King of Prussia State: PA Zip: 19406

I hereby authorize the Pennsylvania Department of Health to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant [signature]

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
8000003079 Wholesaler RX DRUGS	current	9/2/2021	9/30/2022

Has this license been encumbered in any way?	Type of Encumbrance: (if any)
☐ Yes ☒ No	☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☒ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☒ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☐ Yes ☒ No
Has applicant met all licensing requirements of your state? (If no, please explain)	☒ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal
[signature]	Pharm Consultant	PA	4/22/2022	

Theresa Ritchie 717-787-4779 TRitchie@pa.gov

Pennsylvania Department of Health

Drug, Device and Cosmetic Program

Public Lookup

Enter the 10-digit Certificate Number or Registrant's Name (or first few letters).

Lookup

Description of Certificate Categories

You may contact our office at (717) 787-4779 if the Certificate Number/Registrant you are researching is not found.

- **HCP Concierge LLC** 310 Hansen Access Rd Ste 105; King of Prussia, PA 19406
  Certificate(s): **3000010296** issued: 9/2/2021 11:23:00 AM expires: 9/30/2022; **8000003079** issued: 9/2/2021 11:23:00 AM expires: 9/30/2022

Back to DD&C Home

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Assembly Version 4.0.18274.4
Database Version Could not retrieve database version. Check that the database is registered as a Data-tier Application.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HCP CONCIERGE 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 EIGHTEENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HCP CONCIERGE LLC" WAS FORMED ON THE TWELFTH DAY OF NOVEMBER, A.D. 2013.

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

Jeffrey W. Bullock, Secretary of State

5430106 8300

SR# 20220592808

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

Authentication: 202705792

Date: 02-18-22

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. PB02671702254

Application/License No. _____

HCP Concierge LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 310 Hansen Access Rd Ste 105, King of Prussia, PA 19406 (Address of Applicant/Principal), as PRINCIPAL, and PHILADELPHIA INDEMNITY INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of PA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is ONE BALA PLAZA SUITE 100 BALA CYNWYD, PA 19004 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 01/21/2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 2nd day of February, 2022.

APPLICANT/PRINCIPAL
HCP Concierge LLC

Authorized Representative

SURETY COMPANY
PHILADELPHIA INDEMNITY INSURANCE COMPANY

Surety Company's Representative

Valerie Ann Aber, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Commonwealth of Pennsylvania - Notary Seal
JASMEN GIBSON, Notary Public
Philadelphia County
My Commission Expires October 4, 2023
Commission Number 1355474

Countersigned by:

N/A
Nevada Resident Agent

PHILADELPHIA INDEMNITY INSURANCE COMPANY
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint **Valerie Ann Aber and Daniel Rugge of Worldwide Insurance Specialists, Inc.**, its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed **$50,000,000.**

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto, and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEALTO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 5TH DAY OF MARCH, 2021

(Seal)

John Glomb, President & CEO
Philadelphia Indemnity Insurance Company

On this 5th day of March, 2021 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**, that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed

Commonwealth of Pennsylvania - Notary Seal
Vanessa Mckenzie, Notary Public
Montgomery County
My commission expires November 3, 2024
Commission number 1368394
Member, Pennsylvania Association of Notaries

Notary Public: Vanessa McKenzie

residing at: Bala Cynwyd, PA

My commission expires: November 3, 2024

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 5th day March, 2021 are true and correct and are still in full force and effect. I do further certify that John Glomb, who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 2nd day of February, 2022.

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

HCPC Employee Roster 5.16.2022

First Name	Last Name	Positon
Mike	Luby	President and CEO
Ron	Pasko	Senior Vice President - Business Development (East)
Steve	Simpson	Senior Vice President - Business Development (West)
Alex	Cartwright	Vice President - Commercial Operations
Waseem	Shanaa	Senior Director - Client Services, Training & Development
Dan	Smith	Senior Director - Operations
Craig	Brodsky	Director - Field Management & Regional Deployment
Sam	Elliott	Senior Data Analyst
Ally	Adonizio	Senior Manager - Human Resources
Hannah	Priest	Senior Associate - Distribution
Trish	Waldschlager	Business Development Manager
George	Lauderback	Consultant - Executive Operations
Alexandria	Driscoll	Associate Director - Field Operations (East)
Marisa	Hissong	Associate Director - Training & Development
Matthew	O'Keefe	Associate Director - Field Operations (West)
Bradley	Branham	Senior Manager - New York
Bill	Stoy	Senior Manager - Northeast
Kari	Fontana	Senior Manager - Mid-Atlantic
Matt	Knotek	Manager - RDT East
Jeremy	Stephens	Manager - West
Katherine	Johnson	Manager - South Central
Paul	Deiss	Manager - North Central
Laura	Fischer	Manager - RDT West
Brea	Vasquez	Manager - Southeast
Andrew	White	Senior Training Manager
Savannah	Bever	Training Manager
Sirfino	Bishop	Training Manager
Bryce	Jones	Training Manager
Clayton	Scott	Training Manager
Kellie	Zionkowski	Training Manager
Lauren	Bevan	Manager - Special Projects
Jacob	Lowe	Sr. Service Specialist
Donovan	McMullan	Service Specialist
Alexis	Barnes	Service Specialist
Mahtaub	Bodaghi	Service Specialist
Victoria	Donatelli	Service Specialist
Eric	Hammitt	Service Specialist
Caitlin	Thompson	Service Specialist
Issam	Gharzeddine	Sr. Service Specialist

HCPC Employee Roster 5.16.2022

Dakota	Cloud	Service Specialist
Emily	Disabella	Service Specialist
Mackenzie	Ochiltree	Service Specialist
Camille	Stanton	Service Specialist
Paige	Allan	Service Specialist
Emily	Brown	Service Specialist
Heather	Facklam	Service Specialist
Luke	Lychock	Service Specialist
Julia	McCarthy	Service Specialist
Sabrina	Ketterer	Service Specialist
Steven	Kolenski	Service Specialist
Holly	Heneks	Associate
Mike	Miner	Sr. Service Specialist
Daniel	Schulze	Service Specialist
Dylan	Svetovich	Service Specialist
Tim	Juarez	Sr. Service Specialst
Austin	Massey	Sr. Service Specialsit
Harold	Stone	Sr. Service Specialst
Steven	Andrews	Sr. Service Specialist
Timothy	Johnson	Executive Service Specialst
Spencer	Smith	Service Specialist
Bethany	Garza	Sr Service Specialist
Amr	Eissa	Sr. Service Specialist

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler HCP Concierge LLC

Physical Address 310 Hansen Access Rd, Ste 105

City King of Prussia State PA Zip 19406

Mailing Address (if different from physical address) 3121 Stoney Creek Road

City Princeton State NJ Zip 08540

Telephone (267) 987-0306 Website https://hcpconcierge.com

Licensing Company Email compliance.HCPConcierge@gmail.com

Section 2: Personal Information

First Robert Middle R Last LaGrossa

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Stoney Creek Road

City East Norriton State PA Zip 19401

Telephone [redacted] Email compliance.HCPConcierge@gmail.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Deptford Twp. High School		06/76 - 09/79	
Address	**City**	**State**	**Zip**
575 Fox Run Rd	Depford	NJ	08096
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1999 - Present	[redacted] Stoney Creek Road	East Norriton	PA	19401
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
HCP Concierge LLC			2021 - Present	
Business Address		City	State	Zip
310 Hansen Access Rd, Ste 105		King of Prussia	PA	19406
Phone	Title		Number of Employed Hours	
(267) 987-0306	Designated Representative		1,200	

Description of Duties

Responsible for the proper receipt, storage, handling, and record keeping of pharmaceutical
Certify a clean and secured environment subject to routine state inspections

Business Name			From - To (MM/YY – MM/YY)	
Penn Beer Sales and Service			2016 - 2021	
Business Address		City	State	Zip
2801 E Township Line Rd		Hatfield	PA	19440
Phone	Title		Number of Employed Hours	
(215) 487-0300	Inventory Control Manager			

Description of Duties

Responsible the receipt, inspection, and location of over 1,200 SKUs of beer, seltzers, and ciders
Maintain accuracy of over 800,000 units of perishable inventory by location and code date
Supervise proper handling and storage throughout a 450,000 sq ft climate-controlled warehouse
Largest Anheuser-Busch distributor east of the Mississippi river

Business Name			From - To (MM/YY – MM/YY)	
Wellaxa Pharmaceuticals			2018 - 2020	
Business Address		City	State	Zip
661 W Germantown Pike #8a		Plymouth Meeting	PA	19462
Phone	Title		Number of Employed Hours	
(431) 887-7251	Designated Representative		2,080	

Description of Duties

Facility manager for a licensed drug wholesaler/distributor
Responsible for the proper storage, handling, and record keeping of pharmaceuticals
Maintained a clean and secured environment subject to routine state inspections

Business Name			From - To (MM/YY – MM/YY)	
Turn Time Data			2011 - 2016	
Business Address		City	State	Zip
Closed		N/A	N/A	N/A
Phone	Title		Number of Employed Hours	
N/A	Manager		7,060	

Description of Duties

Manager for organizational development to nine independent retail pharmacies
Sought out new store locations, negotiated leases, designed and managed interior fit-outs
Initiated and managed projects in Human Resources and personnel management
Prepared project timelines for transitioning to automated dispensing, packaging, and inventory control
Designed new retail business models, consultant and advisor for company restructuring

Business Name			From - To (MM/YY – MM/YY)	
Omnicare			1999 - 2011	
Business Address		City	State	Zip
600 Allendale Rd		King of Prussia	PA	19406
Phone	Title		Number of Employed Hours	
610-962-5995	Packaging Manager		31,200	

Description of Duties

Responsible for procurement, receipt, and storage of a 2,200 UPC pharmaceutical inventory of oral solids, creams, and liquids. Supervised repackaging of 2 million oral solids per month from bulk to unit dose for robotic dispensing.

Continue on next page if additional space is needed.

Applicant's initials RL

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
N/A				
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

3/28/22
Date

Applicant's initials

I, Robert LaGrossa, **certify that as the designated representative for**

HCP Concierge LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Robert LaGrossa

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/28/22

Date

Applicant's initials RL

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert LaGrossa

Print Name (First, Last)

Robert LaGrossa — 3/28/22

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Pennsylvania, ss. County of Montgomery

I, Robert LaGrossa, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature — **Date** 3/28/22

Subscribed and Sworn to before me this 28th day of March, 2022.

Notary Public Signature

Commonwealth Of Pennsylvania - Notary Seal
Paresh D Boghara, Notary Public
Montgomery County
My Commission Expires August 27, 2023
Commission Number 1355946

(Seal)

Applicant's initials RL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler HCP Concierge LLC

Physical Address 310 Hansen Access Rd, Ste 105

City King of Prussia State PA Zip 19406

Mailing Address (if different from physical address) N/A

City _____ State _____ Zip _____

Telephone (267) 987-0306 Website https://hcpconcierge.com

Licensing Company Email compliance.HCPConcierge@gmail.com

Section 2: Personal Information

First Robert Middle _____ Last LaGrossa

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Stoney Creek Road

City East Norristown State PA Zip 19401

Telephone (267) 987-0306 Email compliance.HCPConcierge@gmail.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials RL

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Deptford Township High School		09/76 -06/79	
Address	City	State	Zip
575 Fox Run Rd	Deptford	NJ	08096
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1999 - Present	[redacted] Stoney Creek Road	East Norriton	PA	19401
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials RL

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
HCP Concierge LLC			2021 - Present
Business Address	**City**	**State**	**Zip**
310 Hansen Access Rd, Ste 105	King of Prussia	PA	19406
Phone	**Title**		
(267) 987-0306	Designated Representative		

Description of Duties

Responsible for the proper receipt, storage, handling, and record keeping of pharmaceutical
Certify a clean and secured environment subject to routine state inspections

Business Name			From - To (MM/YY – MM/YY)
Penn Beer Sales and Service			2016 - 2021
Business Address	**City**	**State**	**Zip**
2801 E Township Line Rd	Hatfield	PA	19440
Phone	**Title**		
(267) 987-0306	Inventory Control Manager		

Description of Duties

Responsible the receipt, inspection, and location of over 1,200 SKUs of beer, seltzers, and ciders
Maintain accuracy of over 800,000 units of perishable inventory by location and code date
Supervise proper handling and storage throughout a 450,000 sq ft climate-controlled warehouse
Largest Anheuser-Busch distributor east of the Mississippi river

Business Name			From - To (MM/YY – MM/YY)
Wellaxa Pharmaceuticals			2018 - 2020
Business Address	**City**	**State**	**Zip**
661 W Germantown Pike #8a	Plymouth Meeting	PA	19462
Phone	**Title**		
(215) 487-0300	Designated Representative		

Description of Duties

Facility manager for a licensed drug wholesaler/distributor
Responsible for the proper storage, handling, and record keeping of pharmaceuticals
Maintained a clean and secured environment subject to routine state inspections

Business Name			From - To (MM/YY – MM/YY)
Turn Time Data			2011 - 2016
Business Address	**City**	**State**	**Zip**
Closed	N/A	N/A	N/A
Phone	**Title**		
N/A	Manager		

Description of Duties

Manager for organizational development to nine independent retail pharmacies
Sought out new store locations; negotiated leases; designed and managed interior fit-outs
Initiated and managed projects in Human Resources and personnel management
Prepared project timelines for transitioning to automated dispensing, packaging, and inventory control
Designed new retail business models; consultant and advisor for company restructuring

Business Name			From - To (MM/YY – MM/YY)
Omnicare			1999 - 2011
Business Address	**City**	**State**	**Zip**
600 Allendale Rd	King of Prussia	PA	19406
Phone	**Title**		
610-962-5995	Packaging Manager		

Description of Duties

Responsible for procurement, receipt, and storage of a 2,200 UPC pharmaceutical inventory of oral solids, creams, ointments, and liquids. Supervised repacking of 2 million oral solids per month from bulk to unit dose for robotic dispensing.

Continue on next page if additional space is needed.

Applicant's initials RC

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials RL

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
N/A				
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

3/28/22
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert LaGrossa

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/28/22

Date

Please have this section completed in the presence of a Notary Public.

State of Pennsylvania, ss. County of Montgomery

I, Robert LaGrossa, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/28/22

Date

Subscribed and Sworn to before me this 25th day of March, 2022.

Notary Public Signature

Commonwealth Of Pennsylvania - Notary Seal
Paresh D Boghara, Notary Public
Montgomery County
My Commission Expires August 27, 2023
Commission Number 1355946

(Seal)

Applicant's initials RL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler HCP Concierge LLC

Physical Address 310 Hansen Access Rd, Ste 105

City King of Prussia State PA Zip 19406

Mailing Address (if different from physical address) N/A

City _____ State _____ Zip _____

Telephone (267) 987-0306 Website https://hcpconcierge.com

Licensing Company Email compliance.HCPConcierge@gmail.com

Section 2: Personal Information

First Michael Middle J Last Luby

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Black Rock Road

City Bryn Mawr State PA Zip 19010

Telephone [redacted] Email mluby@servehcp.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials M.J.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The Wharton School of Business, University of Pennsylvania		09/96 - 05/98	
Address	**City**	**State**	**Zip**
38th and Walnut	Philadelphia	PA	19104
Diploma/Degree obtained, if any			
Masters of Business Administration (MBA)			

School Name		From - To (MM/YY – MM/YY)	
Dartmouth College		09/86-06/90	
Address	**City**	**State**	**Zip**
Main Street	Hanover	NH	03755
Diploma/Degree obtained, if any			
Bachelor of Arts, Economics (BA)			

School Name		From - To (MM/YY – MM/YY)	
Walsh Jesuit High School		09/82-06/86	
Address	**City**	**State**	**Zip**
4550 Wyoga Lake Road	Cuyahoga Falls	OH	44224
Diploma/Degree obtained, if any			
High school			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2001 - Present	[redacted] Black Rock Road	Bryn Mawr	PA	19010
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials M. J.

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
HCP Concierge LLC			2013-Present	
Business Address		**City**	**State**	**Zip**
310 Hansen Access Rd, Ste 105		King of Prussia	PA	19406
Phone	**Title**			
(267) 987-0306	President & CEO, Founder			
Description of Duties				
Oversees all aspects of the business, including wholesale distribution and third-party logistics.				

Business Name			From - To (MM/YY – MM/YY)	
Fonseca Biosciences			06/20-Present	
Business Address		**City**	**State**	**Zip**
625 Black Rock Rd		Bryn Mawr	PA	19010
Phone	**Title**			
(267) 987-0306	President & CEO, Founder			
Description of Duties				
Sole owner and operator of business seeking promotional rights to pharmaceutical products in the US market.				

Business Name			From - To (MM/YY – MM/YY)	
BioPharma Alliance			2010 - Present	
Business Address		**City**	**State**	**Zip**
625 Black Rock Rd		Bryn Mawr	PA	19010
Phone	**Title**			
267-987-0306	President & CEO, Founder			
Description of Duties				
Sole owner and operator of business providing management consulting services to pharmaceutical and other life sciences companies.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials M.L.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials M.J.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
N/A				
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Michael Tuley

Original Signature (electronic, copies or stamps not accepted)

3/22/2022

Date

Applicant's initials M.T.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Luby

Print Name (First, Last)

Michael Luby

Original Signature (electronic, copies or stamps not accepted)

3/22/2022

Date

Please have this section completed in the presence of a Notary Public.

State of PA, ss. County of MONTGOMERY

I, Michael Luby, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Michael Luby

Original Signature

3/22/2022

Date

Subscribed and Sworn to before me this 22 day of March.

Quamir Bell

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
QUAMIR BELL - Notary Public
Montgomery County
My Commission Expires February 15, 2026
Commission Number 1416176

(Seal)

Applicant's initials M.L.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler HCP Concierge LLC

Physical Address 310 Hansen Access Rd, Ste 105

City King of Prussia State PA Zip 19406

Mailing Address (if different from physical address) N/A

City _____ State _____ Zip _____

Telephone (267) 987-0306 Website https://hcpconcierge.com

Licensing Company Email compliance.HCPConcierge@gmail.com

Section 2: Personal Information

First Alexander Middle _____ Last Cartwright

Alias(es, nicknames, name changes, etc.) Alex

Date of Birth [redacted] SSN or ITIN _____ Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Green Hill Rd

City Collegeville State PA Zip 19426

Telephone [redacted] Email [redacted]@servehcp.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Duquesne University			08/10 - 12/13	
Address		City	State	Zip
600 Forbes Ave		Pittsburgh	PA	15282
Diploma/Degree obtained, if any				
B.S. Biology				

School Name			From - To (MM/YY – MM/YY)	
Norwin High School			08/06 - 06/10	
Address		City	State	Zip
251 McMahon Dr		North Huntingdon	PA	156542
Diploma/Degree obtained, if any				
Diploma				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/20 - current	[redacted] Green Hill Rd	Collegeville	PA	19426
02/19 - 04/20	[redacted] Taylor Way	Collegeville	PA	19426
02/15 - 02/19	[redacted] Stanwix St. Apt. 1115	Pittsburgh	PA	15222
- 02/15	[redacted] Hunters Woods Lane	North Huntingdon	PA	15642
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
HCP Concierge LLC			01/14 - current
Business Address	**City**	**State**	**Zip**
310 Hansen Access Rd, Ste 105	King of Prussia	PA	19406
Phone	**Title**		
(267) 987-0306	Vice President - Operations		
Description of Duties			
Manages HCP Concierge's internal and external operations, with an emphasis on wholesale distribution and third-party logistics.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials 

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials 

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
N/A				
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

03/22/2022

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alex Cartwright

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/22/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Pennsylvania, ss. County of Montgomery

I, Alex Cartwright, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/22/2022

Date

Subscribed and Sworn to before me this 22 day of March

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
BRIAN T HURLEY - Notary Public
Montgomery County
My Commission Expires May 8, 2023
Commission Number 1289352

(Seal)

Applicant's initials

4V

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located? ☐ Nevada ■ Out-of-State

Is your facility a reverse distributor? ☐ Yes ■ No

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: OMEGA PHARMACY

Physical Address: 3777 86TH STREET

City: URBANDALE State: IOWA Zip: 50322

Mailing Address (if different from physical address): SAME

City: _____ State: _____ Zip: _____

Telephone: 5152784930 Website: WWW.FIRSTMEDICALINC.COM

Name of Designated Representative (DR): JAMES D HORTON

Licensing Company Email: pjhorton@firstmedicalinc.com DR Email: jimhorton@firstmedicalinc.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	■ Legend Pharmaceuticals, Supplies or Devices
■ Practitioners	■ Controlled Substances
☐ Hospitals	■ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: PFIZER INJECTABLES
Address: 235 EAST 42ND STREET City: NEW YORK State: NY Zip: 10017

Name: SAGENT PHARMACEUTICALS
Address: 1901 ROSELLE ROAD City: SCHAUMBURG State: IL Zip: 60195

Name: MCKESSON DRUG
Address: 2101 12TH AVE SOUTH City: CLEAR LAKE State: IA Zip: 50428

Name: HIKMA PHARMACEUTICALS
Address: 4750 PLEASANT DRIVE City: MEMPHIS State: TN Zip: 38118

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: IOWA
Parent Company (if any):
Corporation/Organization Name: OMEGA PHARMACY INC
Mailing Address: 3777 86TH STREET
City: URBANDALE State: IA Zip: 50322
Telephone: 5152784930 Email: PJHORTON@FIRSTMEDICALINC.COM
Contact Person Name: PJ HORTON

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JAMES D HORTON

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

04/08/2022

Date

Board Use Only	Date Received: _____	Amount: $500 CC ✓

First Medical Inc/Omega Pharmacy Inc Ownership Chart

Corporate Officers:

Jim Horton, President

Ownership

Jim Horton, 100%

State of Incorporation: Iowa

Ein: 42-1239778

PAUL D. PATE

CERTIFICATE OF EXISTENCE

ue Date: 4/7/2022

ıme: OMEGA PHARMACY, INC. (490 DP - 52768)
ıte of Incorporation: 4/7/1978
ıration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the rporation named on this certificate:

a. The entity is in existence and duly incorporated under the laws of Iowa.

b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.

c. The most recent biennial report required has been filed with the Secretary of State.

d. Articles of dissolution have not been filed.

ertificate ID: **CS244305**

› validate certificates visit:
ıs.iowa.gov/ValidateCertificate

Paul D. Pate

Paul D. Pate, Iowa Secretary of St

Iowa Board of Pharmacy

400 S.W. Eighth Street, Suite E
Des Moines, IA 50309-4688
(P): (515) 281-5944 (F): (515) 281-4609
Website: https://pharmacy.iowa.gov

CERTIFICATION OF IOWA WHOLESALE DISTRIBUTOR LICENSE FOR THE BUSINESS LISTED BELOW:

This is a primary source verification.

Name :	Omega Pharmacy Inc
License No :	8202
License/Registration Type :	Wholesaler
Sub Type :	Wholesale Distribution - Human Drugs
Date Issued :	01/01/2017
Expiration Date :	12/31/2022
Status :	Current/Active
Last Renewal Date :	11/15/2021
City :	Urbandale
State :	IA
Address :	3777 86th St Urbandale IA 50322
Disciplinary Action :	No
Facility Manager :	James Donald Horton

Andrew Funk, Pharm.D. , Executive Director, Iowa Board of Pharmacy. **Date:** 04/07/2022

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RO0155970	12-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	12-03-2021

OMEGA PHARMACY
FIRST MEDICAL
3777 86TH ST
URBANDALE, IA 503224008

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RO0155970	12-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	12-03-2021

OMEGA PHARMACY
FIRST MEDICAL
3777 86TH ST
URBANDALE, IA 503224008

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

First Medical Inc/Omega Pharmacy Inc Ownership Chart

Corporate Officers:

Jim Horton, President

Ownership

Jim Horton, 100%

State of Incorporation: Iowa

OMEGA Pharmacy

EMPLOYEE FIRST NAME	EMPLOYEE LAST NAME	ROLE	DATE OF BIRTH	ADDRESS	CITY	STATE	ZIP	ACCESS TO PHARMACY	ACCESS TO NARCOTICS SAFES	DELIVERY OF RX/NARCOTICS	INITIALS
KEIFER	BRANDT	DELIVERY	[redacted]	[redacted] E UNIVERSITY AVE	DES MOINES	IOWA	50317	NO	NO	YES	
BARRY	CREES	DELIVERY		[redacted] SE PRAIRIE CREEK DRIVE	WAUKEE	IOWA	50263	NO	NO	YES	
ALEXES	FIELD	OFFICE		[redacted] E 12TH STREET	DES MOINES	IOWA	50316	NO	NO	NO	
ANDREW	HORTON	DIRECTOR OF SALES		[redacted] RED SUNSET DRIVE	WEST DES MOINES	IOWA	50266	YES	YES	YES	
JAMES	HORTON	PRESIDENT/OWNER		[redacted] 48TH STREET	DES MOINES	IOWA	50310	YES	YES	YES	
NICHOLAS	HORTON	DIRECTOR OF PURCHASING		[redacted] 147TH STREET	URBANDALE	IOWA	50323	YES	YES	YES	
PATRICK	HORTON	DIRECTOR OF OPERATIONS		[redacted] FOUR PINES STREET	JOHNSTON	IOWA	50131	YES	YES	YES	
MICHELE	HORTON	ACCOUNTING		[redacted] 48TH STREET	DES MOINES	IOWA	50310	YES	YES	YES	
ANDREW	JETER	WAREHOUSE MANAGER		[redacted] SE 12TH STREET	GRIMES	IOWA	50111	YES	YES	YES	
ROMEO	KUMEDJRO	SERVICE TECH		[redacted] EAST PORTER AVE	DES MOINES	IOWA	50320	NO	NO	NO	
CAROLYN	MARCALUS	PHARMACY		[redacted] ONATHAN DRIVE	MADRID	IOWA	50156	YES	YES	YES	
JENNA	MAY	PHARMACY		[redacted] E KEYSTONE DRIVE	GRIMES	IOWA	50111	YES	YES	YES	
TJ	MICKELSON	DELIVERY		[redacted] GUTHRIE AVE	DES MOINES	IOWA	50317	NO	NO	YES	
JOSHUA	MILLER	SERVICE REPRESENTATIVE		[redacted] NE JACOB STREET	GRIMES	IOWA	50111	NO	NO	YES	
JERREN	SHEPPARD	WAREHOUSE		[redacted] CEDAR STREET #201	NORWALK	IOWA	50211	NO	NO	NO	

BANKERS TRUST		LENDER		605 LOCUST AVE	DES MOINES	IOWA	50309	515-245-2863			
CHARLES	WHITMACK	ATTORNEY/REGISTERED AGENT		303 LOCUST SUITE 300	DES MOINES	IOWA	50309	515-282-7800			

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. NV5885366

Application/License No. _____

First Medical/Omega Pharmacy (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 3777 86th Street Urbandale, IA 50322 (Address of Applicant/Principal), as PRINCIPAL, and Merchants Bonding Company (Mutual) (Surety Company), a corporation organized under the laws of the state of Iowa (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 6700 Westown Parkway, West Des Moines, IA 50266 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on April 18, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 21st day of April, 20 22.

APPLICANT/PRINCIPAL

COMPANY

First Medical/Omega Pharmacy

(X) _____
Authorized Representative

SURETY

Merchants Bonding Company (Mutual)

_____
Surety Company's Representative

Jean Kuper, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

(X) _____
Witness

(X) _____
Witness

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

Countersigned by:

_____
Nevada Resident Agent

LP 2079 NV (5/21)

Posted February 20, 2020

MERCHANTS BONDING COMPANY™

POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Jean Kuper

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the following By-Laws adopted by the Board of Directors of Merchants Bonding Company (Mutual) on April 23, 2011 and amended August 14, 2015 and adopted by the Board of Directors of Merchants National Bonding, Inc., on October 16, 2015.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and aut hority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner-Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 21st day of April , 2022

MERCHANTS NATIONAL BONDING, INC. -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.

By Larry Taylor
President

STATE OF IOWA
COUNTY OF DALLAS ss.
On this 21st day of April , 2022 , before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC.; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.

NOTARIAL SEAL IOWA

POLLY MASON
Commission Number 750576
My Commission Expires
January 07, 2023

Polly Mason
Notary Public

(Expiration of notary's commission
does not invalidate this instrument)

I, William Warner, Jr., Secretary of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 21st day of April , 2022 .

MERCHANTS NATIONAL BONDING, INC. -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

William Warner Jr.
Secretary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler OMEGA PHARMACY

Physical Address 3777 86TH STREET

City URBANDALE State IA Zip 50322

Mailing Address (if different from physical address) SAME

City _____ State _____ Zip _____

Telephone 515-278-4930 Website WWW.FIRSTMEDICALINC.COM

Licensing Company Email PJHORTON@FIRSTMEDICALINC.COM

Section 2: Personal Information

First JAMES Middle D Last HORTON

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] 138TH STREET

City URBANDALE State IA Zip 50323

Telephone [redacted] Email JIMHORTON@FIRSTMEDICALINC.COM

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
DOWLING HIGH SCHOOL		1968-1972	
Address	**City**	**State**	**Zip**
19th + College	DES MOINES	IA	50309
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
DRAKE UNIVERSITY		1972 - 1978	
Address	**City**	**State**	**Zip**
2507 UNIVERSITY AVE	DES MOINES	IA	50311
Diploma/Degree obtained, if any			
BS PHARMACY			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/21-PRESENT	[redacted]138TH STREET	URBANDALE	IA	50323
06/1978 - 10/21	[redacted]48TH STREET	DES MOINES	IA	50310

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: OMEGA PHARMACY			From - To (MM/YY – MM/YY): 04/78 - PRESENT
Business Address: 3777 86TH STREET	City: URBANDALE	State: IA	Zip: 50322
Phone: 515-278-4930	Title: PRESIDENT/PHARMACIST IN CHARGE		Number of Employed Hours: 110,000
Description of Duties: RESPONSIBLE FOR ALL ASPECTS OF RUNNING A WHOLESALE PHARMACEUTICAL DISTRIBUTOR			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials _____

I, JAMES D HORTON, **certify that as the designated representative for**

OMEGA PHARMACY,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

JAMES HORTON

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/08/2022

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JAMES HORTON

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/08/2022

Date

Please have this section completed in the presence of a Notary Public.

State of IOWA, ss. County of POLK

I, JAMES HORTON, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/08/2022

Date

Subscribed and Sworn to before me this 8th day of April 2022.

Notary Public Signature

PATRICK J. HORTON
Commission Number 834312
My Commission Expires
6-10-24

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler OMEGA PHARMACY

Physical Address 3777 86TH STREET

City URBANDALE State IA Zip 50322

Mailing Address (if different from physical address) SAME

City _____ State _____ Zip _____

Telephone 515-278-4930 Website WWW.FIRSTMEDICALINC.COM

Licensing Company Email PJHORTON@FIRSTMEDICALINC.COM

Section 2: Personal Information

First JAMES Middle D Last HORTON

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] 38TH STREET

City URBANDALE State IA Zip 50323

Telephone [redacted] Email JIMHORTON@FIRSTMEDICALINC.COM

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
DRAKE UNIVERSITY		1972-1978	
Address	**City**	**State**	**Zip**
2507 UNIVERSITY AVE	DES MOINES	IA	50311
Diploma/Degree obtained, if any			
BS PHARMACY			
School Name		**From - To (MM/YY – MM/YY)**	
DOWLING HIGH SCHOOL		1968-1972	
Address	**City**	**State**	**Zip**
19TH & College	DES MOINES	IA	50309
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2021-PRESENT	[redacted] 38TH STREET	URBANDALE	IA	50323
06/1978 - 10/21	[redacted] 48TH STREET	DES MOINES	IA	50310

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
OMEGA PHARMACY			04/78 - PRESENT
Business Address	**City**	**State**	**Zip**
3777 86TH STREET	URBANDALE	IA	50322
Phone	**Title**		
515-278-4930	PRESIDENT/PHARMACIST IN CHARGE		
Description of Duties			
RESPONSIBLE FOR ALL ASPECTS OF RUNNING A WHOLESALE PHARMACEUTICAL DISTRIBUTOR			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JAMES HORTON

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/08/2022

Date

Please have this section completed in the presence of a Notary Public.

State of IOWA, ss. County of POLK

I, JAMES HORTON, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this 8th day of April 2022

Notary Public Signature

PATRICK J. HORTON
Commission Number 834312
My Commission Expires
5-10-24

(Seal)

Applicant's initials

Iowa Board of Pharmacy

Inspection Conducted on 04/21/2022 for Omega Pharmacy Inc

C = COMPLIANT D = DEFICIENT NA = DOES NOT APPLY TO THIS LICENSEE/REGISTRANT NR = NOT REVIEWED DURING THIS INSPECTION R = REMINDER

DEMOGRAPHICS

License # : 8202	Business Name : Omega Pharmacy Inc	Inspection Date : 04/21/2022
Address : 3777 86th St		
Zip : 50322	City : Urbandale	State : IA
Phone : (515) 278-4930	Fax : (515) 278-4930	Business Email : jimhorton@firstmedicalinc.com
PIC :	PIC Email :	PIC License # :
PIC License Exp Date :	DEA # : RO0155970	CSA Number :
CSA Expiration Date :		

Controlled Substances - Non-Pharmacy

C = Compliant, R = Reminder, D = Deficiency, NA = Not Applicable, NR = Not Reviewed

1	CSA registration is current	◉C ○D ○NA ○NR ○R	657-10.3
2	CSs are stored in a safe or a substantially-constructed cabinet All controlled substances are maintained in one of three safes.	◉C ○D ○NA ○NR ○R	657-10.13(1)
3	Registrant stock is disposed of via an IA-licensed reverse distributor or in an authorized manner Facility disposes of controlled substances via National Pharmaceutical Returns.	◉C ○D ○NA ○NR ○R	657-10.22(1)
4	Policies and procedures are available for: 1) adequate storage of CSs 2) access to CSs 3) proper disposition of CSs SOP 4.00 Security V. 1.1; SOP 12.00 Quarantine, disposition, disposal	◉C ○D ○NA ○NR ○R	657-10.14(2)

Iowa Board of Pharmacy

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5 Annual CS inventory was taken within 372 days of previous annual inventory and includes: 1) all CSs (will-call, oudates, ekit) 2) Collection receptacle liner information, if applicable 3) Drug name, strength, dosage form, quantity 4) signature of individual conducting inventory 5) date/time (open/close) of inventory

●C ○D ○NA ○NR ○R

657-10.19(1)

Last annual inventory taken 12-30-2021.

6 Schedule II perpetual inventory is properly maintained and contains: 1) drug name/strength or NDC 2) each receipt and distribution 3) current on-hand balance 4) incident reports 5) documented reconciliation (at least annually)

●C ○D ○NA ○NR ○R

657-10.18

The facility maintains all controlled substances on perpetual inventory. Each receipt is updated in the perpetual system upon receipt of each order. Each distribution is updated in the perpetual system upon billing (same day as shipping) of each order. The entire controlled substance inventory is reconciled each month and documented. Any manual adjustments in the perpetual inventory are documented in the perpetual system and reported to the facility manager daily. Upon notification of a manual change to a controlled substance, the facility manager prints a copy of the report, the personnel responsible for the manual update will sign the report and the report is maintained in the facility records.

7 Records are maintained for at least 2 years

●C ○D ○NA ○NR ○R

657-10.36

All records are at least four years with track and trace maintained for six years as required by DSCSA.

8 Invoices for receipt of CSs are signed/dated upon receipt

●C ○D ○NA ○NR ○R

657-10.16

Invoices for April 2022 reviewed and complaint.

9 Distribution of CSs between registrants is by distribution record (invoice) and includes: 1) drug name/strength/dosage form 2) name/address/DEA # of both registrants 3) quantity distributed

●C ○D ○NA ○NR ○R

657-10.16

Distribution records for April 2022 review and compliant.

10 Records for schedule II CSs are maintained separately from all other records and for schedule III CSs are maintained separately from all other records or are readily retrievable

●C ○D ○NA ○NR ○R

657-10.36(1)

CII records are maintained separately.

11 Schedule II DEA Form 222 records are compliant

●C ○D ○NA ○NR ○R

657-10.17

DEA Form 222 records for April 2022 reviewed and compliant.

Iowa Board of Pharmacy

Inspection Conducted on 04/21/2022 for Omega Pharmacy Inc

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Wholesaler

C = Compliant, R = Reminder, D = Deficiency, NA = Not Applicable, NR = Not Reviewed

1	The license is current	◉C ○D ○NA ○NR ○R	657-17.3
2	If the licensee engages in the wholesale distribution of controlled substances, CSA registration is current	◉C ○D ○NA ○NR ○R	657-17.3
3	Licensee is appropriately accredited by an approved accrediting body (NABP, NCDQS, other pre-approved) NCDQS QAS accreditation.	◉C ○D ○NA ○NR ○R	657-17.3(1)"c"
4	Facility manager identified on the license is current and oversees daily operation of the facility Jim Horton is facility manager.	◉C ○D ○NA ○NR ○R	657-17.3(1)"d"
5	Facility is of suitable size and construction to facilitate cleaning, maintenance, and proper operations Wholesale distribution area is of adequate size and very clean and organized.	◉C ○D ○NA ○NR ○R	657-17.9
6	Facility has storage areas designed to provide adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions Storage area provides for all these conditions.	◉C ○D ○NA ○NR ○R	657-17.9
7	Facility has a quarantine area for storage of outdated, damaged, unsafe, deteriorated, misbranded, or adulterated drugs; for drugs that are in immediate or sealed outer or sealed secondary containers that have been opened; for drugs that have been identified as being defective or believed to be defective; for drugs that do not meet FDA-approved criteria (unless returns processor) Quarantine area for non-controlled substances is in a separate room off the storage area on a shelf solely for quarantined products. A section of a safe is maintained just for quarantined product. Quarantined products, including controlled substances, are returned via National Pharmaceutical Returns, as needed.	◉C ○D ○NA ○NR ○R	657-17.9
8	Facility is maintained in a clean and orderly condition	◉C ○D ○NA ○NR ○R	657-17.9
9	Facility is free from infestation by insects, rodents, birds, or vermin of any kind	◉C ○D ○NA ○NR ○R	657-17.9

Iowa Board of Pharmacy

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10 Facility is secure from unauthorized entry; access from outside the premises is kept to a minimum and is controlled; the outside perimeter is well lighted; entry into drug storage/handling areas is limited to authorized personnel — ◉C ○D ○NA ○NR ○R

657-17.10(1)

Each entrance is locked at all times. Only designated personnel have access to wholesale distribution facility area (within limited distributor warehouse). Storage area is secured with badge access. Storage areas have video surveillance which is retained for six months. All exterior entrances to building require badge access.

11 Facility is equipped with an alarm system to deter entry after hours — ◉C ○D ○NA ○NR ○R

657-17.10(2)

Alarm (motion and entry) system at all entrances.

12 Drug storage areas are maintained at the appropriate temperature and humidty as required in package labeling for the drugs stored (unless returns processor); documentation of conditions is maintained — ◉C ○D ○NA ○NR ○R

657-17.11

Temperature and humidity are monitored electronically with alerts sent by text/email to PJ and Jim. Reports are also sent monthly via email which are retained indefinitely.

13 Licensee ensures drugs requiring refrigeration are maintained at required temperatures during shipment (unless returns processor) — ◉C ○D ○NA ○NR ○R

657-17.11

Products are packaged with materials to maintain proper storage. No temperature indicators are included in shipments at this point, but under consideration for the future. Test shipment was conducted during one summer to assess adequate temperature maintenance as part of accreditation process.

14 Temperature and humidity excursions are evaluated (and documented) to determine any adverse impact on the integrity of the drug (unless returns processor) — ◉C ○D ○NA ○NR ○R

657-17.11

Upon receipt of an alert, facility personnel will visually verify the unit with an out of range alert to assess. Facility also manually logs temperatures routinely. To date, no alert has resulted in an actual out of range occurance.

15 Licensee ships only to legitimate trading partners (review of recent transactions) — ◉C ○D ○NA ○NR ○R

657-17.7

Review of recent distributions against license verification tracking found no instances of illegitimate trading partners.

16 Licensee obtains product tracing (transaction information, history, statement) on all products received for subsequent distribution — ◉C ○D ○NA ○NR ○R

657-17.7(1)"a"

Products obtained from McKesson, Pfizer, and other distributors and transaction information is provided electronically and maintained electronically.

Iowa Board of Pharmacy

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17 Licensee maintains a current list of officers, directors, managers, and other persons in charge of drug distribution, storage, and handling which includes a description of their duties and qualifications ◉C ○D ○NA ○NR ○R

657-17.8(6)

Current list of facility personnel identifies access to drug storage area ("pharmacy"), controlled substance safes, or for delivery of drugs/controlled substances. Also maintains list of personnel responsibilities and qualifications.

18 Licensee has procedures in place to identify and handle illigitimate or suspect products ◉C ○D ○NA ○NR ○R

657-17.7(1)"a"

SOP 7.00 Receiving V. 1.1

19 P&Ps include: 1) receipt 2) security 3) storage 4) inventory 5) distribution of drugs ◉C ○D ○NA ○NR ○R

657-17.8

SOP 7.00 Receiving V. 1.1, SOP 4.00 Security V. 1.1, SOP 9.00 Temp and Humidity Standards V. 1.1, SOP 10.00 Inventory and Loss Prevention V 1.0, SOP 8.00 Orders and Fulfillment V 1.1

20 P&Ps include: 6) identifying, recording, and reporting theft/loss 7) correcting all errors and inaccuracies in inventories ◉C ○D ○NA ○NR ○R

657-17.8

SOP 10.00 Inventory and Loss Prevention V 1.0

21 P&Ps include: 8) recalls and market withdrawals (unless returns processor) ◉C ○D ○NA ○NR ○R

657-17.8(1)

SOP 11.00 Recalls V 1.1

22 P&Ps include: 9) emergency and disaster plan ◉C ○D ○NA ○NR ○R

657-17.8(2)

SOP 14.00 Crisis Management and Business Continuity V 1.1

23 P&Ps include: 10) outdated drugs, including the written documentation of the disposition of outdated drugs (unless returns processor) ◉C ○D ○NA ○NR ○R

657-17.8(3)

SOP 12.00 Quarantine, Disposition and Disposal V. 1.1

24 P&Ps include: 11) security and storage, to ensure adequate security and proper storage conditions of drugs (storage conditions not required for returns processor) ◉C ○D ○NA ○NR ○R

657-17.8(4)

SOP 4.00 Security V. 1.1, SOP 9.00 Temperature and Humidity Standards V 1.1

Iowa Board of Pharmacy

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25 P&Ps include: 13) method to ensure personnel have education / experience appropriate to the responsibilities of their position

●C ○D ○NA ○NR ○R

657-17.8(6)

SOP 3.00 Employee Management V 1.2

NOTES

Deficiencies

- Licensee ensures its trading partners are legitimate with documentation of current licensure in the appropriate jurisdiction; maintains an appropriate mechanism to ensure the trading partner is currently licensed at the time of distribution (657-17.7(1)"a")

  Facility verifies licenses and registrations annually as required by NCDQS accreditation (license and registration copies maintained on file). For controlled substance distribution, facility will verify professional license and DEA registrations are current and active annually or prior to expiration of license/registration. The license and registration information is maintained in the facility's processing system and orders will be blocked when a license/registration is expired. The facility does not currently verify the status of a state CSA registration where one is required. These registrations also need to be maintained and verified. Facility will institute CSA registration in system and spreadsheet and will verify manually each year/prior to expiration unless and until a system enhancement can automate the process.

Reminders

Iowa Board of Pharmacy

Inspection Conducted on 04/21/2022 for Omega Pharmacy Inc

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AFFIRMATION

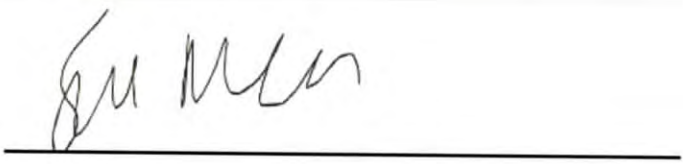
Representative Email :

jimhorton@firstmedicalinc.com

Note : I (The "Facility Representative" signing below) acknowledge and affirm that the areas of noncompliance identified (if any) in this inspection report will be remedied within 30 calendar days. I further acknowledge and understand that a complaint may be initiated due to any areas of noncompliance identified in this inspection report and the Board may determine that disciplinary action against my license and the facility's license or registration is warranted.

Board of Pharmacy Inspector :

Sue Mears



Facility Representative

Jim Horton



Iowa Board of Pharmacy Disclaimer : During this inspection, not all rules and regulations may have been inspected for compliance. This does not preclude or excuse your compliance with all applicable rules and regulations of the Iowa Board of Pharmacy

4W

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located?	☐ Nevada ☒ Out-of-State
Is your facility a reverse distributor?	☐ Yes ☒ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☒ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*	WH 03084	☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)		☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: PMW, Inc.

Physical Address: 2233 S. Presidents Dr., Ste. A

City: West Valley City State: UT Zip: 84120

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 866-885-3190 Website:

Name of Designated Representative (DR): Lauren Michelle Shaft

Licensing Company Email: bop@pmwcorp.org DR Email: Lauren@pmwcorp.org

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☒ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: McKesson
Address: P.O. Box 634404 City: Cincinnati State: OH Zip: 45263
Name: INSource
Address: P.O. Box 371952 City: Pittsburgh State: PA Zip: 15250
Name: Medline
Address: Dept. LA 21558 City: Pasadena State: CA Zip: 91185
Name: Wasatch Rx
Address: 9132 S. 700 E City: Sandy State: UT Zip: 84070

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: Utah
Parent Company (if any):
Corporation Name: PMW, INC.
Mailing Address: 2233 S. Presidents Dr., Ste. A
City: West Valley City State: UT Zip: 84120
Telephone: 866-885-3190 Email: bop@pmwcorp.org
Contact Person Name: Susie Chester

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
✓ • **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** N/A	✓			
✓ • **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.** N/A			✓	
✓ • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
✓ • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
✓ • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** N/A	✓			
✓ • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
✓ • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: N/A http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
✓ • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. Courtesy Copy attached		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Susie Chester
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

3/29/22
Date

Board Use Only	Date Received: _____	Amount: _____

PMW, Inc.
2233 S. Presidents Dr., Suite A
West Valley City, UT 84120
Tax ID#85-4330723

Corporate Owners	Title	Percent Ownership
Michael Arvai	President/CFO	100%

Corporate Directors

Michael Arvai

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

PMW, Inc

EFFECTIVE
02/09/2021

EXPIRATION
09/30/2023

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

12110799-1710 Pharmacy - Class C

Wholesaler
Distributor

DBA: None Associated

IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

PMW, INC
2233 S PRESIDENTS DR SUITE A
WEST VALLEY CITY UT 84120

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

ACTIVE LICENSE

EFFECTIVE DATE: **02/09/2021**

EXPIRATION DATE: **09/30/2023**

ISSUED TO: **PMW, Inc**
2233 S Presidents Dr Suite A
West Valley City UT 84120

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

12110799-1710 **Pharmacy - Class C**

Wholesaler
Distributor

DBAs: **None Associated**

Details for PMW, Inc

License Information

Name:	PMW, Inc
City, State, Zip, Country:	West Valley City UT 84120 United States
Profession:	Pharmacy
License Type:	Pharmacy - Class C
License Number:	12110799-1710
Obtained By:	Application
License Status:	Active
Original Issue Date:	02/09/2021
Expiration Date:	09/30/2023
Agency and Disciplinary Action*:	NO DISCIPLINARY ACTIONS OR NO DISCIPLINARY ACTIONS WITHIN THE TIME FRAME ESTABLISHED IN UTAH CODE 63G-4-106 AND 107
Docket Number:	N/A

Specialty:

Wholesaler, Distributor

This information is accurate as far as is contained in the Division's official records. It does not reflect whether an entity required to maintain a current registration with the Division of Corporations is current in that registration. You can verify such status at https://secure.utah.gov/bes/bes. Additionally, this verification does not show a complete license history or interruptions of licensure. Original issue dates listed as 01/01/1910 and 01/01/1911 were unknown at the time the Division implemented its first electronic licensing database.

*NOTE: The disciplinary documents linked to this website include final orders issued by DOPL, with the exception of citations. Click here for citations.

Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: http://www.commerce.utah.gov

04/27/2022
12076864-014204272022-1232622

CERTIFICATE OF EXISTENCE

Registration Number:	12076864-0142
Business Name:	PMW, INC
Registered Date:	December 22, 2020
Entity Type:	Corporation - Domestic - Profit
Status:	Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division **(unless Delinquent)**; and, that Articles of Dissolution have not been filed.

L. Veillette

Leigh Veillette
Director
Division of Corporations and Commercial Code

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler PMW, INC.

Physical Address 2233 S. Presidents Dr., Ste. A

City West Valley City State UT Zip 84120

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 866-885-3190 Website _____

Licensing Company Email bop@pmwcorp.org

Section 2: Personal Information

First Lauren Middle Michelle Last Shaft

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] S. Presidents Dr., Ste. [redacted]

City West Valley City State UT Zip 84120

Telephone [redacted] Email lauren@pmwcorp.org

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
EL TORO HIGH SCHOOL		8/1994 – 6/1998	
Address	**City**	**State**	**Zip**
25255 Toledo Way	Lake Forest	CA	92630
Diploma/Degree obtained, if any			
HIGH SCHOOL			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
3/2022 - Current	[redacted] Wfrogs Leap Dr. # [redacted]	South Jordan	Ut.	84009
9/2020 - 3/2022	[redacted] Via Del Pienza	Rancho Mirage	CA	92270
9/2019 - 9/2020	[redacted] Via Assisi	Cathedral City	CA	92234
3/2019 - 9/2019	[redacted] Pico Street	San Diego	CA	92109
2/2013 - 3/2019	[redacted] Ise Heights	Iwakuni Military housing	~~State~~ Japan-Country	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
PMW, Inc.			4/2022 - Present	
Business Address		**City**	**State**	**Zip**
2233 S. Presidents Dr., Ste. A		West Valley City	CA	84120
Phone	**Title**		**Number of Employed Hours**	
866-885-3190	General Manager		50 hrs. per week	
Description of Duties				
Management of all office procedures, item receiving and record keeping for all products including Rx, designated rep, overseeing product shipping, invoicing sales and collection of accounts receivable.				

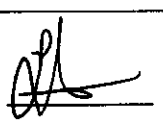
Business Name			From - To (MM/YY – MM/YY)	
Professional Medical Warehouse, Inc.			10/2019 - 4/2022	
Business Address		**City**	**State**	**Zip**
3500 E. Tachevah Dr. # F		Palm Springs	CA	92262
Phone	**Title**		**Number of Employed Hours**	
866-377-6633	Office Supervisor		50 hrs. per week	
Description of Duties				
Managing online sales, Invoicing + charging sales, Account Receiving all products, Record Keeping of sales and product receiving documents, transaction stmts for all Rx, designated rep licensed in CA.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials 

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	N/A	
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*: N/A

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials _____

I, Lauren Michelle Shaft, **certify that as the designated representative for** PMW, INC.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Lauren Shaft

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/29/22

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lauren Shaft
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3.29.2022
Date

Please have this section completed in the presence of a Notary Public.

State of CALIFORNIA, ss. County of Riverside

I, Lauren Shaft, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3.29.2022
Date

Subscribed and Sworn to before me this 29th day of March, 2022

Notary Public Signature

SUSAN CHESTER
Notary Public - California
Riverside County
Commission # 2380704
My Comm. Expires Nov 25, 2025

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler PMW, INC.

Physical Address 2233 So. Presidents Dr., Ste. A

City West Valley City State UT Zip 84120

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email bop@pmwcorp.org

Section 2: Personal Information

First Michael Middle Laszlo Last Arvai

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Via Del Pienza

City Rancho Mirage State CA Zip 92270

Telephone [redacted] Email mike@pmwcorp.org

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Rubidoux High School		1990 - 1994	
Address	City	State	Zip
4250 Opal St.	Riverside	CA	92509
Diploma/Degree obtained, if any			
H.S. Diploma			

School Name		From - To (MM/YY – MM/YY)	
Riverside Community College		1996 - 1998	
Address	City	State	Zip
3801 Market St.	Riverside	CA	92501
Diploma/Degree obtained, if any			
Associate of Science			

School Name		From - To (MM/YY – MM/YY)	
University of California - Riverside		1999 - 2001	
Address	City	State	Zip
900 University Ave.	Riverside	CA	92521
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
5/18 - Present	[redacted] Via Del Pienza	Rancho Mirage	CA	92270
5/14 - 4/18	[redacted] Via Mortelli	Rancho Mirage	CA	92270
12/08 - 4/14	[redacted] E. Cherry Hills Dr.	Palm Springs	CA	92264

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Professional Medical Warehouse, Inc.			From - To (MM/YY – MM/YY): 2/2004 - Present
Business Address: 3500 E. Tachevah Dr. #F	City: Palm Springs	State: CA	Zip: 92262
Phone: 866-377-6633	Title: President/Owner		
Description of Duties: See attached Resume			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials _____

Michael Arvai
[redacted]Via Del Pienza, Rancho Mirage, CA 92270
[redacted]
[redacted]@3promed.com

Summary **Owner and Manager, overseeing all aspects of company functions.**

Areas of Expertise

- Inventory/Warehouse Management
- Accounts Receivable Management
- Sales Management
- Record Keeping
- Sales Projection
- Market Analysis
- Pharmaceutical Buying

Experience

Professional Medical Warehouse, Inc 02/04-Present
Owner
Responsible for day to day operations of the company including but not limited to:

- Creating re-pricing plan to maximize target customer penetration.
- Double checking all received products
- Purchasing
- Record Keeping of Sales Documents, Receiving Documents, and other pertinent documents
- Accounts Receivables Management
- Sales Management
- Interviewing and hiring
- Designated Representative in CA License # EXC 21066
-

Education

B.Science, University of California Riverside 6/2001

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	N/A	
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the 5tate of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials 

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*: N/A

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael L. Arvai

Print Name (First, Last)

X _____

Original Signature (electronic, copies or stamps not accepted)

3-29-22

Date

Please have this section completed in the presence of a Notary Public.

State of CALIFORNIA, ss. County of Riverside

I, Michael L. Arvai, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

X _____

Original Signature

3-29-22

Date

Subscribed and Sworn to before me this 29th day of March, 2022.

_____

Notary Public Signature

SUSAN CHESTER
Notary Public - California
Riverside County
Commission # 2380704
My Comm. Expires Nov 25, 2025

(Seal)

Applicant's initials _____

PMW Inc.

2233 S. Presidents Drive, Suite A
West Valley City, UT 84120
Phone: (866) 855-3190
Fax: 760-325-6438
info@pmwcorp.org

PMW, Inc. Employees

***Michael Arvai*:** Corporate President

***Lauren Shaft*:** General Manager & Designated Representative

Yun Gardner Chacestco: Compliance Manager & Designated Representative

***Robert David Shaft*:** Purchasing/Sales Manager

***Kyle Tadeo*:** Warehouse Manager

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 72BSBIR2251

Application/License No. WHO3084

PMW, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2233 S. Presidents Drive, Suite A, West Valley City, UT 84120 (Address of Applicant/Principal), as PRINCIPAL, and Hartford Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is _____ (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on May 20, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

72BSBIR2251

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 20th day of May, 2021.

APPLICANT/PRINCIPAL

PMW, Inc.

_____
Authorized Representative

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SURETY COMPANY

Hartford Fire Insurance Company

_____
Surety Company's Representative

Jeffrey H. Byroads, Attorney-in-Fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

Countersigned by:

_____
Nevada Resident Agent

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: ASSUREDPARTNERS OF CA INS SVCS LLC
Agency Code: 72-160485

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast,** a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint
Jeffrey H. Byroads

its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:
Bond No. 72BSBIR2251
Naming PMW, Inc. as Principal,
and Nevada State Board of Pharmacy as Obligee,
in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 13th day of February, 2020, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone

Jessica Noelle Ciccone
My Commission #GG077453
Expires June 20, 2021

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of May 20, 2021.

Signed and sealed in Lake Mary, Florida.

Keith Dozois

Keith D. Dozois, Assistant Vice President



Date: May 20, 2021

Agency Code: 72 160485
Agency Information
ASSUREDPARTNERS OF CA INS SVCS LLC
10717 SORRENTO VALLEY ROAD
SAN DIEGO, CA 92121

Obligee Information
OBLIGEE:
Nevada State Board of Pharmacy
103 INZZZDIAN ROUTE 222 RENO, NV 89509

Insured / Principal: PMW, Inc.
Policy / Bond #: 72BSBIR2251
Account Name/Number: Professional Medical Warehouse, Inc. 72M100753977
Policy Term: May 20, 2021 - May 20, 2022
Type of Policy: Surety - License & Permit
Billing Term: Annual
Billing Type[1]: TABS Bill
Transaction Type: New Bond
Transaction Effective Date: May 20, 2021
Bond Limit: $100,000

Premium
$1,000

State Tax / Surcharge if applicable
$ /

This record is a billing advice only.

If you have any questions regarding this transaction, please contact your agent or The Hartford's Billing Department.

---

[1] **Billing Type:**

- Agency Bill – Premium will be billed through your Agent.
- Direct Bill – You will receive a billing statement directly from The Hartford.
    - Credit Card – Premium noted on this statement has been submitted to your Credit Card for this term only and it will be reflected in your Direct Bill notification you receive from The Hartford.

4X

TML-TEL-NV
194

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: TrillaMed LLC

Physical Address: 30100 Telegraph Rd Ste 366

City: Bingham Farms State: MI Zip Code: 48025

Telephone Number: (248) 433-0582 Fax Number: (248) 717-1300

Toll Free Number: N/A

E-mail: TML@SLSNY.com Website: www.trillamed.com

Facility Manager: James Michael McPike

Professional qualifications and experience of facility manager: Maintain and acquire licensure for pharmacy wholesaler operation. Configure hardware for turnkey solutions. Prepare proposals for turnkey solutions. Oversee ordering, shipment and deployment of hardware.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies-Retail ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Hypodermic Devices
☐ Veterinary Legend Drugs
☒ Other: Drugs (Human Rx), Schedule 2-5 Controlled Substance

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: N/A
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

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 ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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.

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

Martin Joseph Sudz
Print Name of Authorized Person

05/14/2021
Date

Board Use Only Date Processed:_____ Amount: $500 Check # 214

TML-T61-NV

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: TrillaMed LLC

Parent Company if any: N/A

Mailing Address: TrillaMed LLC, C/O State License Servicing 1752 State Route 17A, Ste 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Fax: (845) 544-2481

Contact Person: Jennifer Schneider

For any corporation non-publicly traded, disclose the following:

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

a) Frank Paul Campanaro- 76% owner (Name) 30100 Telegraph Road, Ste 366 Bingham Farms, MI 48025 (Business Address)

b) Henry Eugene Dietz- 9% owner (Name) 30100 Telegraph Road, Ste 366 Bingham Farms, MI 48025 (Business Address)

c) Michael Lewis Kavanaugh- 6% owner (Name) 30100 Telegraph Road, Ste 366 Bingham Farms, MI 48025 (Business Address)

d) Elisabeth Margareta Hagerman- 5% owner (Name) 30100 Telegraph Road, Ste 366 Bingham Farms, MI 48025 (Business Address)

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

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

Include with the application for a non-publicly traded corporation

List of officers and directors

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.

Home State License
wholesaler

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
P.O. BOX 30670
LANSING, MI 48909

TRILLAMED LLC
30100 TELEGRAPH RD STE 366
BINGHAM FARMS, MI 48025

COMPLAINT INFORMATION:
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE CONSTRUED AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO ANY COMPLAINTS OR VIOLATIONS PENDING AGAINST THE LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BY EMAILING BPLHELP@MICHIGAN.GOV OR CALL (517) 241-0199

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
WHOLESALE DISTRIBUTOR LICENSE

TRILLAMED LLC
30100 TELEGRAPH RD STE 366
BINGHAM FARMS, MI 48025

LICENSE NO.
5306005028

EXPIRATION DATE
1/2/2023

20111130414

THIS DOCUMENT IS DULY ISSUED UNDER THE LAWS OF THE STATE OF MICHIGAN

Home State License
Controlled Substance

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
P.O. BOX 30670
LANSING, MI 48909

5315210492APP19

TRILLAMED LLC
30100 TELEGRAPH RD STE 366
BINGHAM FARMS, MI 48025

COMPLAINT INFORMATION:
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE CONSTRUED AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO ANY COMPLAINTS OR VIOLATIONS PENDING AGAINST THE LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BY EMAILING BPLHELP@MICHIGAN.GOV OR CALL (517) 241-0199

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
CONTROLLED SUBSTANCE LICENSE

*THIS LICENSE IS ONLY VALID IF PROFESSIONAL LICENSE IS ACTIVE

TRILLAMED LLC
30100 TELEGRAPH RD STE 366
BINGHAM FARMS, MICHIGAN 48025

LICENSE NO.
5315210492

EXPIRATION DATE
1/2/2023

20111130416

THIS DOCUMENT IS DULY ISSUED UNDER THE LAWS OF THE STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

VERIFICATION OF LICENSURE
MICHIGAN BOARD OF PHARMACY
VERIFICATION OF LICENSURE AS OF 04/19/2021

NAME: **TrillaMed LLC**
ADDRESS: 30100 Telegraph Rd Ste 366
Bingham Farms, MI 48025

STATUS: Active

LICENSE TYPE: Wholesale Distributor License

LICENSE NUMBER: 5306005028

ORIGINAL DATE: 01/02/2018
EXPIRATION DATE: 01/02/2023
SPECIALTY:
None

EXAM DATE	EXAM TYPE	EXAM RESULTS
	None	

OPEN FORMAL COMPLAINTS
No

DISCIPLINARY ACTION	START DATE	END DATE
None		

Brian DeBano, Division Director
Bureau of Professional Licensing
Licensing Division
(517) 241-0199

Good Standing
Incorp + Home State

UNITED STATES OF AMERICA

The State of Michigan

Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

TRILLAMED, LLC

was validly authorized on July 22 , 2008, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

LICENSING AND REGULATORY AFFAIRS
Corporations, Securities & Commercial Licensing Bureau

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 19th day of July , 2021.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 21070307006

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.

TrillaMed LLC

Corporate Address: 30100 Telegraph Road, Suite 366, Bingham Farms, MI 48025 United States
FEIN: 37-1571672
www.trillamed.com

Drug Labeler Code: N/A
Incorporation State: MI
Incorporation Date: 7/22/2008

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
TEL	30100 Telegraph Rd Ste 366 Bingham Farms, MI 48025 County: Oakland	N/A	N/A - Uses 3PL DEA	N/A	No	(248) 433-0582	(248) 717-1300

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
James Michael McPike	[redacted] Telegraph Road, Suite Bingham Farms, MI 48025	Designated Representative	No	[redacted]	[redacted]	[redacted]

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Frank Paul Campanaro	[redacted] NE 17th Terrace Wilton Manors, FL 33305	CEO	76	No	[redacted]		
Michael Lewis Kavanaugh	[redacted] Keplar Place Fairhope, AL 36532	President	6				
Elisabeth Margareta Hagerman	[redacted] Telegraph Rd Ste [redacted] Bingham Farms, MI 48025	Owner	5	No	[redacted]		
Henry Eugene Dietz	[redacted] Park Ave. Long Beach, CA 90803	Owner	9	No	[redacted]		

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Frank Paul Campanaro	[redacted] NE 17th Terrace Wilton Manors, FL 33305	CEO	No	[redacted]		
Michael Lewis Kavanaugh	[redacted] Keplar Place Fairhope, AL 36532	President		[redacted]		
Martin Joseph Sudz	[redacted] Merritt Lane Birmingham, MI 48009	CFO	No	[redacted]		

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
Incorp			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Woodfield Distribution, LLC	1113 Gillingham Lane, Suite A Sugar Land, TX 77478					

Company Pictures

NV Bond

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107401095

Application/License No. _____

TrillaMed, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 30100 Telegraph Rd. Suite 366, Bingham Farms MI 48025 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty & Surety Company of America (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square, Hartford, Connecticut 06183 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 18, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 18 day of March, 2021.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Thomas N. Hebert, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

TONYA LOUISE CORBETT
Notary Public - State of Michigan
County of Oakland
My Commission Expires Jun 8, 2023
Acting in the County of OAKLAND

Countersigned by:

Nevada Resident Agent

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Thomas N Hebert** of **LAFAYETTE** **Louisiana**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this 3rd day of **February, 2017.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February, 2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

Marie C Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this _____ day of _____

Kevin E. Hughes
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

Maria Herrera

From: Mark I. Sedar
Sent: Thursday, September 30, 2021 9:23 AM
To: Maria Herrera
Subject: FW: [#113437] Pending Application Status
Attachments: vT-Ao3e4CrCk3bIrbpu5nRB2VKKBVwBBKw.png

Mark Sedar

From: Compliance Department <compliance@slsnysupport.com>
Sent: Thursday, September 30, 2021 9:18 AM
To: Mark I. Sedar <msedar@pharmacy.nv.gov>
Subject: Fwd: [#113437] Pending Application Status

Ticket ID : 113437
Good Afternoon,

I apologize for the delayed response,

Concerning the initial wholesaler application filed for TrillaMed LLC. Please find attached the list of employees.

- James McPike – Director of Licensing
- Martin Sudz – CFO
- Suzanne Stone – Sales Assistant
- Laurie Turner - Controller/Office Manager
- Saida Clemons - Senior Project Manager
- Grace Ludwiczak - Marketing Coordinator
- Elise Socotch - Grainger and MRO Sales Coordinator
- Elizabeth Scalzo - Federal Contracts Manager
- Yue Zhu - Accounts Receivable Specialist
- Yang Li – Project Management Specialist
- Hong Xia Tang – Auditor
- Jinping Yang Adams - Senior Project Manager
- Yanhong Cai - senior accountant
- Beth Ann Bates, Systems and Operations Specialist

Kind regards,

Clay Cannon
Information Systems
State License Servicing, Inc.
1751 State Route 17A, Suite 3
Florida, NY 10921
Phone: (845) 350-7298 Ext. 222
Fax: (845) 544-2481

Email:
compliance@slsnysupport.com

STATE LICENSE SERVICING

1751 State Route 17A, Suite 3
Florida, NY 10921

(845) 544-2482 Office
(845) 544-2481 Fax

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On Tue, 14 Sep at 12:35 PM , Mark Sedar <msedar@pharmacy.nv.gov> wrote:
Lisa, please forward over an employee list as well.

Thank you,

Mark Sedar
COO
Nevada State Board of Pharmacy
(775) 850-1440
msedar@pharmacy.nv.gov

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

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From: Compliance Department <compliance@slsnysupport.com>
Sent: Monday, September 13, 2021 9:29 AM
To: Mark I. Sedar <msedar@pharmacy.nv.gov>
Subject: Pending Application Status

Good Afternoon,

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: TrillaMed LLC

Physical Address: 30100 Telegraph Rd Ste 366

City: Bingham Farms State: MI Zip: 48025

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.trillamed.com

Licensing Company Email: TML@SLSNY.com

Section 2: Personal Information

First: James Middle: Michael Last: McPike

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: _____ Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]. Hudson Ave., Apt. [redacted]

City: Royal Oak State: MI Zip: 48067-3336

Telephone: [redacted] Email: JMcPike@trillamed.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

[redacted] (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials: JMM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Central Michigan University		08/ 2010 -01/2012	
Address	**City**	**State**	**Zip**
1200 S Franklin St.	Mt. Pleasant	MI	48859
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Lansing Community College		08/2005 - 05/2010	
Address	**City**	**State**	**Zip**
419 N. Capitol Avenue	Lansing	MI	48933
Diploma/Degree obtained, if any			
Associates Degree in General Studies			

School Name		From - To (MM/YY – MM/YY)	
Holt High School		09/2001 - 06/2005	
Address	**City**	**State**	**Zip**
5885 W. Holt Road	Holt	MI	48842
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/21 - CURRENT	[redacted] E. Hudson Ave, Apt [redacted]	Royal Oak	MI	48067
08/20 - 02/21	[redacted] E. Hudson Ave, Apt [redacted]	Royal Oak	MI	48067
03/19 - 07/20	[redacted] Kinross Ave	Clawson	MI	48017
07/14 - 02/19	[redacted] East 11 Mile Rd	Royal Oak	MI	48067
06/12 - 06/14	[redacted] Shawnee Lane	Waterford	MI	48329
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials JMM

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
TrillaMed LLC			11/2015 - Present	
Business Address		**City**	**State**	**Zip**
30100 Telegraph Rd Ste 366		Bingham Farms	MI	48025
Phone	**Title**		**Number of Employed Hours**	
(248) 433-0582	Designated Representative		13,500hrs	
Description of Duties				
Maintain and acquire licensure for pharmacy wholesaler operation. Configure hardware and prepare proposals for turnkey solutions. Oversee ordering, shipment and deployment of hardware.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials JMM

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✔	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?	✔	
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
06/14/2011	07/26/2011	MI	Grand Rapids	Kent County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
D112759SD-SD		YOUNG, J / MSP-POST 61		
Reason/Charge				
Operating while impaired- 1st offense				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				

Provide explanation below:

On 6/14/2011 I, James McPike, was arrested for operating while intoxicated. I was charged with operating while intoxicated on 7/18/2011. I was convicted of operating while impaired on 7/26/2011. I was sentenced to pay $750 in fines, 24 months of probation, and 93 days in jail which was suspended.

James McPike

Original Signature (electronic, copies or stamps not accepted)

4/6/2022

Date

JMM

Applicant's initials

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
06/23/2018	005/01/2019	MI	Royal Oaks	Oakland County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
18RO06504-OM		BAROKY,ERIC / ROYAL OAK POLICE		
Reason/Charge				
Public Intoxication				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				

Provide explanation below:

I am James Michael McPike and the following is a summarization of my public intoxication arrest. I was arrested on 6/23/2018 and charged with public intoxication in Royal Oak MI. The charge was later dismissed on 5/1/2019.

James McPike

Original Signature (electronic, copies or stamps not accepted)

4/6/2022

Date

JMM

Applicant's initials

I, James Michael McPike, **certify that as the designated representative for**

TrillaMed LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

James Michael McPike

Print Name (First, Last)

James Michael McPike

Original Signature (electronic, copies or stamps not accepted)

4/6/2022

Date

Applicant's initials JMM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James Michael McPike

Print Name (First, Last)

James Michael McPike — 4/6/2022

Original Signature (electronic, copies or stamps not accepted) — **Date**

Please have this section completed in the presence of a Notary Public.

State of Michigan, ss. County of Oakland

I, James McPike, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

James McPike — 4/6/2022

Original Signature James Michael McPike — **Date**

Subscribed and Sworn to before me this 6th day of April.

Tonya Louise Corbett

Notary Public Signature

TONYA LOUISE CORBETT
Notary Public - State of Michigan
County of Oakland
My Commission Expires Jun 8, 2023
Acting in the County of OAKLAND

(Seal)

Applicant's initials JMM

DE Resume



JAMES M. MCPIKE

Certification and Licensure

Pharmacy Technician License MI 5303012260

Certified CPhT 10082483

Qualifications

Proficient in data entry using a variety of software including Microsoft Word and proprietary software.

Adept at discerning applicable rules and regulations to determine the best course of action

Extensive knowledge of legal and practical aspects of pharmacy dispensing process

Employment

11/2015 – Present TrillaMed, LLC Bingham Farms, MI

Director of Licensing and Research

- Maintain and acquire licensure for pharmacy wholesaler operation
- Configure hardware for turnkey solutions
- Prepare proposals for turnkey solutions
- Oversee ordering, shipment and deployment of hardware

3/2010 – 5/2013, 12/2014-11/2015 Rite Aid Corporation Waterford, MI

Pharmacy Technician

- Enter prescription data using proprietary software accurately and quickly
- Maintain strict compliance to federal and state regulations throughout dispensing process
- Acquire necessary information from patient to expedite and complete the dispensing process
- Utilize appropriate formulas to calculate dosing when necessary
- Resolve grievances from patients when presented in a courteous and professional manner
- Collaborated with third party insurances to hasten the dispensing process
- Maintain and updated patient profiles to ensure their needs were met.
- Maintain confidentially of clientele

6/2013 – 11/2014 *Corporate Transit of America* *Lansing, MI*

Independent Contractor

Streamlined the delivery process to ensure accurate and timely deliveries
Maintained detailed records of deliveries and shipments

Education

2010-Present *Central Michigan University* *Mount Pleasant, M.*

Earned 61 credits towards Bachelor of Science

2005–2010 *Lansing Community College* *Lansing, MI*

Associates Degree in general studies

2001 – 2005 *Holt High School* *Holt, MI*

High School Diploma

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: TrillaMed LLC

Physical Address: 30100 Telegraph Rd Ste 366

City: Bingham Farms State: MI Zip: 48025

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.trillamed.com

Licensing Company Email: TML@SLSNY.com

Section 2: Personal Information

First: Michael Middle: Lewis Last: Kavanaugh

Alias(es, nicknames, name changes, etc.): N/A.

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Keplar Place

City: Fairhope State: AL Zip: 36532

Telephone: [redacted] Email: mkavanaugh@trillamed.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: 1966 ~~1968~~ 1967 (ut) to: 1968

Military Occupation/Specialty: Army Airborne:173rd Airborne Brigade &101th Airborne Division

Branch: ■ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Applicant's initials: MK

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
St. Louis University			
Address	**City**	**State**	**Zip**
1 N Grand Blvd	St. Louis	MO	63103
Diploma/Degree obtained, if any			
BS Business Administration			

School Name		From - To (MM/YY – MM/YY)	
KIRKWOOD H. S.		6 '00 - '04	
Address	**City**	**State**	**Zip**
801 W Essex Ave	KIRKWOOD	MO	63122
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
5-2005 – 2-	[redacted] Keplar Place	Fairhope	AL	36532
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials MK

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)
TrillaMed LLC		2015 - Present
Business Address	**City**	**State / Zip**
30100 Telegraph Rd Ste 366	Bingham Farms	MI 48025
Phone	**Title**	
(248) 433-0582	President	
Description of Duties		
PRESIDENT.		

Business Name		From - To (MM/YY – MM/YY)
Native Vet Materiel, LLC		09/13 - 12/19
Business Address	**City**	**State / Zip**
2700 San Pedro	Albuquerque	NM 87110
Phone	**Title**	
800-832-9154	Owner Member	
Description of Duties		
Monitored the company. No longer an owner or involved in the company.		

Business Name		From - To (MM/YY – MM/YY)
Superior Optical Labs, Inc		11/17 - Present
Business Address	**City**	**State / Zip**
6525 Sunplex Drive	Ocean Springs	MS 39564
Phone	**Title**	
228-875-3796	Stockholder	
Description of Duties		
Currently on Board of Directors		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	
Description of Duties		

Continue on next page if additional space is needed.

Applicant's initials WK

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Applicant's initials MK

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Lewis Kavanaugh

Print Name (First, Last)

M. Kavanaugh 2-24-22

Original Signature (electronic, copies or stamps not accepted) Date

---

Please have this section completed in the presence of a Notary Public.

State of Alabama, ss. County of Baldwin

I, Michael Lewis Kavanaugh, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Michael L Kavanaugh 2-24-22

Original Signature Michael Lewis Kavanaugh **Date**

Subscribed and Sworn to before me this 24 day of February 2022

Josie P Butler

Notary Public Signature

JOSIAH P. BUTLER, JR
MY COMMISSION EXPIRES
JUNE 11, 2022
NOTARY PUBLIC
STATE OF ALABAMA
(Seal)

Applicant's initials MLK

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: TrillaMed LLC

Physical Address: 30100 Telegraph Rd., Ste 366

City: Bingham Farms State: MI Zip: 48025

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.trillamed.com

Licensing Company Email: TML@SLSNY.com

Section 2: Personal Information

First: Frank Middle: Paul Last: Campanaro

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] NE 17th Terrace

City: Wilton Manors State: FL Zip: 33305

Telephone: [redacted] Email: fcampanaro@trillamed.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✔	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) N/A		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) N/A		

Date of Service: From: 06/89 to: 07/93

Military Occupation/Specialty: Airborne Ranger

Branch: ■ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Applicant's initials: [signature]

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Culinary Institute of America		06/86-04/88	
Address	**City**	**State**	**Zip**
1946 Campus Drive	Hyde Park	New York	12538
Diploma/Degree obtained, if any			
Master Chef			

School Name		From - To (MM/YY – MM/YY)	
Clarkston High School		09/81-06/85	
Address	**City**	**State**	**Zip**
6093 Flemings Lake Rd	Village of Clarkston	MI	48346
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/19- Present	[redacted] NE 17th Terrace	Wilton Manors	FL	33305
03/13-08/19	[redacted] Galt Ocean Drive, Southpoint Condos, 402 N	Fort Lauderdale	FL	33308
02/10-03/13	[redacted] Galt Ocean Drive, Southpoint Condos	Fort Lauderdale	FL	33308
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
TrillaMed LLC			06/07 - Present	
Business Address		**City**	**State**	**Zip**
30100 Telegraph Rd., Ste 366		Bingham Farms	MI	48025
Phone	**Title**			
(248) 433-0582	CEO			

Description of Duties

Responsible for working with clients and partners to ensure that TrillaMed meets their expectations in quality, value, and service. Manages new business development as well as governmental and agency relationships. Oversees and advises on federal contracting, regulations, sales, marketing, and strategic growth. Serves as a leader in organizing and promoting employment assistance, job-training and technical skills programs for U.S. Veterans through TrillaMed.

Business Name			From - To (MM/YY – MM/YY)	
NativeVet Materiel, LLC			09/13-12/19	
Business Address		**City**	**State**	**Zip**
2700 San Pedro Dr. NE		Albuquerque	NM	87110
Phone	**Title**			
800-832-9154	Owner - Member			

Description of Duties

Monitored the company. No longer an owner or involved in the company.

Business Name			From - To (MM/YY – MM/YY)	
Superior Optical Labs, Inc			11/17-Present	
Business Address		**City**	**State**	**Zip**
6525 Sunplex Drive		Ocean Springs	MS	39564
Phone	**Title**			
228-875-3796	Stockholder			

Description of Duties

Currently on the Board of Directors

Business Name			From - To (MM/YY – MM/YY)	
Advanced Defense Components, Inc			07/19-Present	
Business Address		**City**	**State**	**Zip**
102 Browns Square		Walhalla	SC	29691
Phone	**Title**			
864-900-3851	Stockholder			

Description of Duties

Currently on the Board of Directors.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			

Description of Duties

Continue on next page if additional space is needed.

Applicant's initials 

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials 

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Frank Paul Campanaro

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

23 FEB 22

Date

Please have this section completed in the presence of a Notary Public.

State of FL, ss. County of Palm Bch

I, Frank Paul Campanaro, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature Frank Paul Campanaro

23 FEB22

Date

Subscribed and Sworn to before me this 23 day of Feb 2022.

Notary Public Signature

Notary Public State of Florida
Jon Doherty
My Commission HH 089439
Expires 05/20/2025

(Seal)

Applicant's initials

TrillaMed
Medical Equipment • Pharma • Medical Facility Products
Tel: 248-433-0592
www.trilamed.com
SDVOSB
CAGE Code: 56FN2 DUNS: 828126321 UEI: GW9FLBWB5625
30100 Telegraph Rd, Ste 366 Bingham Farms, MI 48025

COO Mark Sedar
Nevada State Board of Pharmacy
(775) 850-1440

LETTER OF EXPLANATION

Dear Sir,

10 APR 22

This letter shall serve as my "letter of explanation," regarding the false charges filed against me in the early 90s. For the record, until now, I was unaware that they still existed, as they were supposed to be expunged. That said, I do recall the overall theme of events that took place 30+ years ago. For background, I was serving on active duty in the US Army, at the time. As is customary for Special Operations Forces units, we're often deployed for training and combat operations and quite regularly, therefore, being gone for extended periods of time, it made sense to have an alarm system installed.

We hire an installer, who made several claims for their service and also demanded a long-term contract. They did install the system but it was flimsy, failed to work and we requested repairs multiple times, yet to no avail. Finally, we hired a new company, which de-installed the old system and we started paying them for the new, working system and stopped paying for the old system, which sat in a box for over a year. They never came to pick it up—in fact, my attorney kept possession of it until he retired! Yet they erroneously accused us of "Theft by Conversion!" As in, we ordered the system "just" to possess it, yet failed to pay and then conspired to "steal" it...

Although laughable: in the state of Georgia, any citizen may request to see a judge, as long as they paid $10 dollars (at the time) and if the judge felt there was a dispute, he issued a bench warrant. And based on hearing only 1 side of the story, with limited facts, he agreed to issue the warrant. They shady company—preying on busy military people—didn't care about the equipment, or whether it worked nor retrieving it (after refusing to fix it and thus we removed it), and rather cared only about the 12 mos contract, which of course, we stopped paying on!

Prior to court however, based on the entirety of all of the facts (mentioned above), our attorney was granted a summary disposition and the case was tossed. I was never arrested, brought in, etc., yet, apparently, the initial warrant still resides on my record? As I was saying above; 14 years afterwards, my atty retired and sent me the old alarm, that was still in the box that we'd placed it in a decade and a half earlier.

Hopefully this better explains the situation at hand. Please contact me as needed, if more follow up is needed?

Respectfully,

Frank
PS Attached is an industry award from an international pharmacy association...may not be relevant, but fyi.

Frank Campanaro
CEO, TrillaMed, LLC
Combat Veteran
www.trillamed.com

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler TrillaMed LLC

Physical Address 30100 Telegraph Rd., Ste 366

City Bingham Farms State MI Zip 48025

Mailing Address (if different from physical address) c/o State License Servicing 1751 State Route 17A, Suite 3

City Florida State NY Zip 10921

Telephone (845) 544-2482 Website www.trillamed.com

Licensing Company Email TML@SLSNY.com

Section 2: Personal Information

First Elisabeth Middle Margareta Last Hagerman

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Putnam Dr.

City West Bloomfield State MI Zip 48323

Telephone [redacted] Email [redacted]@aol.com

Are you a citizen of the United States? ☐ Yes ☒ No *Has Greencard

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: N/A to: N/A

Military Occupation/Specialty

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520/NRS 630.329)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials EH

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Polhemsskolan		8-1980-6-1984	
Address	City	State	Zip
Kaserngatan 67	Gävle		80251
Diploma/Degree obtained, if any			
Building Engineer			

School Name		From - To (MM/YY – MM/YY)	
Stigslundskolan		08-81 - 06-83	
Address	City	State	Zip
Vallerstigen 11	Gävle		80641
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
over 10 years	[redacted] Putnam Dr.	West Bloomfield	MI	48323
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials EH

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
TrillaMed LLC			07-2008-02/22
Business Address	**City**	**State**	**Zip**
30100 Telegraph Rd., Ste 366	Bingham Farms	MI	48025
Phone	**Title**		
(248) 433-0582	Owner		
Description of Duties			
Monitor activities of the company			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials EJH

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Applicant's initials EJL

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Elisabeth Margareta Hagerman

Print Name (First, Last)

Elisabeth Hagerman — 2-15-2022

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Michigan, ss. County of OAKLAND

I, Elisabeth Margareta Hagerman, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Elisabeth Hagerman — 2-15-22

Original Signature Elisabeth Margareta Hagerman — **Date**

Subscribed and Sworn to before me this 15 day of February, 2022

Tonya Louise Corbett

Notary Public Signature

TONYA LOUISE CORBETT
Notary Public - State of Michigan
County of Oakland
My Commission Expires Jun 8, 2023
Acting in the County of OAKLAND

(Seal)

Applicant's initials EJH

Mark I. Sedar

From: Martin Sudz <msudz@trillamed.com>
Sent: Wednesday, March 30, 2022 8:59 AM
To: Mark I. Sedar
Cc: Martin Sudz
Subject: Verification of discussion regarding background check

Follow Up Flag: Follow up
Flag Status: Flagged

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Mark, thank you for taking the time to discuss my application (TrillaMed) with the Nevada State Board of Pharmacy. In regards to the information on my FBI background check, the subsequent arrest for DUI was dismissed by the Southfield, Michigan Court system. Let me know that you received this confirmation and we are good. Thank you again.

Respectfully,

Martin Sudz
Chief Financial Officer
Principal
TrillaMed, LLC
30100 Telegraph Road, Suite 366, Bingham Farms, Mi 48025
Phone: 248-672-9677 (m); 248-433-0582 (office)
Email: msudz@trillamed.com Website: www.trillamed.com



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler TrillaMed LLC

Physical Address 30100 Telegraph Rd Ste 366

City Bingham Farms State MI Zip 48025

Mailing Address (if different from physical address) c/o State License Servicing, 1751 State Route 17A, Suite 3

City Florida State NY Zip 10921

Telephone (845) 544-2482 Website www.trillamed.com

Licensing Company Email TML@SLSNY.com

Section 2: Personal Information

First Henry Middle Eugene Last Dietz

Alias(es, nicknames, name changes, etc.) Hank for nickname and last name Dutkiewicz

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Park Ave.

City Long Beach State CA Zip 90803

Telephone [redacted] Email

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	**Yes**	**No**
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) N/A		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) N/A		

Date of Service: From: 08/06/1966 to: 08/06/1970

Military Occupation/Specialty 7152 Infantry Unit Commander (Parachutist)

Branch: ■ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 680.129)	**Yes**	**No**
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials HED

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
United States Military Academy		07/62 - 06/66	
Address	**City**	**State**	**Zip**
1 Thayer Road	West Point	NY	10996
Diploma/Degree obtained, if any			
BS in Engineering			

School Name		From - To (MM/YY – MM/YY)	
John J Pershing High School		08/58 - 05/62	
Address	**City**	**State**	**Zip**
18875 Ryan Road , MI 48234-1917	Detroit	MI	48234
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/21 - 02/22	[redacted] Main St.	Southlake	TX	76092
08/18 - 10/21	[redacted] Park Ave.	Long Beach	CA	90803
07/15 - 08/18	[redacted] E Angeleno Ave, #[redacted]	Burbank	CA	91502
04/84 - 06/15	[redacted] Long Lake Shores	Bloomfield Township	MI	48302
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials HED

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
TrillaMed LLC			07/08 - 02/22	
Business Address		**City**	**State**	**Zip**
30100 Telegraph Rd Ste 366		Bingham Farms	MI	48025
Phone	**Title**			
(248) 433-0582	Owner			
Description of Duties				
Was President from 2009 to 2014. Currently a consultant to TrillaMed LLC.				

Business Name			From - To (MM/YY – MM/YY)	
Manhattan Realty Corporation			05/04 - 02/22	
Business Address		**City**	**State**	**Zip**
31000 Northwestern Hwy, Suite #120		Farmington Hills	MI	48334
Phone	**Title**			
248-878-4115	President			
Description of Duties				
President. Real Estate and business consulting.				

Business Name			From - To (MM/YY – MM/YY)	
NativeVet Materiel, LLC			09/13 - 12/19	
Business Address		**City**	**State**	**Zip**
2700 San Pedro Dr. NE		Albuquerque, NM	NM	87110
Phone	**Title**			
800-832-9154	Owner - Member			
Description of Duties				
Monitored the company. No longer an owner or involved in the company.				

Business Name			From - To (MM/YY – MM/YY)	
Superior Optical Labs, Inc.			11/17 - 02/22	
Business Address		**City**	**State**	**Zip**
6525 Sunplex Drive		Ocean Springs	MS	39564
Phone	**Title**			
228-875-3796	Stockholder			
Description of Duties				
Currently on the Board of Directors.				

Business Name			From - To (MM/YY – MM/YY)	
Advanced Defense Components, Inc.			07/19	
Business Address		**City**	**State**	**Zip**
102 Browns Square Dr.		Walhalla	SC	29691
Phone	**Title**			
864-900-3851	Stockholder			
Description of Duties				
Currently on the Board of Directors.				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	**Yes**	**No**
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials HED

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
N/A				
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A _____

Original Signature (electronic, copies or stamps not accepted)

N/A 2/15/2022

Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Henry Eugene Dietz

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/15/2022

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, Henry Eugene Dietz, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature Henry Eugene Dietz

Date

Subscribed and Sworn to before me this _____ day of _____.

See Attached Certificate
2-15-2022
SM

Notary Public Signature

(Seal)

Applicant's initials HED

CALIFORNIA JURAT WITH AFFIANT STATEMENT **GOVERNMENT CODE § 8202**

☑ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

Signature of Document Signer No. 1 *Signature of Document Signer No. 2 (if any)*

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of LOS ANGELES

Subscribed and sworn to (or affirmed) before me on this 15TH day of FEBRUARY, 2022
Date *Month* *Year*
by (1) HENRY EUGENE DIETZ
(and (2) ———),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Stephen G. Mangold
Signature of Notary Public

STEPHEN G MANGOLD
Notary Public - California
Los Angeles County
Commission # 2329821
My Comm. Expires Jun 20, 2024

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: PERSONAL HISTORY APPL. **Document Date:** 2-15-2022

Number of Pages: 7 **Signer(s) Other Than Named Above:** ———

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4Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☑ Nevada
- ☐ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☑ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*	PH_____	☑ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: ER at Spanish Springs, an Extension of Northern Nevada Medical Center

Physical Address: 1511 Oppio Ranch Parkway

City: Sparks State: NV Zip: 89436

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: _____ Contact Email: linda.smoot@uhsinc.com

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Linda Smoot

Supervising/Managing Pharmacist NV Pharmacist Registration #: 13709

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Retail/Community	☐ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
☑ Other: Free Standing Emer dept	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☑ Other:

Days of Operation

☑ Monday ☑ Tuesday ☑ Wednesday ☑ Thursday ☑ Friday ☑ Saturday ☑ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Linda Smoot	NV Pharmacist Registration #: 13709
Name: Keith Marshall	NV Pharmacist Registration #: 11473
Name: Raymond Duro	NV Pharmacist Registration #: 17133
Name: Melanie Kelly	NV Pharmacist Registration #: 16028
Name: Ruth Kemper	NV Pharmacist Registration #: 9551
Name: Sieu Long	NV Pharmacist Registration #: 16340
Name: Lori Fracker	NV Pharmacist Registration #: 11082
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
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)?		✔
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 from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
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?		✔
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)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: n/a	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: Sparks Family Hospital

Business Name: Northern Nevada Medical Center

Business Address: 2375 East Prater Way

City: Sparks State: NV Zip: 89434

Telephone: 775-356-4070 Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the managing pharmacist (title) for ER at Spanish Springs an Extension of NNMC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Linda Smoot

Print Name of Authorized Person

LSmoot

Original signature of Authorized Person (copies or stamps not accepted)

5-26-2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Linda Smoot hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Managing Pharmacist (title) for ER at Spanish Springs, an Extension of NNMC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

LSmoot
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 26th day of May, 2022

Stephanie H. Pauley
Notary Public

Stephanie H. Pauley
Notary Public, State of Nevada
My Commission Expires: 11-19-25
Certificate No: 22-9371-03

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Linda Smoot Pharmacist Registration #: 13709

Pharmacy Name: ER at Spanish Springs, an Extension of Northern Nevada Medical Center

Initial each statement below to indicate you have read and agree with the following:

LS I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

LS I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

LS I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

LS I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

LS I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

L Smoot
Original signature of Managing Pharmacist (copies or stamps not accepted)

5-26-2022
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Linda Smoot

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

L Smoot

Original signature of Authorized Person (copies or stamps not accepted)

5-26-2022

Date

Board Use Only	Date Received: _____	Amount: 500 CC

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SPARKS FAMILY HOSPITAL, INC.**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 04/06/1979, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/26/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202205262696532
You may verify this certificate online at http://www.nvsos.gov

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Linda M. Smoot

Date: 10/28/2021
Amount: $ 210.00
License #: 13709

(ID Card)

Trim ID Card to fit your wallet

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2023

Linda M. Smoot

License #
13709
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 10/31/2023
STATUS: Active

License Type: Pharmacist
License #: 13709

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Linda M. Smoot

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Effective Date : 01/01/2022
Expiration Date : 12/31/2022

State of Nevada
Department of Health and Human Services
Division of Public and Behavioral Health

License Number
653-HOS-32

Please display this license conspicuously

This license was printed from an online licensing system. VERIFY LICENSE IS VALID BY GOING TO: https://nvdpbh.aithent.com/login.aspx. Go to License Verification, Facility Locator & Inspection Reports "Click Here" and look up by license number (Credential Number) to verify that the license is active and valid.

Should you have any changes such as Name, Administrator, Location, Change of Ownership or Number of Beds go to: https://nvdpbh.aithent.com/login.aspx.

This Is To Certify That

NORTHERN NEVADA MEDICAL CENTER

2375 E PRATER WAY
SPARKS, NV 89434

Is hereby licensed as a(n)

HOSPITAL

as provided for in Chapters 439 and 449 of the Nevada Revised Statutes and the Nevada Administrative Code and the standards, rules and regulations adopted by the Board of Health.

This facility is licensed to provide the following:

Facility Type : HOSPITAL
EMERGENCY DEPARTMENT LOCATED AT 10290 N. MCCARRAN BLVD., RENO, NV 89503

Endorsement : PRIMARY STROKE, REMOTE EMERGENCY DEPARTMENT

Bed Information : Medical/Surgical Beds - 76,Medical/Surgical
ICU Beds - 12,Rehabilitation Beds - 8,Geriatric Psychiatric Beds - 28

HELEN LIDHOLM / Administrator

UNIVERSAL HEALTH SERVICES INC/SPARKS FAMILY HOSPITAL INC

Lisa Sherych / Administrator

If your license is not completely accurate, Please contact us at (775) 684-1030 so that we may resolve any problems.

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE PRESIDENT:

Name	Country
MARVIN PEMBER	USA

Address	City	State	Zip/Postal Code
367 S GULPH RD	KING OF PRUSSIA	PA	19406

CORPORATION, INDICATE THE TREASURER:

Name	Country
CHERYL K RAMAGANO	USA

Address	City	State	Zip/Postal Code
367 S GULPH RD	KING OF PRUSSIA	PA	19406

CORPORATION, INDICATE THE SECRETARY:

Name	Country
MATTHEW D KLEIN	USA

Address	City	State	Zip/Postal Code
367 S. GULPH ROAD	KING OF PRUSSIA	PA	19406

CORPORATION, INDICATE THE DIRECTOR:

Name	Country
STEVE FILTON	USA

Address	City	State	Zip/Postal Code
367 S GULPH RD	KING OF PRUSSIA	PA	19406

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Steve Filton	Director	04/08/2021
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Subscriber, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*	Title	Date

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler The ER at Spanish Springs, an extension of Northern Nevada Medical Center

Physical Address 1511 Oppio Ranch Parkway

City Sparks State NV Zip 89436

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Linda Middle M.W.J. Last Smoot

Alias(es, nicknames, name changes, etc.) Miller(maiden), Peck(former married)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Bernwood Ct

City Reno State NV Zip 89521

Telephone [redacted] Email [redacted]@gmail.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.320)	YES	NO
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.210)	YES	NO
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials LW

Section 5: List your high school, college, vocational, and graduate schools with the most current first. Use a separate piece of paper if additional space is needed.

School Name	From - To (MM/YY – MM/YY)		
University of Wyoming School of Pharmacy	8/94 - 6/97		
Address	City	State	Zip
Health Sciences, Room 202 1000 E. Univ Ave Dept 3375	Laramie	WY	82071
Diploma/Degree obtained, if any			
BS Pharmacy			

School Name	From - To (MM/YY – MM/YY)		
Univ of Utah	unknown 6/94		
Address	City	State	Zip
201 President's Circle	Salt Lake City	UT	84112
Diploma/Degree obtained, if any			

School Name	From - To (MM/YY – MM/YY)		
Salt Lake Community College	unknown		
Address	City	State	Zip
4600 S. Redwood Rd	SLC	UT	84123
Diploma/Degree obtained, if any			

School Name	From - To (MM/YY – MM/YY)		
Weber State Univ	unknown		
Address	City	State	Zip
3848 Harrison Blvd	Ogden	UT	84408
Diploma/Degree obtained, if any			
Assoc Science			

School Name	From - To (MM/YY – MM/YY)		
Leeward Community College			
Address	City	State	Zip
96-045 Ala'Ike	Pearl City	HI	96782
Diploma/Degree obtained, if any			

Section 6: List all addresses you have had for the last 10 years starting with the most current. Use a separate piece of paper if additional space is needed.

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/19-present	[redacted] Bernwood Ct	Reno	NV	89521
4/18-11/19	[redacted] Haleb Ct	Reno	NV	89521
7-17 to 4/18	[redacted] Kietzke Ln #2 141?	Reno	NV	89502
6/99-6/17	[redacted] Silky Sullivan Ln	Reno	NV	89502
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials h

Additional Education Experience

Section 5. continued for Linda M.W.J. Smoot

University of Nevada Reno 8/81 – 5/82

1664 N Virginia St, Reno, NV 89557

Churchill County High School 1978 – 1981

1 Greenwave Circle, Fallon, NV 89406

High School Diploma

Section 7: A reinstated applicant must provide proof that he/she has been employed for at least 2000 hours in pharmacy practice by a boards (NAC 639.0[illegible]) during the [illegible] immediately preceding reinstatement. Begin with most recent employment.

Business Name		From - To (MM/YY – MM/YY)	
Northern Nevada Medical Center		2/07 - current	
Business Address	**City**	**State**	**Zip**
2375 E. Prater Way	Sparks	NV	89434
Phone	**Title**	**Number of Employed Hours**	
775-356-4070	Staff Pharmacist	> 6000	

Description of Duties
review physician orders, supervise technicians, CII medication purchasing + inventory mangement, oversight of computerized formulary, many other duties + tasks as assigned

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials _____

I, Linda M.W.J. Smoot, **certify that as the designated representative for** The ER at Spanish Springs, an extension of Northern Nevada Medical Center **that I am qualified as follows and will comply with the following:**

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Linda M.W.J. Smoot
Print Name (First, Last)

L Smoot
Original Signature (electronic, copies or stamps not accepted)

5-26-22
Date

Applicant's initials LS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Linda M.W.J. Smoot
Print Name (First, Last)

LSmoot
Original Signature (electronic, copies or stamps not accepted)

5-26-22
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Washoe

I, Linda Smoot, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

LSmoot
Original Signature

5-26-22
Date

Subscribed and Sworn to before me this 26 day of May.

Stephanie H. Pauley
Notary Public Signature

Stephanie H. Pauley
Notary Public, State of Nevada
My Commission Expires: 11-19-25
Certificate No: 22-9371-03

(Seal)

Applicant's initials LS

4Z

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ■ Nevada
- ☐ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: SAHARA PHARMACY

Physical Address: 2585 S NELLIS BLVD STE 3

City: LAS VEGAS State: NV Zip: 89121

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 347-279-3085 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: _____ Contact Email: INFO.SAHARAPHARMACY@GMAIL.COM

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): WASEEM SARWAR ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 20752 ✓

Type of Pharmacy (check all applicable)

- ■ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

- ■ Retail/Community
- ☐ Non-sterile Compounding
- ☐ Sterile Compounding
- ☐ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ■ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)	
Name: WASEEM SARWAR	NV Pharmacist Registration #: 20752
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
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)?		✔
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 from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
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?		✔
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)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)		
Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NEVADA

Parent Company (if any): _____

Corporation/Organization Name: SAHARA PHARMACY

Mailing Address: 2585 S NELLIS BLVD STE 3

City: LAS VEGAS State: NV Zip: 89121

Telephone: 347-279-3085 Email: INFO.SAHARAPHARMACY@GMAIL.COM

Contact Person Name: WASEEM SARWAR

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the PRESIDENT (title) for SAHARA PHARMACY (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

WASEEM SARWAR

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

04/12/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, WASEEM SARWAR hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PRESIDENT (title) for SAHARA PHARMACY (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 12 day of April, 2022

Notary Public

MERCEDES LUCIA MCALLISTER
Notary Public, State of Nevada
Appointment No. 10-2161-14
My Appt. Expires Apr 1, 2023

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: WASEEM SARWAR Pharmacist Registration #: 20752

Pharmacy Name: SAHARA PHARMACY

Initial each statement below to indicate you have read and agree with the following:

WS I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

WS I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

WS I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

WS I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

WS I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

Date 04/12/22

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

WASEEM SARWAR

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

04/12/22

Date

Board Use Only	Date Received: _____	Amount: 500 CC ✓

LIST OF OFFICERS AND DIRECTORS

Waseem Sarwar is the sole member of SAHARA PHARMACY, and he is the President/Authorized official of SAHARA PHARMACY.

Contact info: Waseem Sarwar

Address: [redacted] Ogallala St Unit [redacted]

Pahrump, NV 89048

Phone: [redacted]

Email: [redacted]

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Sahara Pharmacy

Nevada Business Identification # NV20222422260
Expiration Date: 04/30/2023

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/12/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202204122575248
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

DOMESTIC CORPORATION (78) CHARTER

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Sahara Pharmacy** did, on 04/12/2022, file in this office the original Articles of Incorporation-For-Profit that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/12/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate
Number: B202204122575242
You may verify this certificate online at http://www.nvsos.gov

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Filed in the Office of	Business Number
Barbara K. Cegavske	E22467882022-8
Secretary of State	Filing Number
State Of Nevada	20222246787
	Filed On
	04/12/2022 14:40:02 PM
	Number of Pages
	2

Formation - Profit Corporation

☑ NRS 78 - Articles of Incorporation Profit Corporation ☐ NRS 80 - Foreign Corporation ☐ NRS 89 - Articles of Incorporation Professional Corporation

☐ 78A Formation - Close Corporation

(Name of closed corporation MUST appear in the below heading)

Articles of Formation of _____ **a close corporation (NRS 78A)**

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGH LIGHT

1. Name of Entity: (If foreign, name in home jurisdiction)

Sahara Pharmacy

2. Registered Agent for Service of Process: (Check only one box)

☑ Commercial Registered Agent (name only below) ☐ Noncommercial Registered Agent (name and address below) ☐ Office or position with Entity (title and address below)

MARC GOHRES
Name of Registered Agent OR Title of Office or Position with Entity

10409 PACIFIC PALISADES AVE | LAS VEGAS | Nevada | 89144
Street Address | City | Zip Code

Mailing Address (If different from street address) | City | Nevada | Zip Code

2a. Certificate of Acceptance of Appointment of Registered Agent:

I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.

X Marc Gohres — 04/08/2022
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity — Date

3. Governing Board: (NRS 78A, close corporation only, check one box; If yes, complete article 4 below)

This corporation is a close corporation operating with a board of directors ☐ Yes OR ☑ No

4. Names and Addresses of the Board of Directors/ Trustees or Stockholders

(NRS 78: Board of Directors/ Trustees is required.

NRS 78a: Required if the Close Corporation is governed by a board of directors.

NRS 89: Required to have the Original stockholders and directors. A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing. See instructions)

1) Waseem Sarwar
Name

[redacted] Ogallala Street Unit | Pahrump | NV | 89048
Address | City | State | Zip Code

5. Jurisdiction of Incorporation: (NRS 80 only)

5a. Jurisdiction of incorporation: _____

5b. I declare this entity is in good standing in the jurisdiction of its incorporation. ☐

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE PRESIDENT:

Name	Country
Waseem Sarwar	USA

Address	City	State	Zip/Postal Code
[redacted] Ogallala Street Unit [redacted]	Pahrump	NV	89048

CORPORATION, INDICATE THE SECRETARY:

Name	Country
Waseem Sarwar	USA

Address	City	State	Zip/Postal Code
[redacted] Ogallala Street Unit [redacted]	Pahrump	NV	89048

CORPORATION, INDICATE THE TREASURER:

Name	Country
Waseem Sarwar	USA

Address	City	State	Zip/Postal Code
[redacted] Ogallala Street Unit [redacted]	Pahrump	NV	89048

CORPORATION, INDICATE THE PRESIDENT:

Name	Country
Waseem Sarwar	USA

Address	City	State	Zip/Postal Code
[redacted] Ogallala Street Unit [redacted]	Pahrump	NV	89048

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the office of the Secretary of State.

X Waseem Sarwar
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

President
Title

04/11/2022
Date

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

04/12/2022

Work Order Item Number:	W2022041201634 - 2052278
Filing Number:	20222246787
Filing Type:	Articles of Incorporation-For-Profit
Filing Date/Time:	04/12/2022 14:40:02 PM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: E22467882022-8 **Entity Name:** Sahara Pharmacy

Entity Status: Active **Expiration Date:** None

Commercial Registered Agent
MARC GOHRES
10409 PACIFIC PALISADES AVE, LAS VEGAS, NV 89144 - 1221, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for
Commercial Recordings

OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

04/12/2022

Work Order Item Number:	W2022041201634 - 2052279
Filing Number:	20222246789
Filing Type:	Initial List
Filing Date/Time:	04/12/2022 14:40:02 PM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: E22467882022-8 **Entity Name:** Sahara Pharmacy

Entity Status: Active **Expiration Date:** None

Commercial Registered Agent
MARC GOHRES
10409 PACIFIC PALISADES AVE, LAS VEGAS, NV 89144 - 1221, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler SAHARA PHARMACY

Physical Address 2585 S NELLIS BLVD STE 3

City LAS VEGAS State NV Zip 89121

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email INFO.SAHARA PHARMACY@GMAIL.COM

Section 2: Personal Information

First WASEEM Middle _____ Last SARWAR

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] OGALLALA STREET UNIT [redacted]

City PAHRUMP State NV Zip 89048

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials WS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF THE PUNJAB		01/2008-05/2013	
Address	City	State	Zip
ALLAMA IQBAL CAMPUS, MALL ROAD	LAHORE	PUNJAB	54000
Diploma/Degree obtained, if any			
PHARM D			
School Name		From - To (MM/YY – MM/YY)	
GOVT ISLAMIA COLLEGE		01/2005-12/2007	
Address	City	State	Zip
NEAR KACHEHRI,LOWER MALL ROAD	LAHORE	PUNJAB	54000
Diploma/Degree obtained, if any			
HIGHER SECONDARY SCHOOL CERTIFICATE			
School Name		From - To (MM/YY – MM/YY)	
DON BOSCO HIGH SCHOOL		01/1994 - 12/2005	
Address	City	State	Zip
NEAR POLICE LINES, EMPRESS ROAD	LAHORE	PUNJAB	54000
Diploma/Degree obtained, if any			
SECONDARY SCHOOL CERTIFICATE			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/21-PRESENT	[redacted]OGALLALA STREET UNIT[redacted]	PAHRUMP	NV	89048
06/18-09/21	[redacted]116 STREET	SOUTH RICHMOND HILL	NY	11419
03/18-05/18	[redacted] LIBERTY AVENUE	SOUTH RICHMOND HILL	NY	11419
06/15-02/18	[redacted] LEFFERTS BLVD	SOUTH OZONE PARK	NY	11420
04/14-04/15	[redacted]5 97 STREET	WOOHHAVEN	NY	11421
03/89-04/14	[redacted] QAZAL BASH ROAD	LAHORE, PAKISTAN	PUNJAB	54000
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials WS

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
PAHRUMP CARE PHARMACY			08/21 - PRESENT	
Business Address		**City**	**State**	**Zip**
1500 E HIGHWAY 372, STE E		PAHRUMP	NV	89048
Phone	**Title**		**Number of Employed Hours**	
775-727-3905	PHARMACIST - OWNER / OPERATOR		40 HOURS / WEEK	
Description of Duties				
SUPERVISE DAILY OPERATIONS OF THE PHARMACY				

Business Name			From - To (MM/YY – MM/YY)	
RITE AID PHARMACY			02/20 - 12/20	
Business Address		**City**	**State**	**Zip**
840 WESTCHESTER AVE		BRONX	NY	10459
Phone	**Title**		**Number of Employed Hours**	
718-378-4600	PHARMACIST MANAGER		38 HOURS / WEEK	
Description of Duties				
SUPERVISE DAILY OPERATIONS OF THE PHARMACY				

Business Name			From - To (MM/YY – MM/YY)	
MEERAJ PHARMACY			01/18 - 02/20	
Business Address		**City**	**State**	**Zip**
115-17 LIBERTY AVENUE		SOUTH RICHMOND HILL	NY	11419
Phone	**Title**		**Number of Employed Hours**	
718-641-4400	PHARMACIST		40 HOURS / WEEK	
Description of Duties				
SUPERVISE DAILY OPERATIONS OF THE PHARMACY				

Business Name			From - To (MM/YY – MM/YY)	
PHARMACY INTERN			06/15 - 01/18	
Business Address		**City**	**State**	**Zip**
MEERAJ PHARMACY		SOUTH RICHMOND HILL	NY	11419
Phone	**Title**		**Number of Employed Hours**	
718-378-4400	PHARMACY INTERN		40 HOURS / WEEK	
Description of Duties				
WORK UNDER THE SUPERVISION OF PHARMACIST AND ASSIST THE PHARMACIST IN CARRYING OUT THE DAILY ACTIVITIES OF THE PHARMACY.				

Business Name			From - To (MM/YY – MM/YY)	
MS BASHIR PHARMACY			07/13-06/15	
Business Address		**City**	**State**	**Zip**
SHOP NO 1& 2, STREET 13, WALTON ROAD		LAHORE	PUNJAB	54000
Phone	**Title**		**Number of Employed Hours**	
03214061992	PHARMACIST		40 HOURS PER WEEK	
Description of Duties				
SUPERVISE DAILY OPERATIONS OF THE PHARMACY				

Continue on next page if additional space is needed.

Applicant's initials WS

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I, WASEEM SARWAR, **certify that as the designated representative for**

SAHARA PHARMACY,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

WASEEM SARWAR

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/12/22

Date

Applicant's initials WS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

WASEEM SARWAR

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/12/22

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of NYE

I, WASEEM SARWAR, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/12/22

Date

Subscribed and Sworn to before me this 12 day of April 2022

Mercedes Lucia McAllister

Notary Public Signature

MERCEDES LUCIA MCALLISTER
Notary Public, State of Nevada
Appointment No. 10-2161-14
My Appt. Expires Apr 1, 2023

(Seal)

Applicant's initials WS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Sahara Pharmacy

Physical Address 2585 S NELLIS BLVD STE 3

City LAS VEGAS State NV Zip 89121

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email INFO.SAHARAPHARMACY@GMAILA.COM

Section 2: Personal Information

First WASEEM Middle _____ Last SARWAR

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]OGALLALA STREET UNIT[redacted]

City PAHRUMP State NV Zip 89048

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ■ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✔	

Applicant's initials WS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF THE PUNJAB		01/2008-05/2013	
Address	City	State	Zip
ALLAMA IQBAL CAMPUS, MALL ROAD	LAHORE	PUNJAB	54000
Diploma/Degree obtained, if any			
PHARM D			
School Name		From - To (MM/YY – MM/YY)	
GOVT ISLAMIA COLLEGE		01/2005-12/2007	
Address	City	State	Zip
NEAR KACHEHRI,LOWER MALL ROAD	LAHORE	PUNJAB	54000
Diploma/Degree obtained, if any			
HIGHER SECONDARY SCHOOL CERTIFICATE			
School Name		From - To (MM/YY – MM/YY)	
DON BOSCO HIGH SCHOOL		01/1994 - 12/2005	
Address	City	State	Zip
NEAR POLICE LINES, EMPRESS ROAD	LAHORE	PUNJAB	54000
Diploma/Degree obtained, if any			
SECONDARY SCHOOL CERTIFICATE			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/21-PRESENT	[redacted]OGALLALA STREET UNIT[redacted]	PAHRUMP	NV	89048
From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/18-09/21	[redacted]116 STREET	SOUTH RICHMOND HILL	NY	11419
From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/18-05/18	[redacted]LIBERTY AVENUE	SOUTH RICHMOND HILL	NY	11419
From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/15-02/18	[redacted]LEFFERTS BLVD	SOUTH OZONE PARK	NY	11420
From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/14-04/15	[redacted]97 STREET	WOOHHAVEN	NY	11421
From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/89-04/14	[redacted]QAZAL BASH ROAD	LAHORE, PAKISTAN	PUNJAB	54000
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials WS

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
PAHRUMP CARE PHARMACY			08/21 - PRESENT	
Business Address		City	State	Zip
1500 E HIGHWAY 372, STE E		PAHRUMP	NV	89048
Phone	Title		Number of Employed Hours	
775-727-3905	PHARMACIST		40 HOURS / WEEK	
Description of Duties				
SUPERVISE DAILY OPERATIONS OF THE PHARMACY				

Business Name			From - To (MM/YY – MM/YY)	
RITE AID PHARMACY			02/20 - 12/20	
Business Address		City	State	Zip
840 WESTCHESTER AVE		BRONX	NY	10459
Phone	Title		Number of Employed Hours	
718-378-4600	PHARMACIST MANAGER		38 HOURS / WEEK	
Description of Duties				
SUPERVISE DAILY OPERATIONS OF THE PHARMACY				

Business Name			From - To (MM/YY – MM/YY)	
MEERAJ PHARMACY			01/18 - 02/20	
Business Address		City	State	Zip
115-17 LIBERTY AVENUE		SOUTH RICHMOND HILL	NY	11419
Phone	Title		Number of Employed Hours	
718-641-4400	PHARMACIST		40 HOURS / WEEK	
Description of Duties				
SUPERVISE DAILY OPERATIONS OF THE PHARMACY				

Business Name			From - To (MM/YY – MM/YY)	
PHARMACY INTERN			06/15 - 01/18	
Business Address		City	State	Zip
MEERAJ PHARMACY		SOUTH RICHMOND HILL	NY	11419
Phone	Title		Number of Employed Hours	
718-378-4400	PHARMACY INTERN		40 HOURS / WEEK	
Description of Duties				
WORK UNDER THE SUPERVISION OF PHARMACIST AND ASSIST THE PHARMACIST IN CARRYING OUT THE DAILY ACTIVITIES OF THE PHARMACY.				

Business Name			From - To (MM/YY – MM/YY)	
MS BASHIR PHARMACY			07/13-06/15	
Business Address		City	State	Zip
SHOP NO 1& 2, STREET 13, WALTON ROAD		LAHORE	PUNJAB	54000
Phone	Title		Number of Employed Hours	
03214061992	PHARMACIST		40 HOURS PER WEEK	
Description of Duties				
SUPERVISE DAILY OPERATIONS OF THE PHARMACY				

Continue on next page if additional space is needed.

Applicant's initials WS

Business Name			From - To (MM/YY -- MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I, WASEEM SARWAR, **certify that as the designated representative for**

SAHARA PHARMACY,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

WASEEM SARWAR

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/12/22

Date

Applicant's initials WS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

WASEEM SARWAR

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/12/22

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of NYE

I, WASEEM SARWAR ~~MERCEDES LUCIA MCALLISTER~~, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

WASEEM SARWAR

Original Signature

4/12/2022

Date

Subscribed and Sworn to before me this 12 day of April.

Mercedes Lucia McAllister

Notary Public Signature

MERCEDES LUCIA MCALLISTER
Notary Public, State of Nevada
Appointment No. 10-2161-14
My Appt. Expires Apr 1, 2023

(Seal)

Applicant's initials WS

4AA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

☐ Nevada

☒ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH PH04268	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Ascension Pharmacy Services, LLC DBA ASCENSION RX 1303

Physical Address: 30055 Northwestern Highway Suite 225

City: Farmington Hills State: MI Zip: 48334

Mailing Address (if different from physical address): SAME AS PHYSICAL

City: _____ State: _____ Zip: _____

Telephone: 248-865-3770 Toll Free # (NAC 639.708, NRS 639.23286): 855-292-1427

Fax: 248-865-3771 Contact Email: specialtypharmacy@ascension.org

Website: _____

Nevada Business License # (if applicable) PH04268

Supervising/Managing Pharmacist Name (NRS 639.220): Bonnie Sysling-Salvador

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21625

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Retail/Community	☒ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	☒ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Bonnie Sysling-Salvador	NV Pharmacist Registration #: 21625
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
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)?		✓
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 from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
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?		✓
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)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: n/a	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Missouri

Parent Company (if any): ASCENSION ST. JOHN HOSPITAL FEIN - 38-2244034

Corporation/Organization Name: Ascension Pharmacy Services, LLC

Mailing Address: 22101 MOROSS ROAD

City: DETROIT State: MI Zip: 48236

Telephone: 248-865-3770 Email: specialtypharmacy@ascension.org

Contact Person Name: Suzanne Noe

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacy operating officer (title) for Ascension Pharmacy Services, LLC Ascension Rx 1303 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Scott Spille

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

4/1/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Scott Spille hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacy Officer (title) for Ascension Pharmacy Services, LLC dba ASCENSION RX 1303 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 1st day of April, 2022

Notary Public

LIV ERIN GAMBLE
Notary Public
Commonwealth of Kentucky
Commission Number KYNP42609
My Commission Expires Jan 5, 2026

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Bonnie Sysling-Salvador (Pharmacist Registration) #: 21625

Pharmacy Name: Ascension Pharmacy Services, LLC dba ASCENSION RX 1303

Initial each statement below to indicate you have read and agree with the following:

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
(1) Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
(2) Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		X
(3) Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	X	
(4) Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required. — see attached

Board Administrative Action:	State:	Date:	Case #:
Reprimand	MI	1/14/1993	53-92-1272-00

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

(Original signature of Managing Pharmacist (copies or stamps not accepted)

4/6/2022
(Date)

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	**Publicly Traded**	**Non-publicly Traded**	**Partner-ship**	**Sole Owner**
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓ ✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓ N/A		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓ N/A		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**		N/A	✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓ ✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded** - The top 4 shareholder/stockholders. b. **For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner** - The owner.		✓ N/A	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓ ✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓ ✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓ ✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓ ✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓ N/A	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓ ✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Scott Spille

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

4/1/2022

Date

Board Use Only	Date Received: _____	Amount: 500 CHECK # 641474

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
P.O. BOX 30670
LANSING, MI 48909

ASCENSION PHARMACY SERVICES, LLC
DBA - ASCENSION RX 1303
30055 NORTHWESTERN HWY STE 225
FARMINGTON HILLS, MI 48334

COMPLAINT INFORMATION:
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE CONSTRUED AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO ANY COMPLAINTS OR VIOLATIONS PENDING AGAINST THE LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BY EMAILING BPLHELP@MICHIGAN.GOV OR CALL (517) 241-0199

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
PHARMACY LICENSE

ASCENSION PHARMACY SERVICES, LLC
DBA - ASCENSION RX 1303
30055 NORTHWESTERN HWY STE 225
FARMINGTON HILLS, MI 48334

LICENSE NO.
5301007247

EXPIRATION DATE
09/26/2023

21343101247

THIS DOCUMENT IS DULY ISSUED UNDER THE LAWS OF THE STATE OF MICHIGAN

1: 4
339/525

ASCENSION PHARMACY SERVICES, LLC
30055 NORTHWESTERN HWY STE 225
FARMINGTON HILLS, MI 48334-3231

10003032.2/001403-1/1-0

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA1049231	06-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	12-21-2021

ASCENSION PHARMACY SERVICES, LLC
DBA ASCENSION RX 1303
30055 NORTHWESTERN HWY STE 225
FARMINGTON HILLS, MI 48334-3231

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA1049231	06-30-2024	$888

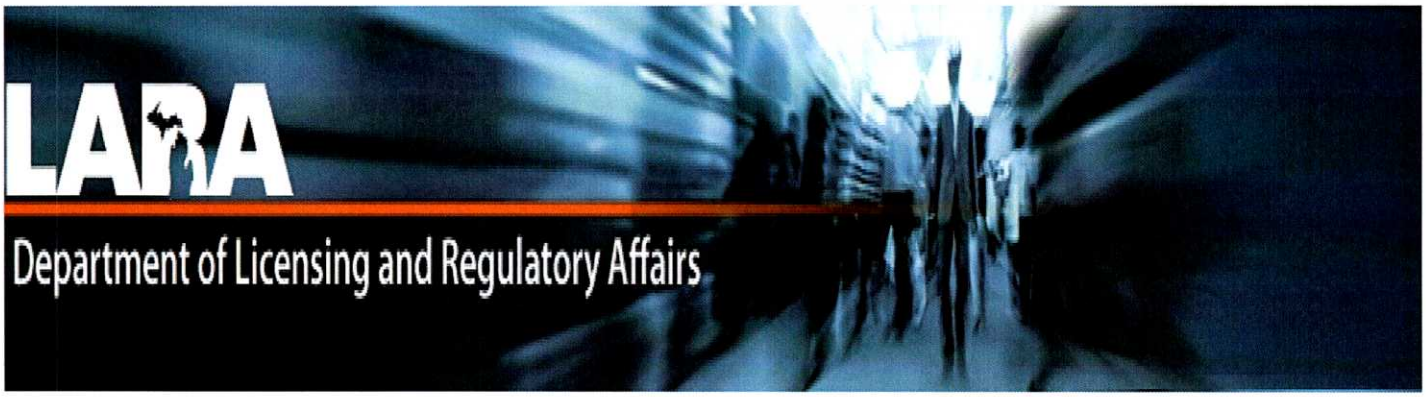
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	12-21-2021

ASCENSION PHARMACY SERVICES, LLC
DBA ASCENSION RX 1303
30055 NORTHWESTERN HWY STE 225
FARMINGTON HILLS, MI 48334-3231

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Form DEA-223 (9/2016)



NOTE: If you would like to Renew your license follow these instructions:

- You must use a desktop or laptop computer to complete the registration and renewal process.
- Login to MiPLUS.
- Click on the “My Records” tab.
- Find your License Number under the “Record Number” column. Click on the "Click Here to Renew License" link located under the "Action" column. Do NOT click the checkbox.

Licensed Professional Information: Pharmacy 5301007247

Licensee Detail

License Type:
Pharmacy

License Number:
5301007247

Organization Name:
ASCENSION PHARMACY SERVICES, LLC

DBA Trade Name:

Ascension Rx 1303

License Issue Date:

09/26/2000

License Expiration Date:

09/26/2023

License Status:

Active

County:

Oakland

PHARMACIST IN CHARGE

Pharmacist License Number: 5302032652

Pharmacist Name: Suzanne Marie Noe

Start Date: 04/09/2018

CONTROLLED SUBSTANCE LIST

City: Farmington Hills

State or Province: Michigan

ZIP or Postal Code: 48334

CS Record Number: 5315178515

CS Status: Active

CS Expiration Date: 09/26/2023

› <--- Click to view Public Documents

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DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
P.O. BOX 30670
LANSING, MI 48909

ASCENSION PHARMACY SERVICES, LLC
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YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
CONTROLLED SUBSTANCE LICENSE

*THIS LICENSE IS ONLY VALID IF PROFESSIONAL LICENSE IS ACTIVE

ASCENSION PHARMACY SERVICES, LLC
DBA - ASCENSION RX 1303
30055 NORTHWESTERN HWY STE 225
FARMINGTON HILLS, MICHIGAN 48334

LICENSE NO.
5315178515

EXPIRATION DATE
09/26/2023

2221080122

THIS DOCUMENT IS DULY ISSUED UNDER THE LAWS OF THE STATE OF MICHIGAN

UNITED STATES OF AMERICA

The State of Michigan

Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

ASCENSION PHARMACY SERVICES, LLC

a(n) Missouri FOREIGN LIMITED LIABILITY COMPANY.

was validly authorized on December 30 , 2020, to transact business in Michigan, and that said limited liability company holds a valid certificate of authority to transact business in this state, and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the limited liability company is in good standing in Michigan as of this date and is duly authorized to transact in this state any business set forth in its application which a domestic limited liability company formed under this act may lawfully conduct except as limited by statements in its Application for Certificate of Authority or under the law of its jurisdiction of organization.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

LICENSING AND REGULATORY AFFAIRS
Corporations, Securities & Commercial Licensing Bureau

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 9th day of February , 2022.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 22020264307

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.

Ascension Pharmacy Services, LLC

Board Member Information

Name: Scott Spille

Title: AVP, Pharmacy Operating Officer

Address: [redacted] Winterbourne Rd.
Edgewood, KY 41017

Date of Birth: [redacted]

Social Security: [redacted]

Email: Scott.Spille@ascension.org

Phone: [redacted]

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 04/11/2022
Amount:
License #: 21625

Bonnie A. Sysling-Salvador

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:04/11/2022
Expires:10/31/2023

Bonnie A. Sysling-Salvador

License #
21625
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 10/31/2023
STATUS: Active

License Type: Pharmacist
License #: 21625
Effective Date:04/11/2022

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Bonnie A. Sysling-Salvador

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

To Nevada Board of Pharmacy,

On September 26,1992, I was on duty as a pharmacist with a pharmacy clerk/technician.

At the time of the incident I was on the phone with a physician's office clarifying a prescription.

My clerk/tech was waiting on patients at the counter in between helping me in the pharmacy.

A parent of a pediatric patient arrived at the counter to pick up a suspension for amoxicillin. As I was still on the phone with the doctor's office, my clerk then handed me the patient's bottle that had previously been prepared, checked and labeled. These unreconstituted medications were kept on a separate shelf awaiting patient pick up and reconstitution when picked up.

I preceded to reconstitute the medication while I was still on the phone and handed it back to the tech to finish ringing up the patient. Unfortunately, the bottle that I reconstituted was an an amoxicillin for another pediatric patient. When the parent arrived home she noticed that the label had someone else's name and called the pharmacy. The medication was retrieved immediately and the patient was given the corrected labeled medication that was still sitting in the pharmacy on the shelf, labeled and unreconstituted.

No medication was given to the patient.

After meeting with the board for a reprimand, I made it my policy at the pharmacy to verify the patient's name at time of pick up prior to reconstitution and the clerk/tech was no longer allowed to handle the checked and labeled medications.

I was placed on 2 year probation, which expired in 1995 without incident.

STATE OF MICHIGAN
DEPARTMENT OF COMMERCE
BOARD OF PHARMACY

TO: Bonnie A. Sysling, R.Ph. File No. 53-92-1272-00
[redacted]
St. Clair Shores, MI 48082

NOTICE OF INTENDED ACTION

Pursuant to section 92 of the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCLA 24.201 et seq; MSA 3.560(101) et seq, you are hereby advised, based upon an assessment of your records by a Representative of the Board of Pharmacy that you have engaged in the following conduct:

> On September 26, 1992, you issued Rx [redacted] for [redacted] in error for Rx [redacted] for [redacted] in violation of Section 16221(a) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; MSA 14.15(1101) et seq.

In dealing with violations of this kind, the Board has typically limited the sanction to a reprimand. It is the Board's belief that while any offense is a serious matter, a reprimand is sufficient to protect the public health, safety, and welfare and to insure that future violations will not occur.

You may waive a hearing and agree to a final order of reprimand by completing the attached Acknowledgment of Violation form. Upon acceptance by the Board, the Acknowledgment of Violation will become a permanent part of your license file and no further action will be taken against you for the conduct set forth in this Notice.

If you fail to respond to this Notice in any fashion within twenty (20) days from the date you receive this notice, you will be deemed to have waived your opportunity to show compliance with all lawful requirements for retention of your license, and proceedings will be convened under section 16221 of the Public Health Code, supra, and the Administrative Procedures Act of 1969, supra. If after a hearing a violation is found to exist, the Board may take whatever action it deems appropriate against your license, according to law.

MICHIGAN BOARD OF PHARMACY

Dated: January 14 1993

By Herman Fishman
Herman Fishman
Licensing Executive

STATE OF MICHIGAN
DEPARTMENT OF COMMERCE
BOARD OF PHARMACY

RECEIVED
APR 07 1993
DEPT OF COMMERCE
HEALTH SERVICES
INVESTIGATION DIVISION

In the Matter of

File No. 53-92-1272-00

BONNIE A. SYSLING, R.PH.

/

ACKNOWLEDGMENT OF VIOLATION

Now comes Bonnie A. Sysling, R.Ph., a pharmacist licensed by the Board of Pharmacy to agree as follows:

1. I have received a Notice of Intended Action dated January 14, 1993.

2. I do not dispute the allegations or that a violation occurred as set forth in the Notice of Intended Action dated January 14, 1993.

3. I accept a reprimand as the sanction to be applied by the Board of Pharmacy in this case.

4. I am aware that I have a right to a compliance conference, at which time I would have the opportunity to demonstrate that I have complied with all lawful requirements for retention of my license, and I hereby waive that right. BS (Initials)

5. I am aware that I have a right to a hearing on said allegations, at which time the complainant would have to prove, by a preponderance of the evidence, that the conduct in fact occurred and a violation exists, and I hereby waive that right. BS (Initials)

6. Attached is my written statement in mitigation of the violation.

Witness:
Evangeline Sysling
(Signature of Witness)

Bonnie A. Sysling
(Signature of Licensee)

Dated: 4-7-93

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Ascension Pharmacy Services, LLC dba Ascension Rx 1303

Physical Address: 30055 Northwestern HWY STE 225

City: Farmington Hills State: MI Zip: 48334-3231

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 248-865-3770 Website: https://healthcare.ascension.org

Licensing Company Email: Liv.Gamble@ascension.org

Section 2: Personal Information

First: Suzanne Middle: Marie Last: Noe

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted] Northwestern Hwy Suite [redacted]

City: Troy State: MI Zip: 48085

Telephone: [redacted] Email: Suzanne.noe@ascension.org

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____ N/A

Military Occupation/Specialty: _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Applicant's initials: SMN

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Wayne State University			08/95 - 05/00	
Address		City	State	Zip
42 W. Warren Ave		Detroit	MI	48202
Diploma/Degree obtained, if any				
BS Allied Health Sciences, BS Pharmacy and Health Services				
School Name			From - To (MM/YY – MM/YY)	
Sterling Heights High School			09/91 - 06/95	
Address		City	State	Zip
12901 15 Mile Road		Sterling Heights	MI	48312
Diploma/Degree obtained, if any				
Diploma				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/04 - Current	[redacted] Sandalwood Dr.	Troy	MI	48085
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials 

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Ascension Rx 1303			8/16 to present
Business Address	**City**	**State**	**Zip**
30055 Northwestern Hwy. Suite 225	Farmington Hills	MI	48334
Phone	**Title**	**Number of Employed Hours**	
248 865-3770	Clinical Pharmacist	40	
Description of Duties			
Counsel patients regarding appropriate medication use, consult with providers, oversee pharmacy technicians, maintain accurate pharmacy records, report errors			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials [signature] 4

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	N/A	
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge	
N/A	

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I, Suzanne Noe, RPh, **certify that as the designated representative for**

Ascension Pharmacy Services, LLC dba Ascension Rx 1303,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Suzanne Noe

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/27/2022

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Suzanne Nae

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/27/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Kentucky, ss. County of Boone

I, Jw Gamble, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Jw Gamble

Original Signature

4/27/2022

Date

Subscribed and Sworn to before me this 27th day of April.

Jw Gamble

Notary Public Signature

JW GAMBLE NOTARY PUBLIC Comm. Number KYNP32009 My Comm. Exp. Jan 5, 2026 COMMONWEALTH OF KENTUCKY

(Seal)

Applicant's initials JW

Pharmacy Name: Affiliated Health Services Inc, dba Ascension Michigan Pharmacy

Pharmacy Address: 30055 Northwestern Highway Suite 225 Farmington Hills, MI 48334

NABP Facility e-Profile ID: 2356738

VPP Inspection Date: Virtual: 8/10/20 Onsite: 8/11/20

Facility Response to Verified Pharmacy Program® (VPP®) Inspection

Type of Response (Choose from Drop Down)	VPP Page No.	VPP Item No.	Facility Response/Corrective Action/Comments	Estimated Date of Action Taken	Attachment (Y/N)	Title of Document (Must be indicated at top of document attachment)
Change in Staffing	2	Personnel Present at Time of Inspection	Deepa Pinkney (Pharmacist) and Michelle Martin (Pharmacy Technician) are no longer employed by the pharmacy.	Already in effect	N	
Clarification or Further Explanation	11	41.01	The notification system is set to alarm when the refrigerator is out of range by 1 degree for 15 minutes. It does not alarm each time the refrigerator cycles. There is a protocol of who receives any alarm and a notification tree if the first responder does not respond in a timely manner. We also have a manual back-up system that we record the refrigerator temperature as a snapshot at a given time as a double check process during open hours which is a good indicator of the refrigerator's performance given the fact it is during open hours that the refrigerator is accessed regularly. As a point of information, our refrigerator is connected to the building's emergency power source which kicks in in 5 seconds of power interruption. It is reasonable to say that the refrigerator is never out of power. The surveyor noted a temperature that was 0.3 of 1 degree out of range. The temperatures before and after, as well as the rest of the log, were within range. We respectfully submit that our current process is appropriate to assure the safe keeping of medications.	Already in effect	N	N/A
Clarification or Further Explanation	12	47.02	The pharmacy does not purchase prescription drugs from other pharmacies. We only use reputable wholesalers contracted with Ascension. Each of these wholesalers transmits the data to Ascension per DSCSA guidelines. Our pharmacy can view the 3Ts and save such data on a daily basis.	Already in effect	N	N/A
Clarification or Further Explanation	12	47.04	Ascension contracting requires wholesale distributor sources to purchase prescription drugs directly from the manufacturer. Each of these wholesalers transmits the data to Ascension per DSCSA guidelines. Our pharmacy can view the 3Ts and save such data on a daily basis.	Already in effect	N	
Clarification or Further Explanation	12	47.05	The pharmacy only purchases drugs from wholesale distributors that purchase drugs directly from the manufacturer. We only use reputable wholesalers contracted with Ascension. Each of these wholesalers transmits the data to Ascension per DSCSA guidelines. If needed, our pharmacy can view the 3Ts and save such data on a daily basis.	Already in effect	N	
Clarification or Further Explanation	13	47.10	Ascension has a policy in place to ensure that 3T data is tracked and readily available to the pharmacy. We only use reputable wholesalers contracted with Ascension. Each of these wholesalers transmits the data through TraceLink to Ascension per DSCSA guidelines. If needed, our pharmacy can view the 3Ts and save such data on a daily basis.	Already in effect	Y	Drug Supply Chain Security Act Policy

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Pharmacy e-Profile ID:	782400		**Inspection Information**
Legal Business Name:	Affiliated Health Services, Inc.	**Virtual Survey Date:**	8/10/2020 (phone call)
Doing Business As (DBA):	Ascension Michigan Pharmacy	**Start Time: 24-hour format (13:00)**	15:30
Address:	30055 Northwestern Suite 225	**End Time: 24-hour format (13:00)**	17:00
City:	Farmington Hills	**Onsite Survey Date:**	8/11/2020 (onsite)
State:	MI	**Start Time: 24-hour format (13:00)**	12:30
Zip Code:	48334	**End Time: 24-hour format (13:00)**	14:45
Telephone number:	248-865-3770	**Inspector Name:**	Rita Weiss, RPh., Esq., BCGP
Toll free number:	855-292-1427	**Inspection Performed by (NABP, State, etc):**	NABP
Fax number:	855-394-7057	**Observer Name/Affiliation (if applicable):**	NA
Website:	n/a	**Observer Name/Affiliation (if applicable):**	NA

Pharmacy Hours of Operation	**Check if 24/7** ☐		
	Open		**Closed**
	Start Time: (24-hour format)	**End Time: (24-hour format)**	**(X)**
Sunday			X
Monday	9:00	17:00	
Tuesday	9:00	17:00	
Wednesday	9:00	17:00	
Thursday	9:00	17:00	
Friday	9:00	17:00	
Saturday			X

Key Pharmacy Personnel	**Name**	**Contact (e-mail)**	**e-Profile ID**
Pharmacist in Charge	Suzanne Noe	suzanne.noe@ascension.org	234074
Nonsterile Compounding Supervisor	n/a		
Sterile Compounding Supervisor	n/a		
Hazardous Compounding Supervisor	n/a		

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Personnel Present at Time of Inspection	Name	Title	License or registration available and current (Y/N)
1	Suzanne Noe	PIC	Y
2	Bonnie Sysling-Salvador	Pharmacist	Y
3	Deepa Pinkney	Pharmacist	Y
4	Danielle Clemons	Pharmacy Technician	Y
5	Stephanie Dunseith-Zimny	Pharmacist	Y
6	Michelle Martin	Pharmacy Technician	Y
7	Shelley Doshi	Dispensing Pharmacist	Y
8	Courtney Grebinski	Dispensing Technician	Y
9	Melissa Howard	Pharmacy Technician	Y
10			

If more than 10, list the first 10 below, then list the title and number (eg: 4 pharmacists, 6 technicians, 2 technicians-in-training, 1 intern, 4 clerks, etc) for the additional personnel present.

Business Licensure Information for State of Residence and Federal (board of pharmacy, state controlled substance, DEA, FDA, etc)

License/Registration Agency	Business Name on License/Registration	License Type/Number	Expiration Date
Michigan Board of Pharmacy	Ascension Michigan Pharmacy	5301007247	9/26/2021
Michigan Board of Pharmacy - Controlled Substance License	Ascension Michigan Pharmacy	5315178515	9/26/2021
DEA	Ascension Michigan Pharmacy	BA7038955	6/30/2021

Inspector Notes: List states in which Non-Resident licenses are held: Indiana, Wisconsin, Georgia, Pennsylvania, Florida

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Attachments
(NO PHI, including prescription numbers)

Attachment Name	Description
Transaction-related Documents	Requested documents from HQ for Cardinal and Key Source
Photographs: 1. Dispensing Counter	Dispensing Counter
2. Packing & Shipping Area	Packing & Shipping Area
3. Patient Pick-up Window	Patient Pick-up Window
4. Posted Packing Instructions	Posted Packing Instructions
5. Refrigerator Temperature	Refrigerator Temperature
6. Refrigerator	Refrigerator

	Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply
Traditional retail		Telepharmacy	
Open to the Public		Central Fill/Processing/Shared Services	
Closed Door	X	Specialty Pharmacy	X
Drive-through window		Handles Medical Marijuana	
Mail/Deliver (in state)	X	Nuclear Pharmacy	
Mail/Deliver (out-of-state list below)	X	Manufacturer	
Veterinary Pharmacy		Wholesale Distributor	
Investigational Drugs, Clinical Trials/Research		Provide products for "Office Use"	
Institutional		Outsourcing Facility	
Long-Term Care		Nonsterile Compounding	
HMO/PBM only		Nonsterile Hazardous Drug Compounding	
Internet Pharmacy (New Rx)		Sterile Compounding	
Internet Pharmacy (Refill Rx)		Sterile Hazardous Drug Compounding	

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Facility Size in Square Feet and Number of PECs		Personnel	
Total Pharmacy size:	1877 sq. ft.	Total Pharmacists:	4 F/T
Nonsterile Compounding Room size:	0	Number of Compounding Pharmacists	0
Nonsterile Compounding powder hoods number:	0	Total Graduate Students or Residents:	0
Nonsterile Hazardous Drugs (HD) Compounding Room size:	0	Total Student Interns:	0
Nonsterile HD Compounding BSC/CACI hoods number:	0	Total Technicians:	3 F/T
Sterile Compounding Ante Room size:	0	Number of Compounding Technicians	0
Sterile Compounding Clean/Buffer Room size:	0	Of technicians, how many are certified?	3
Sterile Compounding Number LAFW hoods/areas:	0	Of technicians, how many are techs-in-training?	0
Sterile Compounding Number BSC hoods:	0	Total Other Licensed Personnel:	0
Sterile Compounding Number CAI/CACI hoods:	0	Total Other Unlicensed Personnel:	1
Negative Pressure Sterile HD Room size:	0	Ratio #tech:#RPh present at time of inspection:	3:5
Sterile HD Compounding Number of BSC hoods:	0	Total Pharmacist Hours Per Week:	160
Sterile HD Compounding Number of CACI hoods:	0	Total Technician Hours Per Week:	120

Volume Dispensed		Volume Distributed	
Total Prescriptions Dispensed/day:	60-85	Total Orders Distributed/day:	0
% Veterinary Prescriptions	0%	% Veterinary Orders	0%
% Controlled Substance Prescriptions	<5%	% Controlled Substance Orders	0%
% Nonsterile Compounded Prescriptions	0%	% Nonsterile Compounded Orders	0%
% Sterile Compounded Prescriptions	0%	% Sterile Compounded Orders	0%
% Hazardous Drugs (HD) Prescriptions	40%	% Hazardous Drugs (HD) Orders	0%

Definitions: DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription product or compound to a prescriber or health care entity for office use or stock and is NOT patient specific, is not labeled with the patient name at the pharmacy.

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States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month): Note: if not available, request information be sent to VPP and note that information was requested in grid.			
State	**Volume Dispensed**	**Volume DISTRIBUTED**	**/day, week, month**
AK			
AL			
AR			
AZ			
CA			
CO			
CT			
DC			
DE			
FL	32	0	month
GA			
HI			
IA			
ID			
IL			
IN	26	0	month
KS			
KY			
LA			
MA			
MD			
ME			
MI	1221	0	month
MN			
MO			
MS			
MT			

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Definitions: DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription product or compound to a prescriber or health care entity for office use or stock and is NOT patient specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
NC			
ND			
NE			
NH			
NJ			
NM			
NV			
NY			
OH			
OK			
OR			
PA			
RI			
SC			
SD			
TN			
TX			
UT			
VA			
VT			
WA			
WI	9		month
WV			
WY			
Other:			

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Affiliated Health Services, Inc. dba Ascension Michigan Pharmacy
e-Profile ID: 782400
Inspection Date: 8/10/2020 (phone call) - 8/11/2020 (onsite)

		Finding	Notes
	General Pharmacy		
1.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.*	Yes	
2.00	Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite.*	Yes	40 hours a week
3.00	Are there any other businesses located at this address? *If yes, note type of business and name.*	Yes	Many doctor's office and other medical related to the Ascension network.
4.00	Does the pharmacy have any other websites? *Provide list of other names/URLs.*	N/A	The pharmacy does not currently have a website.
4.01	Does the pharmacy hold .pharmacy verification?	N/A	
5.00	Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.*	N/A	
6.00	Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)?	N/A	
7.00	Are patients able to order or refill prescriptions through the website? *If yes, describe.*	N/A	
8.00	Are photographs allowed during the inspection (**no PHI**)?	Yes	
9.00	List of additional personnel **interviewed as part of the inspection, including name and title:**		Suzanne Noe, PIC; Danielle Clemons, Pharmacy Technician; Shelley Doshi, Pharmacist
	Types of Practice Additional Questions **If any part of a question is no, enter "No" and explain the observation.**		
10.00	If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.*	Yes	Less than 10% in Michigan; and less than 1% out of state
11.00	Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.*	No	
12.00	Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?	No	

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Facility Name: Affiliated Health Services, Inc. dba Ascension Michigan Pharmacy
e-Profile ID: 782400
Inspection Date: 8/10/2020 (phone call) - 8/11/2020 (onsite)

		Finding	Notes
13.00	If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
14.00	If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
	General Operations and Licensure **If any part of a question is no, enter "No" and explain the observation.**		
15.00	Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc.*	N/A	Closed door pharmacy. However, a few prescriptions are picked up by Ascension employees who also work in the building. The licenses are posted where the customer can view and they are current.
16.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.*	Yes	7/2/2015
17.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	Yes	Faxed prescriptions did not have all required information; Corrected.
18.00	Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.*	No	
19.00	Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.*	No	
20.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.*	No	
21.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.*	No	
22.00	Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc)? *If yes, note the agency and additional item.*	No	

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Facility Name: Affiliated Health Services, Inc. dba Ascension Michigan Pharmacy
e-Profile ID: 782400
Inspection Date: 8/10/2020 (phone call) - 8/11/2020 (onsite)

		Finding	Notes
23.00	Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.*	No	
24.00	Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.*	No	
25.00	Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.*	Yes	URAC Specialty Pharmacy 3.0 Accreditation Program; 3/1/2019 - 3/1/2022
26.00	Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.*	No	
27.00	Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc? *Verify that the lab director is current (usually the PIC is the lab director named). If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.*	No	
28.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?*	Yes	Maintain readily retrievable for 5 years and then Iron Mountain for offsite storage
28.01	Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?*	No	Maintain readily retrievable for 5 years and then Iron Mountain for offsite storage
28.02	Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Electronically kept
28.03	Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	No	Maintain readily retrievable for 5 years and then Iron Mountain for offsite storage. Kept electronically.
28.04	Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	McKesson Enterprise software is used and it can only be deactivated, but not deleted.
28.05	If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable?	Yes	Use Iron Mountain
29.00	Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.*	Yes	There is a clinical coordinator who updates any law information to the pharmacy. The pharmacy is actively working with License Logix to help obtain licensing in all 50 states and License Logix will provide updates. Excelera is a specialty pharmacy company that also provides legal updates on a quarterly basis.

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Facility Name: Affiliated Health Services, Inc. dba Ascension Michigan Pharmacy
e-Profile ID: 782400
Inspection Date: 8/10/2020 (phone call) - 8/11/2020 (onsite)

		Finding	Notes
	Personnel **If any part of a question is no, enter "No" and explain the observation.**		
30.00	Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.*	Yes	Per URAC requirements, primary source verification at the start date and then completed annually.
31.00	Is there a process for periodic verification of validity of licenses? *Describe the process.*	Yes	PIC verifies the pharmacist licenses in January and the technician licenses in July.
32.00	If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no patient services that require additional training/certification. If yes, list certifications and if current?*	Yes	All pharmacists are trained on the outcomes platform and there is one MTM pharmacist on staff.
33.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident state. Indicate ratio used and the maximum number of staff who work at the same time.*	N/A	
	Facility and Security **If any part of a question is no, enter "No" and explain the observation.**		
34.00	Does the pharmacy have a working security/alarm system in place? *If yes, describe.*	Yes	There is a double door system, the outside door is only accessible by a pharmacist with a key. Then, there is a badge protected door for all pharmacy personnel. Each pharmacist has his/her entry code. There is a camera in the hallway for the keypad. There are motion detectors throughout the pharmacy.
35.00	Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.*	Yes	In a locked cabinet.
36.00	Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled.*	Yes	The emergency declaration is in place that provides for nearby locations where the drugs could be secured in totes and taken to another Ascension location.
37.00	Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo.*	Yes	
37.01	Is the working area well lit and free of tripping hazards? *If no, document with photo.*	Yes	
37.02	Is there a sink with hot and cold running water?	Yes	
37.03	If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.*	N/A	

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		Finding	Notes
37.04	Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.*	Yes	Inmar
37.05	Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.*	Yes	From telephone interview: The pharmacy should have hazardous waste bins, but currently does not have this. They are double bagging hazardous waste and disposing of it with nonhazardous waste. Update: After asking about hazardous waste during the pre-visit telephone call, the PIC contacted her manager and there was a hazardous waste collection bin installed by the next day when the surveyor arrived. The hazardous waste from this location will be taken via courier to an Ascension LTC location for pick-up by the hazardous waste vendor.
38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.*	Yes	The pharmacy has only a few patients who pick-up. The hallway where the pick-up window is located is private.
39.00	Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.*	Yes	Temperature/humidity is monitored daily, but not continuously. Archived by the year (scanned electronically and kept in a year end file.) Temperature is 70.5 degrees.
39.01	Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process*	No	
39.02	Are excursion action plans in place including evaluating excursion effects on drug product integrity?	Yes	Building maintenance is on-call if a problem was noticed. If the temperatures went out of range that the drugs were viable. The pharmacy has access to information regarding what is acceptable for excursions and drug viability.
40.00	Are the refrigerator and freezer restricted to drug products only (no food)?	Yes	
41.00	Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	Yes	Monitored continuously; a paper log is kept (daily) and the alarm company can readily retrieve any backlog.
41.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.*	No	Temperature is 35.7 degrees - see photograph during inspection. No alarms were audible and the pharmacy staff did not appear to realize that the refrigerator was not in USP range.
42.00	Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	N/A	Daily check - used only for ice packs.
42.01	Is the temperature in the freezer within the USP range (between −25° to −10°C or −13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.*	N/A	

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		Finding	Notes
43.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.*	Yes	The refrigerator is on a red plug and is on the generator.
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.*	Yes	The medications would be transferred to a nearby Ascension pharmacy.
45.00	Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?	Yes	
46.00	Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc)? *List numbers and types.*	No	
46.01	If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products?	N/A	
	Product Receipt and Inventory **If any part of a question is no, enter "No" and explain the observation.**		
47.00	Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe.*	Yes	Use only reputable WD - McKesson and Cardinal. Use Key Source for secondary WD. Ascension corporate does all the vetting process of WD for the entire corporation.
47.01	Does the pharmacy purchase all prescription drugs directly from the manufacturer?	No	
47.02	Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchase.*	Unknown	The pharmacy does not review the 3T data.
47.03	Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources.*	Yes	McKesson, Cardinal, Key Source
47.04	Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?*	Unknown	The pharmacy does not review the 3T data.
47.05	Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)*	Unknown	PIC did not have 3T data saved electronically and stated that the pharmacy does not verify the 3T data at any time. She is aware that she can find it on McKesson's website and Cardinal's website.
47.06	Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.*	Yes	PIC stated this is completed at the corporate level.
47.07	Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.*	Yes	PIC stated this is completed at the corporate level.

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		Finding	Notes
47.08	Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.*	Yes	The pharmacy would verify the source of the product and follow-up with the WD who it was ordered from.
47.09	Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details, including the drug, circumstances, outcome, and identification of agencies to whom reported.*	No	
47.10	Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchases to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.*	Unknown	PIC did not know if this was completed. See question #47.05 above.
47.11	Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?	Yes	
48.00	Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who has the authority (Power of Attorney) to sign the DEA-222 forms?*	No	
49.00	Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?*	Yes	PIC and two other pharmacists.
50.00	Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.*	Yes	The pharmacy electronically receives and visually inspects the order - both a technician and a pharmacist sign-off.
51.00	Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?	Yes	Filed by month and by year in the pharmacy. Filed separately.
52.00	Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.*	Yes	
53.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity).*	No	
54.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc).*	Yes	Perpetual inventory in the software. And, reporting based on manual adjustments by any user. CII's are also kept in a binder and double-checked to the electronic records during every fill.
54.01	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.*	Yes	Report to upper management and then to the DEA.

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		Finding	Notes
55.00	Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?	Yes	
56.00	Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.*	Yes	The C2's are counted at every fill. Surveyor reviewed the perpetual inventory log and it is complete.
57.00	Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years).*	Yes	Annually in May. Last inventory on May 5, 2020, before the business day.
57.01	Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)?	N/A	
58.00	Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook.	Yes	Purchase and sell to employees of the pharmacy only. Manually recorded in a logbook.
58.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	No	
59.00	Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.*	Yes	For employee use only. Virtussin.
59.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	No	
60.00	Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?*	Yes	There is a monthly schedule to look for out-of-date products. It was current at the time of the inspection.
60.01	Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.*	Yes	
60.02	How often is active-stock examined for drugs past the expiration date?		Technicians are given assignments monthly and check for any type of outdates. Inmar comes quarterly and the entire pharmacy is checked before this pick-up.
61.00	Does the pharmacy **prepackage** bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?*	No	
62.00	Does the pharmacy **prepack** multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?*	No	
63.00	Does the pharmacy return to stock prescription drugs that were filled but never picked up?	Yes	
63.01	If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?	Yes	Return to stock happens every two weeks and the PHI is removed and reshelf with a current expiration date based upon what the current expiration date is for the product on the shelf.

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		Finding	Notes
	Prescription Processing **If any part of a question is no, enter "No" and explain the observation.**		
64.00	**Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?*	Yes	Pharmacy technician enters the patient profile data. Data can be updated by the clinical pharmacist during the refill phone call, or by another member of the staff, as appropriate.
64.01	If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?*	N/A	
65.00	**Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Staff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.*	Yes	
65.01	Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.*	Yes	There is a procedure for all prescriptions to verify, including: Is the doctor and patient local? Is there typical dosing, quantity, directions? A technician realized there was a photocopy of a doctor's signature. Follow-up with the prescriber to verify patient, prescription. The pharmacy has a strict policy that if the prescriber is not an Ascension prescriber, pharmacist discretion if it can be filled.
65.02	Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?*	Yes	For any new patient, especially for controlled substance, review PMP. If no patient and/or prescriber, would verify the existing relationship before it is filled.
65.03	Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.*	Yes	Both
65.04	If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations?	Yes	
66.00	**Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.*	Yes	The accuracy of the patient information is reviewed by the dispensing technician, and again by the dispensing pharmacist. The prescription information is reviewed and approved by the dispensing pharmacist.
67.00	**DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?*	Yes	DUR occurs when the patient first onboards with a clinical pharmacist interview.

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		Finding	Notes
67.01	Does the DUR include: • drug-drug interaction (Prescription and OTC), • drug-allergy interaction, • therapeutic duplication, • under- or over-utilization (including clinical abuse/misuse), • disease state or condition contraindication, • Incorrect dosage or duration of therapy, and • gender or age related contraindications. *Indicate if there are other parameters routinely included in the DUR.*	Yes	
67.02	In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.*	Yes	Before each refill, a clinical pharmacist calls the patient to discuss how the patient feels, if the patient has any questions and asks questions about compliance.
67.03	Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?	Yes	
67.04	Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.*	Yes	The software system has a tool that will ensure that when each state license is awarded, the software is updated to report to the state.
67.05	Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.*	Yes	The policy is that every new patient is screened and going forward and with an established, known prescriber, then it is not required for each fill. If additional CS are added, then recommended to re-verify.
67.06	Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.*	Yes	Override is documented in the software and only the pharmacist has the ability to DUR override. The DUR appears for the dispensing pharmacist to review before approving the prescription to package.
67.07	Is the DUR process performed electronically by the computer system? ***Identify integrated drug database used.***	Yes	Medispan
67.08	If the DUR is manual, is there a system to document: • How manual DUR is performed • Specific issues that were identified • Pharmacist that considered the identified issues and gave the okay to proceed	Yes	There is a clinical team that does all the specialty medication onboarding and there would be an extensive review of other medications, medical conditions, allergies, etc. The manual DUR is only during onboarding and then there is a subsequent electronic DUR during the dispensing process.
67.09	If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing manual DUR.*	N/A	
68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.*	Yes	Reviewed for accuracy by the dispensing pharmacist, after the prescription is filled by a technician. Documented in the software by badge.

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69.00	Are filled prescriptions appropriately labeled? *Describe.*	Yes	Prescription labels include all legally required information.
70.00	**Confidentiality**: Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used.*	Yes	Sign-in is password protected and can be logged in by badge. McKesson Enterprise is the processing software and Therigy is software the clinical team uses for patient monitoring.
70.01	Does the pharmacy destroy PHI including labeled prescription vials?	Yes	
71.00	**Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?	Yes	The pharmacy packs the prescriptions with specific directions and includes a temperature monitor in the package to ensure it maintained temperature during the shipment.
72.00	**Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.***	No	
72.01	If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.*	N/A	
72.02	If yes, is that location in a different state than this facility? *If so, explain.*	N/A	
72.03	If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?	N/A	
73.00	**Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.*	No	
73.01	Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
74.00	**Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc? *Note types and locations.*	No	
74.01	If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.*	N/A	
74.02	Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	

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		Finding	Notes
	Patient Counseling and Communication **If any part of a question is no, enter "No" and explain the observation.**		
75.00	Does the pharmacist provide counseling for all new prescriptions picked up at the pharmacy (proactively, no "offer")?	Yes	
75.01	Is an "offer" to counsel made for all new prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
76.00	Does the pharmacist provide counseling for all refilled prescriptions picked up at the pharmacy (proactively, no "offer")?	No	
76.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	Yes	The technician is usually at the counter to ring people up.
77.00	Does the pharmacist provide counseling for refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")?	Yes	
77.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer".*	N/A	
78.00	Is patient counseling provided for delivered prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	Each new patient is onboarded with a clinical pharmacist and counseled extensively. Based upon refill timing, the clinical staff will reach out again via phone and follow-up to find out how the patient is feeling, any barriers, compliance issues and determine if a refill should be sent.
79.00	Is patient counseling provided for mailed prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	See 78.00 above, all patients get a "touch base" refill phone call from a clinical pharmacist every time.
80.00	Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc)? *Describe how.*	Yes	Printed from the software system. If appropriate, medication information from the drug company goes with the prescription.
81.00	Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc)? *Describe how.*	Yes	Printed from the software system.
82.00	Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for isotretinoin, or Tikosyn).*	N/A	The pharmacy does not currently have any REMS medication.
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.*	Yes	In the software under the patient profile.

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Affiliated Health Services, Inc. dba Ascension Michigan Pharmacy
e-Profile ID: 782400
Inspection Date: 8/10/2020 (phone call) - 8/11/2020 (onsite)

		Finding	Notes
84.00	Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).*	Yes	After hours, there is an after hours phone tree and there is an option to be connected to an on-call pharmacist. Rotated among the staff for one week at a time, there is a phone that the on-call pharmacist carries and the lead clinical pharmacist also receives a page when a patient calls after-hours to ensure the patient is called back. The pharmacy strives to call patients back within 30 minutes.
85.00	Are processes in place to handle a drug recall?	Yes	Alerts from a subscription service and check to see if anything is what is on the shelf.
86.00	Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?	No	
86.01	Does the take-back program include controlled substances?	N/A	
86.01	Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.*	N/A	
	Quality Assurance/Quality Improvement Program **If any part of a question is no, enter "No" and explain the observation.**		
87.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.*	Yes	Stephanie Dunseith-Zimny - Lead Clinical Pharmacist
87.01	Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.*	Yes	Electronically kept
87.02	"Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to): 1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions; 2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse. 3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.	Yes	

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Facility Name: Affiliated Health Services, Inc. dba Ascension Michigan Pharmacy
e-Profile ID: 782400
Inspection Date: 8/10/2020 (phone call) - 8/11/2020 (onsite)

		Finding	Notes
87.03	There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.*	Yes	
88.00	**Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.*	Yes	Near misses are kept internally in the pharmacy. Anything that gets to the patient will be kept by Ascension corporate. QRE is reported within 24 hours of being brought to the attention of the PIC. Only the PIC can report to the corporate wide website. Documentation is electronic.
88.01	Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.	Yes	
88.02	Documentation includes documenting the type of QRE details and how/who discovered the QRE.	Yes	
88.03	Documentation incudes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time.	Yes	
88.04	Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient.	Yes	
89.00	**QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc).*	Yes	Quarterly report. There is a quality control person (from corporate) who helps with process improvement, or change the work flow process.
89.01	The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients.	Yes	
89.02	For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients.	Yes	
90.00	**Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.	Yes	Completed quarterly
90.01	The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.	Yes	
90.02	Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.	Yes	

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The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
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Facility Name: Affiliated Health Services, Inc. dba Ascension Michigan Pharmacy
e-Profile ID: 782400
Inspection Date: 8/10/2020 (phone call) - 8/11/2020 (onsite)

		Finding	Notes
91.00	**Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.*	Unknown	
91.01	Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc?	Yes	
91.02	Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc) are documented and reported to the manufacturer or distributor.	Yes	
92.00	**Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.	Yes	
93.00	**Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time.	Yes	Surveys are completed approximately every 60 days.
94.00	**Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.	Yes	

Acronym	Definition
ACD	Automated Compounding Device
ACOEM	American College of Occupational and Environmental Medicine
ACPH	Air Changes Per Hour
ADA	Americans with Disabilities Act
ADR	Adverse Drug Reaction
ALARA	As Low As Reasonably Achievable
API	Active Pharmaceutical Ingredient
ASHP	American Society of Health-System Pharmacists
ASTM	American Society for Testing and Materials
AU	Authorized User
BOP	Board of Pharmacy
BSC	Biological Safety Cabinet
BUD	Beyond Use Date
CACI	Compounding Aseptic Containment Isolator
CAI	Compounding Aseptic Isolator
CDC	Center for Disease Control and Prevention
CETA	Controlled Environment Testing Association
CFR	Code of Federal Regulations
CFU	Colony-forming unit
CLIA	Clinical Laboratory Improvement Amendment
COA	Certificate of Analysis
C-PEC	Containment Primary Engineering Control
CQI	Continuous Quality Improvement
CS	Controlled substance
C-SCA	Containment Segregated Compounding Area
C-SEC	Containment Secondary Engineering Control
CSOS	Controlled Substance Ordering System
CSP	Compounded Sterile Preparation
CSTD	Closed-System drug-Transfer Device
CVE	Containment Ventilated Enclosure
DBA	Doing business as
DCA	Direct Compounding Area
DEA	Drug Enforcement Administration
DME	Durable medical equipment
DOT	Department of Transportation
DUR	Drug Utilization Review

EMT	Emergency medical technician
EPA	Environmental Protection Agency
FCC	Food Chemicals Codex
FDA	Food and Drug Administration
GHS	Globally Harmonized System (of classification and labeling of chemicals)
HazMat	Hazardous Materials
HCS	Hazardous Communication Standard
HD	Hazardous Drug
HEPA	High Efficiency Particulate Air (filter)
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health maintenance organization
IPA	Isopropyl Alcohol
IV	Intravenous
LAFW	Laminar Air Flow Workbench
LOD	Line of Demarcation
MSDS	Material Safety Data Sheet
MTM	Medication Therapy Management
NF	National Formulary
NIOSH	National Institute for Occupational Safety and Health
NRC	Nuclear Regulatory Commission
NSAID	Non-steroidal anti-inflammatory drug
NVLAP	National Voluntary Laboratory Accreditation Program
OIG	Office of the Inspector General
ONS	Oncology Nursing Society
OSHA	Occupational Safety and Health Administration
OTC	Over-the-Counter
P&P	Policies and Procedures
PBM	Pharmacy benefits manager
PDMP	Prescription drug monitoring program
PEC	Primary Engineering Control
PHI	Protected Health Information
PIC	Pharmacist-in-charge
PMP	Prescription Monitoring Program
PPE	Personal Protective Equipment
PPI	Patient Package Insert
QA	Quality Assurance
QI	Quality Improvement

QRE	Quality Related Event
RAM	Radioactive Material
RCRA	Resource Conservation and Recovery Act
REMS	Risk evaluation mitigation strategy
RSO	Radiation Safety Officer
Rx	Prescription
SDS	Safety Data Sheet (formerly MSDS – Material Safety Data Sheet)
SOP	Standard Operating Procedure
ULPA	Ultra Low Particulate Air (filter)
USP	United States Pharmacopeia
VAERS	Vaccine Adverse Event Reporting System
VFC	Vaccines for Children Program
WD	Wholesale distributor

Term	Definition
Dispense/dispensing	Pursuant to a patient specific prescription, labeled with patient name at the pharmacy
Distribute/distributing	Delivered/sent to a practitioner or health care facility for office use or further dispensing, no prescription, not labeled with a patient name at the pharmacy.
Type of Practice: Central Fill/Processing/ Shared Services	Where part of the prescription processing and dispensing process occurs at another location
Type of Practice: Closed Door	Such as a mail order facility, prescriptions cannot be picked up at the facility, all are sent
Type of Practice: HMO/PBM only	Limited to only the beneficiaries of the specific insurance program - no cash patients
Type of Practice: Institutional	Such as a hospital or jail
Type of Practice: Internet Pharmacy	Pharmacy advertises on the internet, patients fill/refill prescriptions and revise patient profile information on-line.
Type of Practice: Investigational Drugs, Clinical Trials or Research	Approved to handle investigational drugs
Type of Practice: Long Term Care	Nursing Home pharmacy
Type of Practice: Manufacturer	Registered with the FDA as a manufacturer
Type of Practice: Open to the Public	Patients are able to come into the pharmacy to pick up filled prescriptions and interact with a pharmacist
Type of Practice: Outsourcing Facility	Registered with the FDA as an Outsourcing Facility
Type of Practice: Provides Office Use	Distributes prescription and/or compounded preparations to providers for administration or resale. No prescription, not labeled with a patient name by the pharmacy.
Type of Practice: Specialty Pharmacy	Business is primarily with specialty drugs and works with specific disease states
Type of Practice: Telepharmacy	Pharmacy oversees a remote location staffed by a technician supervised via audio/visual system by a pharmacist at this facility.
Type of Practice: Traditional retail	Also known as Community Pharmacy.
Type of Practice: Veterinary Pharmacy	Pharmacy business is primarily or exclusively for animals.
Type of Practice: Wholesale Distributor	Pharmacy is licensed or registered as a wholesale distributor

Ascension

Danielle Clemons <danielle.clemons@ascension.org>

[EXTERNAL] Order Confirmation - 1369710

1 message

KSA@keysourceusa.com <KSA@keysourceusa.com> Mon, Aug 10, 2020 at 4:20 PM
To: Danielle.clemons@ascension.org, ACrawford@keysourceusa.com
Cc: DHoffman@keysourceusa.com

Order Number: 1369710
Customer Number: 01-0012717

Ascension Michigan Pharmacy,

Keysource has received your Internet order. The sales order 1369710 is in the sales queue. The estimated amount is $111.54.

Another email with your shipping information will be sent upon shipment of order

The order will be shipped to:
Ascension Michigan Pharmacy
30055 NORTHWESTERN HWY Suite 225
Farmington, MI 48334

Thank you for your business.

Ascension

Danielle Clemons <danielle.clemons@ascension.org>

[EXTERNAL] KeySource Receipt

1 message

KeySource <ksa@keysourceusa.com> Mon, Aug 10, 2020 at 4:17 PM
To: "danielle.clemons@ascension.org" <danielle.clemons@ascension.org>

KeySource Order Confirmation

*** PLEASE PRINT THIS ORDER CONFIRMATION AND RETAIN IT FOR FUTURE REFERENCE ***

Customer ID 010012717
Salesperson: Andy Crawford
Order Date 8/10/2020 4:17:51 PM

Bill To:

Ascension Michigan Pharmacy
Attn Kim Kasinec
28000 Dequindre
Warren, MI 48092
USA
(586) 276-8040
danielle.clemons@ascension.org

Ship To:

Ascension Michigan Pharmacy
30055 NORTHWESTERN HWY
Suite 225
Farmington, MI 48334
USA
(248) 865-3770

Order Date:	8/10/2020 4:17:51 PM	**Locale/Currency:**	en-US / USD
Payment Method:	PURCHASEORDER	**PO Number:**	

SKU:	NDC:	Product	Quantity	Price	Ext. Price
129631	70710-1167-01	Atenolol Chlorthalidone 50/25-v1	1	$27.42	$27.42
111008	16729-0322-15	Olmesartan Medoxomil 40mg Tabs-v1	2	$6.99	$13.98
131652	70069-0051-01	Dorzolamide-Timolol Ophth Soln-v1	1	$16.63	$16.63
130340	67877-0223-05	Gabapentin 300mg Caps-v1	1	$17.97	$17.97
122845	60219-1076-01	Azathioprine 50mg Tabs-v1	2	$17.77	$35.54

Order Notes:
None

SubTotal:	$111.54
Shipping:	FREE SHIPPING
Tax:	$0.00
Total:	$111.54

Ascension

Danielle Clemons <danielle.clemons@ascension.org>

[EXTERNAL] UPS Ship Notification, Tracking Number 1ZE439400194417072

1 message

UPS Quantum View <pkginfo@ups.com>
To: Danielle.clemons@ascension.org

Mon, Aug 10, 2020 at 4:54 PM

You have a package coming.

Scheduled Delivery Date: Tuesday, 08/11/2020

This message was sent to you at the request of KeySource Acquisition, LLC to notify you that the shipment information below has been transmitted to UPS. The physical package may or may not have actually been tendered to UPS for shipment. To verify the actual transit status of your shipment, click on the tracking link below.

Shipment Details

From:	KEYSOURCE ACQUISTION,LLC
Tracking Number:	**1ZE439400194417072**
Ship To:	Saint John Specialty Pharmacy Ascension Michigan Pharmacy 30055 NORTHWESTERN HWY Suite 225 Farmington, MI 48334 US
UPS Service:	UPS NEXT DAY AIR
Number of Packages:	1
Scheduled Delivery:	08/11/2020
Weight:	1.7 LBS
Purchase Order Number:	P00130000032865
Invoice Number:	1306800

IMPORTANT UPDATES
How we're responding to Coronavirus
Learn More

KeySource™

INVOICE

INVOICE NUMBER: 1305702-IN
INVOICE DATE: 8/7/2020
Page: 1

Toll Free: (800) 842-5991
Fax #: (513) 469-7886
E-Mail: care@keysourceusa.com
Website: www.keysourceusa.com
Florida ID#: 232588

Remit To:
KeySource Acquisition, LLC
(dba KeySource)
PO Box 953
Middletown, Ohio 45044-0953
DEA: RK0523818

SOLD TO:
Ascension Michigan Pharmacy
Attn Kim Kasinec
28000 Dequindre
Warren, MI 48092

SHIP TO:
Ascension Michigan Pharmacy
30055 NORTHWESTERN HWY
Suite 225
Farmington, MI 48334

Customer #:	Labels	Customer DEA#	Customer St Brd #	Customer P.O.	Ship Via	Payment Terms
01-0012717	Y	BA7038955	5301007247	P00130000032865	UPS NEXT DAY	Net 30 Days
Sales Rep #	**CT**	**Sales Order #**	**INVOICE #**	**CII Form #**	**Ship Date**	**Due Date**
0484	3	1368567	**1305702-IN**		8/7/2020	**9/6/2020**

Qty Ord	Qty Ship	Item #	Size	Description	NDC	Unit Price	Extension
1	1	121815	90	Diltiazem ER 360mg Caps (T)	68682-0371-90	29.50	29.50
4	4	132271	100	Methotrexate 2.5mg Tabs	59651-0182-01	18.97	75.88

Competitive Price Match

DC
8.10.2020

PRIOR CREDIT APPLIED:	0.00
FREIGHT:	0.00
INVOICE TOTAL:	105.38

PLEASE PAY FROM THIS INVOICE

Shipped From: Keysource USA, 7820 Palace Drive, Cincinnati, Ohio 45249

FOR ALL PRODUCTS ON THIS INVOICE: THIS WHOLESALE DISTRIBUTOR PURCHASED THE SPECIFIC UNIT OF THE PRESCRIPTION DRUG DIRECTLY FROM THE MANUFACTURER. SELLER HAS COMPLIED WITH EACH APPLICABLE SUBSECTION OF FDCA Sec. 581(27) (A)-(G) RETURNS: ONLY UNMARKED, UNOPENED PRODUCT PURCHASED FROM KEYSOURCE WITHIN 30 DAYS FROM THE INVOICE DATE, ACCOMPANIED BY A RETURN MERCHANDISE AUTHORIZATION (RMA), MAY BE RETURNED, SUBJECT TO A 15% RESTOCKING FEE (MINIMUM $30.00). EXCEPTIONS MAY APPLY. KEYSOURCE WILL NOT ACCEPT RETURNS FOR ANY ITEMS SOLD AS NON-RETURNABLE, INCLUDING BUT NOT LIMITED TO: SCHEDULE II CONTROLS, REFRIGERATED ITEMS, NEW TO MARKET GENERICS AND SHORT-DATED/CLOSEOUT PRODUCTS. SHIPPING ERRORS OR DAMAGED GOODS MUST BE REPORTED TO CUSTOMER CARE (800-842-5991) WITHIN 24 HOURS AND ACKNOWLEDGED BY KEYSOURCE WITHIN TWO (2) BUSINESS DAYS OF RECEIPT OF SHIPMENT. ANY PRODUCTS RETURNED WITHOUT AN RMA SHALL BE DESTROYED AND NO CREDIT SHALL BE ISSUED. FOR TRAINING PURPOSES, KEYSOURCE CAN MONITOR/RECORD CALLS. YOU MAY BE OBLIGATED TO REPORT ANY DISCOUNTS OR REBATES EARNED TO STATE OR FEDERAL REIMBURSEMENT PROGRAMS.
A FINANCE CHARGE OF 1.5% PER MONTH WILL BE ADDED TO ALL BALANCES NOT PAID BY THE DUE DATE

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INVOICE NUMBER: 1304391-IN
INVOICE DATE: 8/6/2020
Page: 1

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Fax #: (513) 469-7886
E-Mail: care@keysourceusa.com
Website: www.keysourceusa.com
Florida ID#: 232588

Remit To:
KeySource Acquisition, LLC
(dba KeySource)
PO Box 953
Middletown, Ohio 45044-0953
DEA: RK0523818

8.7.20
AL

SOLD TO:
Ascension Michigan Pharmacy
Attn Kim Kasinec
28000 Dequindre
Warren, MI 48092

SHIP TO:
Ascension Michigan Pharmacy
30055 NORTHWESTERN HWY
Suite 225
Farmington, MI 48334

Customer #:	Labels	Customer DEA#	Customer St Brd #	Customer P.O.	Ship Via	Payment Terms
01-0012717	Y	BA7038955	5301007247	P00130000032865	UPS NEXT DAY	Net 30 Days
Sales Rep #	**CT**	**Sales Order #**	**INVOICE #**	**CII Form #**	**Ship Date**	**Due Date**
0484	1	1367135	**1304391-IN**		8/6/2020	9/5/2020

Qty Ord	Qty Ship	Item #	Size	Description	NDC	Unit Price	Extension
2	2	132410	30	Deferasirox 90mg Tabs	70700-0269-30	18.64	37.28

Competitive Price Match

PRIOR CREDIT APPLIED:	0.00
FREIGHT:	0.00
INVOICE TOTAL:	37.28

PLEASE PAY FROM THIS INVOICE

Shipped From: Keysource USA, 7820 Palace Drive, Cincinnati, Ohio 45249

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INVOICE

INVOICE NUMBER: 1304256-IN
INVOICE DATE: 8/6/2020
Page: 1

Toll Free: (800) 842-5991
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E-Mail: care@keysourceusa.com
Website: www.keysourceusa.com
Florida ID#: 232588

Remit To:
KeySource Acquisition, LLC
(dba KeySource)
PO Box 953
Middletown, Ohio 45044-0953
DEA: RK0523818

87.20
CH

SOLD TO:
Ascension Michigan Pharmacy
Attn Kim Kasinec
28000 Dequindre
Warren, MI 48092

SHIP TO:
Ascension Michigan Pharmacy
30055 NORTHWESTERN HWY
Suite 225
Farmington, MI 48334

Customer #:	Labels	Customer DEA#	Customer St Brd #	Customer P.O.	Ship Via	Payment Terms
01-0012717	Y	BA7038955	5301007247	P00130000032865	UPS NEXT DAY	Net 30 Days
Sales Rep #	**CT**	**Sales Order #**	**INVOICE #**	**CII Form #**	**Ship Date**	**Due Date**
0484	9	1366830	**1304256-IN**		8/6/2020	**9/5/2020**

Qty Ord	Qty Ship	Item #	Size	Description	NDC	Unit Price	Extension
10	10	132383	100	Azathioprine 50mg Tabs	67877-0493-01	15.66	156.60
1	1	114299	500	Mycophenolate Mof 250mg Caps	16729-0094-16	45.18	45.18
1	1	114301	500	Mycophenolate Mof 500mg Tabs	16729-0019-16	73.97	73.97
3	3	122762	120	Mycophenolic Acid DR 180mg Tab	16729-0261-29	55.29	165.87
3	3	125526	30	Paricalcitol 1mcg SG Caps	69452-0145-13	24.01	72.03

Competitive Price Match

PRIOR CREDIT APPLIED:	0.00
FREIGHT:	0.00
INVOICE TOTAL:	513.65

PLEASE PAY FROM THIS INVOICE

Shipped From: Keysource USA, 7820 Palace Drive, Cincinnati, Ohio 45249

FOR ALL PRODUCTS ON THIS INVOICE: THIS WHOLESALE DISTRIBUTOR PURCHASED THE SPECIFIC UNIT OF THE PRESCRIPTION DRUG DIRECTLY FROM THE MANUFACTURER. SELLER HAS COMPLIED WITH EACH APPLICABLE SUBSECTION OF FDCA Sec. 581(27) (A)-(G) RETURNS: ONLY UNMARKED, UNOPENED PRODUCT PURCHASED FROM KEYSOURCE WITHIN 30 DAYS FROM THE INVOICE DATE, ACCOMPANIED BY A RETURN MERCHANDISE AUTHORIZATION (RMA), MAY BE RETURNED, SUBJECT TO A 15% RESTOCKING FEE (MINIMUM $30.00). EXCEPTIONS MAY APPLY. KEYSOURCE WILL NOT ACCEPT RETURNS FOR ANY ITEMS SOLD AS NON-RETURNABLE, INCLUDING BUT NOT LIMITED TO: SCHEDULE II CONTROLS, REFRIGERATED ITEMS, NEW TO MARKET GENERICS AND SHORT-DATED/CLOSEOUT PRODUCTS. SHIPPING ERRORS OR DAMAGED GOODS MUST BE REPORTED TO CUSTOMER CARE (800-842-5991) WITHIN 24 HOURS AND ACKNOWLEDGED BY KEYSOURCE WITHIN TWO (2) BUSINESS DAYS OF RECEIPT OF SHIPMENT. ANY PRODUCTS RETURNED WITHOUT AN RMA SHALL BE DESTROYED AND NO CREDIT SHALL BE ISSUED. FOR TRAINING PURPOSES, KEYSOURCE CAN MONITOR/RECORD CALLS. YOU MAY BE OBLIGATED TO REPORT ANY DISCOUNTS OR REBATES EARNED TO STATE OR FEDERAL REIMBURSEMENT PROGRAMS.

A FINANCE CHARGE OF 1.5% PER MONTH WILL BE ADDED TO ALL BALANCES NOT PAID BY THE DUE DATE

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INVOICE

INVOICE NUMBER: 1300257-IN
INVOICE DATE: 8/3/2020
Page: 1

Toll Free: (800) 842-5991
Fax #: (513) 469-7886
E-Mail: care@keysourceusa.com
Website: www.keysourceusa.com
Florida ID#: 232588

Remit To:
KeySource Acquisition, LLC
(dba KeySource)
PO Box 953
Middletown, Ohio 45044-0953
DEA: RK0523818

SOLD TO:
Ascension Michigan Pharmacy
Attn Kim Kasinec
28000 Dequindre
Warren, MI 48092

SHIP TO:
Ascension Michigan Pharmacy
30055 NORTHWESTERN HWY
Suite 225
Farmington, MI 48334

Customer #:	Labels	Customer DEA#	Customer St Brd #	Customer P.O.	Ship Via	Payment Terms
01-0012717	Y	BA7038955	5301007247	P00130000032865	UPS N D SAVEI	Net 30 Days
Sales Rep #	**CT**	**Sales Order #**	**INVOICE #**	**CII Form #**	**Ship Date**	**Due Date**
0484	1	1361504	1300257-IN		7/31/2020	9/2/2020

Qty Ord	Qty Ship	Item #	Size	Description	NDC	Unit Price	Extension
2	2	113051	12X1ml	Glatopa 40mg/ml Syringe AR	00781-3250-89	1,448.88	2,897.76

8.4.20

Competitive Price Match

PRIOR CREDIT APPLIED:	0.00
FREIGHT:	0.00
INVOICE TOTAL:	2,897.76

PLEASE PAY FROM THIS INVOICE

Shipped From: Keysource USA, 7820 Palace Drive, Cincinnati, Ohio 45249

FOR ALL PRODUCTS ON THIS INVOICE: THIS WHOLESALE DISTRIBUTOR PURCHASED THE SPECIFIC UNIT OF THE PRESCRIPTION DRUG DIRECTLY FROM THE MANUFACTURER. SELLER HAS COMPLIED WITH EACH APPLICABLE SUBSECTION OF FDCA Sec. 581(27) (A)-(G) RETURNS: ONLY UNMARKED, UNOPENED PRODUCT PURCHASED FROM KEYSOURCE WITHIN 30 DAYS FROM THE INVOICE DATE, ACCOMPANIED BY A RETURN MERCHANDISE AUTHORIZATION (RMA), MAY BE RETURNED, SUBJECT TO A 15% RESTOCKING FEE (MINIMUM $30.00). EXCEPTIONS MAY APPLY. KEYSOURCE WILL NOT ACCEPT RETURNS FOR ANY ITEMS SOLD AS NON-RETURNABLE, INCLUDING BUT NOT LIMITED TO: SCHEDULE II CONTROLS, REFRIGERATED ITEMS, NEW TO MARKET GENERICS AND SHORT-DATED/CLOSEOUT PRODUCTS. SHIPPING ERRORS OR DAMAGED GOODS MUST BE REPORTED TO CUSTOMER CARE (800-842-5991) WITHIN 24 HOURS AND ACKNOWLEDGED BY KEYSOURCE WITHIN TWO (2) BUSINESS DAYS OF RECEIPT OF SHIPMENT. ANY PRODUCTS RETURNED WITHOUT AN RMA SHALL BE DESTROYED AND NO CREDIT SHALL BE ISSUED. FOR TRAINING PURPOSES, KEYSOURCE CAN MONITOR/RECORD CALLS. YOU MAY BE OBLIGATED TO REPORT ANY DISCOUNTS OR REBATES EARNED TO STATE OR FEDERAL REIMBURSEMENT PROGRAMS.
A FINANCE CHARGE OF 1.5% PER MONTH WILL BE ADDED TO ALL BALANCES NOT PAID BY THE DUE DATE

THANK YOU. WE APPRECIATE YOUR BUSINESS

KeySource™

INVOICE

INVOICE NUMBER: 1298924-IN
INVOICE DATE: 7/31/2020
Page: 1

Toll Free: (800) 842-5991
Fax #: (513) 469-7886
E-Mail: care@keysourceusa.com
Website: www.keysourceusa.com
Florida ID#: 232588

Remit To:
KeySource Acquisition, LLC
(dba KeySource)
PO Box 953
Middletown, Ohio 45044-0953
DEA: RK0523818

SOLD TO:
Ascension Michigan Pharmacy
Attn Kim Kasinec
28000 Dequindre
Warren, MI 48092

SHIP TO:
Ascension Michigan Pharmacy
30055 NORTHWESTERN HWY
Suite 225
Farmington, MI 48334

Customer #:	Labels	Customer DEA#	Customer St Brd #	Customer P.O.	Ship Via	Payment Terms
01-0012717	Y	BA7038955	5301007247	P00130000032865	UPS NEXT DAY	Net 30 Days
Sales Rep #	**CT**	**Sales Order #**	**INVOICE #**	**CII Form #**	**Ship Date**	**Due Date**
0484	5	1361638	1298924-IN		7/31/2020	8/30/2020

Qty Ord	Qty Ship	Item #	Size	Description	NDC	Unit Price	Extension
1	1	127560	90	Candesartan Cilexetil 16mg Tab	33342-0116-10	52.34	52.34
1	1	129072	100	Cyproheptadine HCl 4mg Tabs	64380-0795-06	7.05	7.05
1	1	114299	500	Mycophenolate Mof 250mg Caps	16729-0094-16	45.18	45.18
1	1	115452	30	Ondansetron ODT 4mg Tabs UD	65862-0390-10	3.36	3.36
1	1	117320	90	Rosuvastatin Calcium 40mg Tabs	57237-0171-90	9.49	9.49
2	2	114856	90	Simvastatin 20mg Tabs	16729-0005-15	2.48	4.96
2	2	114858	90	Simvastatin 40mg Tabs	16729-0006-15	3.81	7.62
Competitive Price Match							

PRIOR CREDIT APPLIED:	0.00
FREIGHT:	0.00
INVOICE TOTAL:	130.00

PLEASE PAY FROM THIS INVOICE

Shipped From: Keysource USA, 7820 Palace Drive, Cincinnati, Ohio 45249

FOR ALL PRODUCTS ON THIS INVOICE: THIS WHOLESALE DISTRIBUTOR PURCHASED THE SPECIFIC UNIT OF THE PRESCRIPTION DRUG DIRECTLY FROM THE MANUFACTURER. SELLER HAS COMPLIED WITH EACH APPLICABLE SUBSECTION OF FDCA Sec. 581(27) (A)-(G) RETURNS: ONLY UNMARKED, UNOPENED PRODUCT PURCHASED FROM KEYSOURCE WITHIN 30 DAYS FROM THE INVOICE DATE, ACCOMPANIED BY A RETURN MERCHANDISE AUTHORIZATION (RMA), MAY BE RETURNED, SUBJECT TO A 15% RESTOCKING FEE (MINIMUM $30.00). EXCEPTIONS MAY APPLY. KEYSOURCE WILL NOT ACCEPT RETURNS FOR ANY ITEMS SOLD AS NON-RETURNABLE, INCLUDING BUT NOT LIMITED TO: SCHEDULE II CONTROLS, REFRIGERATED ITEMS, NEW TO MARKET GENERICS AND SHORT-DATED/CLOSEOUT PRODUCTS. SHIPPING ERRORS OR DAMAGED GOODS MUST BE REPORTED TO CUSTOMER CARE (800-842-5991) WITHIN 24 HOURS AND ACKNOWLEDGED BY KEYSOURCE WITHIN TWO (2) BUSINESS DAYS OF RECEIPT OF SHIPMENT. ANY PRODUCTS RETURNED WITHOUT AN RMA SHALL BE DESTROYED AND NO CREDIT SHALL BE ISSUED. FOR TRAINING PURPOSES, KEYSOURCE CAN MONITOR/RECORD CALLS. YOU MAY BE OBLIGATED TO REPORT ANY DISCOUNTS OR REBATES EARNED TO STATE OR FEDERAL REIMBURSEMENT PROGRAMS.
A FINANCE CHARGE OF 1.5% PER MONTH WILL BE ADDED TO ALL BALANCES NOT PAID BY THE DUE DATE

THANK YOU. WE APPRECIATE YOUR BUSINESS

CardinalHealth

CARDINAL HEALTH 108, LLC.
DBA CARDINAL HEALTH
233 MASON ROAD
LAVERGNE, TN 37086
(866) 476-1340

PAY ONLINE AT:
SPECIALTYONLINE.CARDINALHEALTH.COM

REMIT TO:
CARDINAL HEALTH 108, LLC.
14265 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693

INVOICE

INVOICE NUMBER	2178126
ORDER DATE	08-07-20
INVOICE DATE	08-07-20
INVOICE DUE DATE	09-06-20
AMOUNT DUE	$1,966.38

BILL TO: ASCENSION HLTH MINISTRY SERVIC
VENDOR INVOICES
PO BOX 33902
INDIANAPOLIS, IN 46203

SHIP TO:
ASCENSION MICHIGAN PHARMACY
30055 NORTHWESTERN HWY STE 225
FARMINGTON HILLS, MI 48334

PAYMENT TERMS	30 DAYS FROM INVOICE		
ORDER NUMBER	2178344	SALESPERSON	818
DEA	BA7038955	STATE REG	5301007247
BILL TO	614440	SHIP TO	625097

CUSTOMER PO	P00130000027554				ORIGINAL ORDER#	132242579	
QUANTITY ORDERED	QUANTITY SHIPPED	QUANTITY BACK ORDERED	ITEM NUMBER	UNIT OF MEASURE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1	1	0	564424	EA	TYMLOS 2MG/ML 1.56ML 30DS SPD NDC: 70539000102 LOT: RT01101 EXP: 12-31-22	1,966.38	1,966.38

SUBTOTAL	$1,966.38
TOTAL TAX	$.00
AMOUNT DUE	$1,966.38

CUSTOMER DOES NOT AND WILL NOT REDISTRIBUTE PRESCRIPTION PHARMACEUTICAL PRODUCTS PURCHASED FROM CARDINAL INTO THE SECONDARY MARKET. THIS SALE IS SUBJECT TO THE TERMS AND CONDITIONS OF SALE ON THE LAST PAGE OF THIS INVOICE ("TERMS OF SALE"). YOU MAY BE OBLIGATED TO REPORT THE NET PRICE PAID FOR PRODUCTS AFTER DISCOUNTS AND REBATES-PLEASE REVIEW THE "MEDICARE/MEDICAID DISCLOSURE" IN THE TERMS OF SALE. ANY INVOICE NOT PAID WITHIN THE STATED TERMS WILL BEAR INTEREST AT THE RATE OF 1.5% PER MONTH (OR PORTION THEREOF) UNTIL PAID IN FULL. INVOICE WILL BE CONSIDERED AS PAID ONLY FOLLOWING CARDINAL HEALTH SPD'S ACTUAL RECEIPT OF SUCH PAYMENT.

NEW ADDRESS FOR PAYMENTS TO CARDINAL HEALTH SPD:
CARDINAL HEALTH 108, LLC
14265 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693

DSCSA Transaction Data for qualified prescription drugs can be accessed via your usual ordering platform such as Specialty Online or Specialty Solutions, or at CardinalHealth.com/trace.

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SPECIALTY PHARMACEUTICAL DIST.
233 MASON ROAD
LAVERGNE, TN 37086
(866) 476-1340

Bill To: 614440
ASCENSION HLTH MINISTRY SERVIC
VENDOR INVOICES
PO BOX 33902
INDIANAPOLIS, IN 46203

Ship To: 625097
ASCENSION MICHIGAN PHARMACY
30055 NORTHWESTERN HWY STE 225
FARMINGTON HILLS, MI 48334

State: 480
DEA#: RC0568800
Ship Warehouse: 25
Shipped Via: FEDEX-C PO NEXT DAY 10:30 AM

Reference: 906148434

State Reg #: 5301007247
DEA#: BA7038955
Primary Warehouse: 30
Shipped Date: 08-07-20

Customer PO: P00130000027554 | Original Order#: 132242579

Item	Description	NDC / Mfg Cat #	UOM	Qty Ord	Ctn Qty	Invoice Details	Order Details
564424 0	TYMLOS 2MG/ML 1.56ML 30DS SPD Lot: RT01101 RADIUS HEALTH INC SPD Exp: 12-31-22	70539000102 000000	EA	1	1	2178126 08-07-20	2178344 08-07-20

NEW ADDRESS FOR PAYMENTS TO CARDINAL HEALTH SPD:
CARDINAL HEALTH 108, LLC
14265 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693

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SPECIALTY PHARMACEUTICAL DIST.
233 MASON ROAD
LAVERGNE, TN 37086
(866) 476-1340

Bill To: 614440
ASCENSION HLTH MINISTRY SERVIC
VENDOR INVOICES
PO BOX 33902
INDIANAPOLIS, IN 46203

Ship To: 625097
ASCENSION MICHIGAN PHARMACY
30055 NORTHWESTERN HWY STE 225
FARMINGTON HILLS, MI 48334

State: 480
DEA#: RC0568800
Ship Warehouse: 25
Shipped Via: FEDEX-C PO NEXT DAY 10:30 AM

Reference: 906390650

State Reg #: 5301007247
DEA#: BA7038955
Primary Warehouse: 30
Shipped Date: 07-27-20

Customer PO: P00130000027554
Original Order#: 131733017

Item	Description	NDC / Mfg Cat #	UOM	Qty Ord	Ctn Qty	Invoice Details	Order Details
538700 6	BENLYSTA200MGML4X1ML A-INJ SPDLot: DM4K GLAXO SMITHKLINE 3 SPD Exp: 06-30-22	49401008835 000000	CN	2	2	2146549 07-27-20	2146627 07-27-20

NEW ADDRESS FOR PAYMENTS TO CARDINAL HEALTH SPD:
CARDINAL HEALTH 108, LLC
14265 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693

Urgent: Class II recall notice: CSL BEHRING INC SPD.
Recall number: 1025347. This message is to inform you that there has been a recall issued by the above manufacturer.
If you purchased any of the affected product from us, written notification has been sent to you via fax, email, or United States Postal Service.
Please call your customer service department at 1-866-677-4844 for further details.
DSCSA Transaction Data for qualified prescription drugs can be accessed via your usual ordering platform such as Specialty Online or Specialty Solutions, or at CardinalHealth.com/trace.

7 28 20

CardinalHealth

CARDINAL HEALTH 108, LLC.
DBA CARDINAL HEALTH
233 MASON ROAD
LAVERGNE, TN 37086
(866) 476-1340

PAY ONLINE AT:
SPECIALTYONLINE.CARDINALHEALTH.COM

REMIT TO:
CARDINAL HEALTH 108, LLC.
14265 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693

INVOICE

INVOICE NUMBER	2146549
ORDER DATE	07-27-20
INVOICE DATE	07-27-20
INVOICE DUE DATE	08-26-20
AMOUNT DUE	$7,586.90

BILL TO: ASCENSION HLTH MINISTRY SERVIC
VENDOR INVOICES
PO BOX 33902
INDIANAPOLIS, IN 46203

SHIP TO:
ASCENSION MICHIGAN PHARMACY
30055 NORTHWESTERN HWY STE 225
FARMINGTON HILLS, MI 48334

PAYMENT TERMS	30 DAYS FROM INVOICE		
ORDER NUMBER	2146627	SALESPERSON	818
DEA	BA7038955	STATE REG	5301007247
BILL TO	614440	SHIP TO	625097

CUSTOMER PO	P00130000027554				ORIGINAL ORDER#	131733017	
QUANTITY ORDERED	QUANTITY SHIPPED	QUANTITY BACK ORDERED	ITEM NUMBER	UNIT OF MEASURE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
2	2	0	538700	CN	BENLYSTA200MGML4X1ML A-INJ SPD NDC: 49401008835 LOT: DM4K EXP: 06-30-22	3,793.45	7,586.90

SUBTOTAL	$7,586.90
TOTAL TAX	$.00
AMOUNT DUE	$7,586.90

CUSTOMER DOES NOT AND WILL NOT REDISTRIBUTE PRESCRIPTION PHARMACETICAL PRODUCTS PURCHASED FROM CARDINAL INTO THE SECONDARY MARKET. THIS SALE IS SUBJECT TO THE TERMS AND CONDITIONS OF SALE ON THE LAST PAGE OF THIS INVOICE ("TERMS OF SALE"). YOU MAY BE OBLIGATED TO REPORT THE NET PRICE PAID FOR PRODUCTS AFTER DISCOUNTS AND REBATES-PLEASE REVIEW THE "MEDICARE/MEDICAID DISCLOSURE" IN THE TERMS OF SALE. ANY INVOICE NOT PAID WITHIN THE STATED TERMS WILL BEAR INTEREST AT THE RATE OF 1.5% PER MONTH (OR PORTION THEREOF) UNTIL PAID IN FULL. INVOICE WILL BE CONSIDERED AS PAID ONLY FOLLOWING CARDINAL HEALTH SPD'S ACTUAL RECEIPT OF SUCH PAYMENT.

NEW ADDRESS FOR PAYMENTS TO CARDINAL HEALTH SPD:
CARDINAL HEALTH 108, LLC
14265 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693

DSCSA Transaction Data for qualified prescription drugs can be accessed via your usual ordering platform such as Specialty Online or Specialty Solutions, or at CardinalHealth.com/trace.

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SPECIALTY PHARMACEUTICAL DIST.
233 MASON ROAD
LAVERGNE, TN 37086
(866) 476-1340

Bill To: 614440
ASCENSION HLTH MINISTRY SERVIC
VENDOR INVOICES
PO BOX 33902
INDIANAPOLIS, IN 46203

Ship To: 625097
ASCENSION MICHIGAN PHARMACY
ATTN STE 225
30055 NORTHWESTERN HWY
FARMINGTON HILLS, MI 48334

State: 480
DEA#: RC0568800
Ship Warehouse: 25
Shipped Via: FEDEX-C PO NEXT DAY 10:30 AM

Reference: 906059857

State Reg #: 5301007247
DEA#: BA7038955
Primary Warehouse: 30
Shipped Date: 07-21-20

Customer PO: P00130000027554
Original Order#: 131492811

Item	Description	NDC / Mfg Cat #	UOM	Qty Ord	Ctn Qty	Invoice Details	Order Details
538700 6	BENLYSTA200MGML4X1ML A-INJ SPDLot: 775K	49401008835	CN	1	1	2132838	2132719
	GLAXO SMITHKLINE 3 SPD Exp: 10-31-22	000000				07-21-20	07-21-20

NEW ADDRESS FOR PAYMENTS TO CARDINAL HEALTH SPD:
CARDINAL HEALTH 108, LLC
14265 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693

DSCSA Transaction Data for qualified prescription drugs can be accessed via your usual ordering platform such as Specialty Online or Specialty Solutions, or at CardinalHealth.com/trace.

7-22-20

CardinalHealth

CARDINAL HEALTH 108, LLC.
DBA CARDINAL HEALTH
233 MASON ROAD
LAVERGNE, TN 37086
(866) 476-1340

PAY ONLINE AT:
SPECIALTYONLINE.CARDINALHEALTH.COM

REMIT TO:
CARDINAL HEALTH 108, LLC.
14265 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693

INVOICE

INVOICE NUMBER	2132838
ORDER DATE	07-21-20
INVOICE DATE	07-21-20
INVOICE DUE DATE	08-20-20
AMOUNT DUE	$3,793.45

BILL TO: ASCENSION HLTH MINISTRY SERVIC
VENDOR INVOICES
PO BOX 33902
INDIANAPOLIS, IN 46203

SHIP TO:
ASCENSION MICHIGAN PHARMACY
ATTN STE 225
30055 NORTHWESTERN HWY
FARMINGTON HILLS, MI 48334

PAYMENT TERMS	30 DAYS FROM INVOICE		
ORDER NUMBER	2132719	SALESPERSON	818
DEA	BA7038955	STATE REG	5301007247
BILL TO	614440	SHIP TO	625097

CUSTOMER PO	P00130000027554				ORIGINAL ORDER#	131492811	
QUANTITY ORDERED	QUANTITY SHIPPED	QUANTITY BACK ORDERED	ITEM NUMBER	UNIT OF MEASURE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1	1	0	538700	CN	BENLYSTA200MGML4X1ML A-INJ SPD NDC: 49401008835 LOT: 775K EXP: 10-31-22	3,793.45	3,793.45

CUSTOMER DOES NOT AND WILL NOT REDISTRIBUTE PRESCRIPTION PHARMACETICAL PRODUCTS PURCHASED FROM CARDINAL INTO THE SECONDARY MARKET. THIS SALE IS SUBJECT TO THE TERMS AND CONDITIONS OF SALE ON THE LAST PAGE OF THIS INVOICE ("TERMS OF SALE"). YOU MAY BE OBLIGATED TO REPORT THE NET PRICE PAID FOR PRODUCTS AFTER DISCOUNTS AND REBATES-PLEASE REVIEW THE "MEDICARE/MEDICAID DISCLOSURE" IN THE TERMS OF SALE. ANY INVOICE NOT PAID WITHIN THE STATED TERMS WILL BEAR INTEREST AT THE RATE OF 1.5% PER MONTH (OR PORTION THEREOF) UNTIL PAID IN FULL. INVOICE WILL BE CONSIDERED AS PAID ONLY FOLLOWING CARDINAL HEALTH SPD'S ACTUAL RECEIPT OF SUCH PAYMENT.

SUBTOTAL	$3,793.45
TOTAL TAX	$.00
AMOUNT DUE	$3,793.45

NEW ADDRESS FOR PAYMENTS TO CARDINAL HEALTH SPD:
CARDINAL HEALTH 108, LLC
14265 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693

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DBA CARDINAL HEALTH
233 MASON ROAD
LAVERGNE, TN 37086
(866) 476-1340

PAY ONLINE AT:
SPECIALTYONLINE.CARDINALHEALTH.COM

REMIT TO:
CARDINAL HEALTH 108, LLC.
14265 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693

INVOICE

INVOICE NUMBER	2125448
ORDER DATE	07-17-20
INVOICE DATE	07-17-20
INVOICE DUE DATE	08-16-20
AMOUNT DUE	$15,964.00

BILL TO: ASCENSION HLTH MINISTRY SERVIC
VENDOR INVOICES
PO BOX 33902
INDIANAPOLIS, IN 46203

8/4
7 2020

SHIP TO:
ASCENSION MICHIGAN PHARMACY
ATTN STE 225
30055 NORTHWESTERN HWY
FARMINGTON HILLS, MI 48334

PAYMENT TERMS	30 DAYS FROM INVOICE		
ORDER NUMBER	2125527	SALESPERSON	818
DEA	BA7038955	STATE REG	5301007247
BILL TO	614440	SHIP TO	625097

CUSTOMER PO	P00130000027554				ORIGINAL ORDER#	131361436	
QUANTITY ORDERED	QUANTITY SHIPPED	QUANTITY BACK ORDERED	ITEM NUMBER	UNIT OF MEASURE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1	1	0	541642	EA	ALUNBRIG 90MG 30 SPD NDC: 63020009030 LOT: 019790 EXP: 06-30-21	15,964.00	15,964.00

SUBTOTAL	$15,964.00
TOTAL TAX	$.00
AMOUNT DUE	$15,964.00

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NEW ADDRESS FOR PAYMENTS TO CARDINAL HEALTH SPD:
CARDINAL HEALTH 108, LLC
14265 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693

DSCSA Transaction Data for qualified prescription drugs can be accessed via your usual ordering platform such as Specialty Online or Specialty Solutions, or at CardinalHealth.com/trace.

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CARDINAL HEALTH
SPECIALTY PHARMACEUTICAL DIST.
233 MASON ROAD
LAVERGNE, TN 37086
(866) 476-1340

Bill To: 614440
ASCENSION HLTH MINISTRY SERVIC
VENDOR INVOICES
PO BOX 33902
INDIANAPOLIS, IN 46203

Ship To: 625097
ASCENSION MICHIGAN PHARMACY
ATTN STE 225
30055 NORTHWESTERN HWY
FARMINGTON HILLS, MI 48334

State: 480
DEA#: RC0568800
Ship Warehouse: 25
Shipped Via: FEDEX-C PO NEXT DAY 10:30 AM

Reference: 906129808

State Reg #: 5301007247
DEA#: BA7038955
Primary Warehouse: 30
Shipped Date: 07-17-20

Customer PO: P00130000027554

Original Order#: 131361436

Item	Description	NDC / Mfg Cat #	UOM	Qty Ord	Ctn Qty	Invoice Details	Order Details
541642 5	ALUNBRIG 90MG 30 SPD Lot: 019790 MILLENIUM PHARMACEUTICALS INC Exp: 06-30-21	63020009030 000000	EA	1	1	2125448 07-17-20	2125527 07-17-20
541642 5	ALUNBRIG 90MG 30 SPD Lot: 019790 MILLENIUM PHARMACEUTICALS INC Exp: 06-30-21	63020009030 000000	EA	1	1	2125449 07-17-20	2125530 07-17-20

NEW ADDRESS FOR PAYMENTS TO CARDINAL HEALTH SPD:
CARDINAL HEALTH 108, LLC
14265 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693

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CardinalHealth

CARDINAL HEALTH 108, LLC.
DBA CARDINAL HEALTH
233 MASON ROAD
LAVERGNE, TN 37086
(866) 476-1340

PAY ONLINE AT:
SPECIALTYONLINE.CARDINALHEALTH.COM

REMIT TO:
CARDINAL HEALTH 108, LLC.
14265 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693

INVOICE

INVOICE NUMBER	2125449
ORDER DATE	07-17-20
INVOICE DATE	07-17-20
INVOICE DUE DATE	08-16-20
AMOUNT DUE	$15,964.00

BILL TO: ASCENSION HLTH MINISTRY SERVIC
VENDOR INVOICES
PO BOX 33902
INDIANAPOLIS, IN 46203

SHIP TO:
ASCENSION MICHIGAN PHARMACY
ATTN STE 225
30055 NORTHWESTERN HWY
FARMINGTON HILLS, MI 48334

PAYMENT TERMS	30 DAYS FROM INVOICE		
ORDER NUMBER	2125530	SALESPERSON	818
DEA	BA7038955	STATE REG	5301007247
BILL TO	614440	SHIP TO	625097

CUSTOMER PO: P00130000027554 | ORIGINAL ORDER#: 131360477

QUANTITY ORDERED	QUANTITY SHIPPED	QUANTITY BACK ORDERED	ITEM NUMBER	UNIT OF MEASURE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1	1	0	541642	EA	ALUNBRIG 90MG 30 SPD NDC: 63020009030 LOT: 019790 EXP: 06-30-21	15,964.00	15,964.00

SUBTOTAL	$15,964.00
TOTAL TAX	$.00
AMOUNT DUE	$15,964.00

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NEW ADDRESS FOR PAYMENTS TO CARDINAL HEALTH SPD:
CARDINAL HEALTH 108, LLC
14265 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693

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CARDINAL HEALTH
SPECIALTY PHARMACEUTICAL DIST.
233 MASON ROAD
LAVERGNE, TN 37086
(866) 476-1340

Bill To: 614440
ASCENSION HLTH MINISTRY SERVIC
VENDOR INVOICES
PO BOX 33902
INDIANAPOLIS, IN 46203

Ship To: 625097
ASCENSION MICHIGAN PHARMACY
ATTN STE 225
30055 NORTHWESTERN HWY
FARMINGTON HILLS, MI 48334

State: 480
DEA#: RC0568800
Ship Warehouse: 25
Shipped Via: FEDEX-C PO NEXT DAY 10:30 AM

Reference: 906373874

State Reg #: 5301007247
DEA#: BA7038955
Primary Warehouse: 30
Shipped Date: 07-13-20

Customer PO: P00130000027554 | Original Order#: 131140287

Item	Description	NDC / Mfg Cat #	UOM	Qty Ord	Ctn Qty	Invoice Details	Order Details
538700 6	BENLYSTA200MGML4X1ML A-INJ SPDLot: WA7L	49401008835	CN	1	1	2111807	2111971
	GLAXO SMITHKLINE 3 SPD Exp: 10-31-22	000000				07-13-20	07-13-20

NEW ADDRESS FOR PAYMENTS TO CARDINAL HEALTH SPD:
CARDINAL HEALTH 108, LLC
14265 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693

DSCSA Transaction Data for qualified prescription drugs can be accessed via your usual ordering platform such as Specialty Online or Specialty Solutions, or at CardinalHealth.com/trace.

7/14/20

CardinalHealth

CARDINAL HEALTH 108, LLC.
DBA CARDINAL HEALTH
233 MASON ROAD
LAVERGNE, TN 37086
(866) 476-1340

PAY ONLINE AT:
SPECIALTYONLINE.CARDINALHEALTH.COM

PAGE 1

REMIT TO:
CARDINAL HEALTH 108, LLC.
14265 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693

INVOICE	
INVOICE NUMBER	2111807
ORDER DATE	07-13-20
INVOICE DATE	07-13-20
INVOICE DUE DATE	08-12-20
AMOUNT DUE	$3,793.45

BILL TO: ASCENSION HLTH MINISTRY SERVIC
VENDOR INVOICES
PO BOX 33902
INDIANAPOLIS, IN 46203

SHIP TO:
ASCENSION MICHIGAN PHARMACY
ATTN STE 225
30055 NORTHWESTERN HWY
FARMINGTON HILLS, MI 48334

PAYMENT TERMS	30 DAYS FROM INVOICE		
ORDER NUMBER	2111971	SALESPERSON	818
DEA	BA7038955	STATE REG	5301007247
BILL TO	614440	SHIP TO	625097

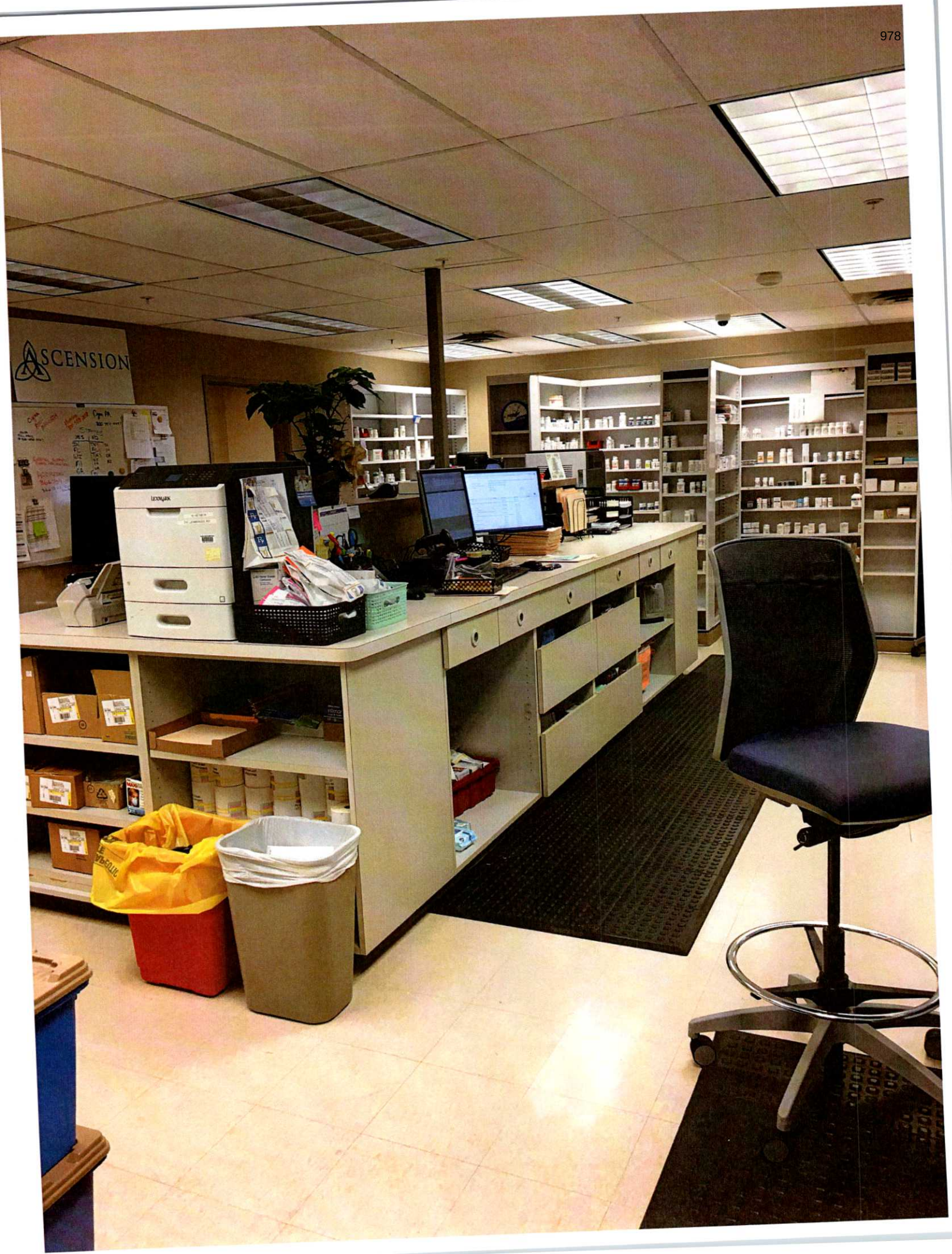
CUSTOMER PO	P00130000027554				ORIGINAL ORDER#	131140287	
QUANTITY ORDERED	QUANTITY SHIPPED	QUANTITY BACK ORDERED	ITEM NUMBER	UNIT OF MEASURE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1	1	0	538700	CN	BENLYSTA200MGML4X1ML A-INJ SPD NDC: 49401008835 LOT: WA7L EXP: 10-31-22	3,793.45	3,793.45

SUBTOTAL	$3,793.45
TOTAL TAX	$.00
AMOUNT DUE	$3,793.45

CUSTOMER DOES NOT AND WILL NOT REDISTRIBUTE PRESCRIPTION PHARMACEUTICAL PRODUCTS PURCHASED FROM CARDINAL INTO THE SECONDARY MARKET. THIS SALE IS SUBJECT TO THE TERMS AND CONDITIONS OF SALE ON THE LAST PAGE OF THIS INVOICE ("TERMS OF SALE"). YOU MAY BE OBLIGATED TO REPORT THE NET PRICE PAID FOR PRODUCTS AFTER DISCOUNTS AND REBATES-PLEASE REVIEW THE "MEDICARE/MEDICAID DISCLOSURE" IN THE TERMS OF SALE. ANY INVOICE NOT PAID WITHIN THE STATED TERMS WILL BEAR INTEREST AT THE RATE OF 1.5% PER MONTH (OR PORTION THEREOF) UNTIL PAID IN FULL. INVOICE WILL BE CONSIDERED AS PAID ONLY FOLLOWING CARDINAL HEALTH SPD'S ACTUAL RECEIPT OF SUCH PAYMENT.

NEW ADDRESS FOR PAYMENTS TO CARDINAL HEALTH SPD:
CARDINAL HEALTH 108, LLC
14265 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693

DSCSA Transaction Data for qualified prescription drugs can be accessed via your usual ordering platform such as Specialty Online or Specialty Solutions, or at CardinalHealth.com/trace.

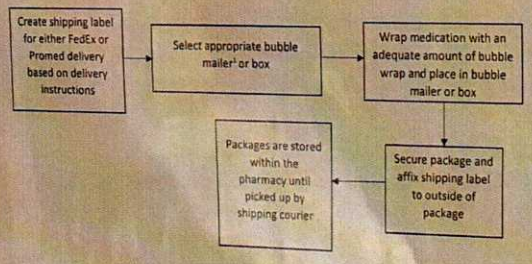

ASCENSION
LEXMARK


EXIT


PROVIDENCE
#25
#22
GROUND

Ascension Michigan Specialty Pharmacy

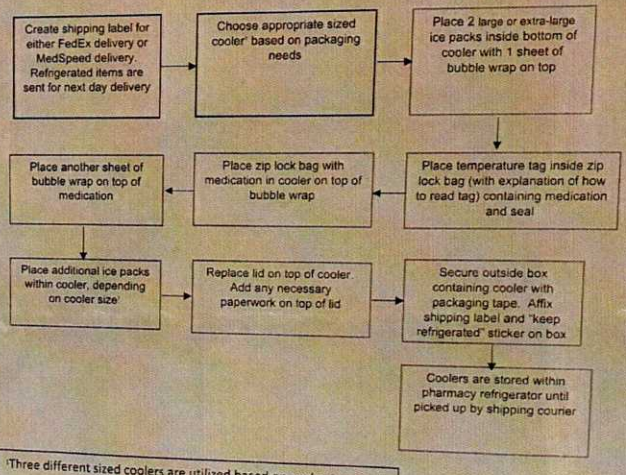
Flowchart for Non-Refrigerated Packages



[1]Selection of bubble mailer or box will be dependent on which method of shipping is being utilized and package size. FedEx Express services will use mailers provided by FedEx. FedEx Ground service will utilize our own bubble mailers. Boxes will be utilized when a larger packaging option is necessary. ProMed deliveries will utilize our own bubble mailers or boxes.

Ascension Michigan Specialty Pharmacy

Flowchart for Refrigerated Packages



[1]Three different sized coolers are utilized based on packaging needs

Ice packs are either small (8 oz), large (16 oz), or extra-large (24 oz)

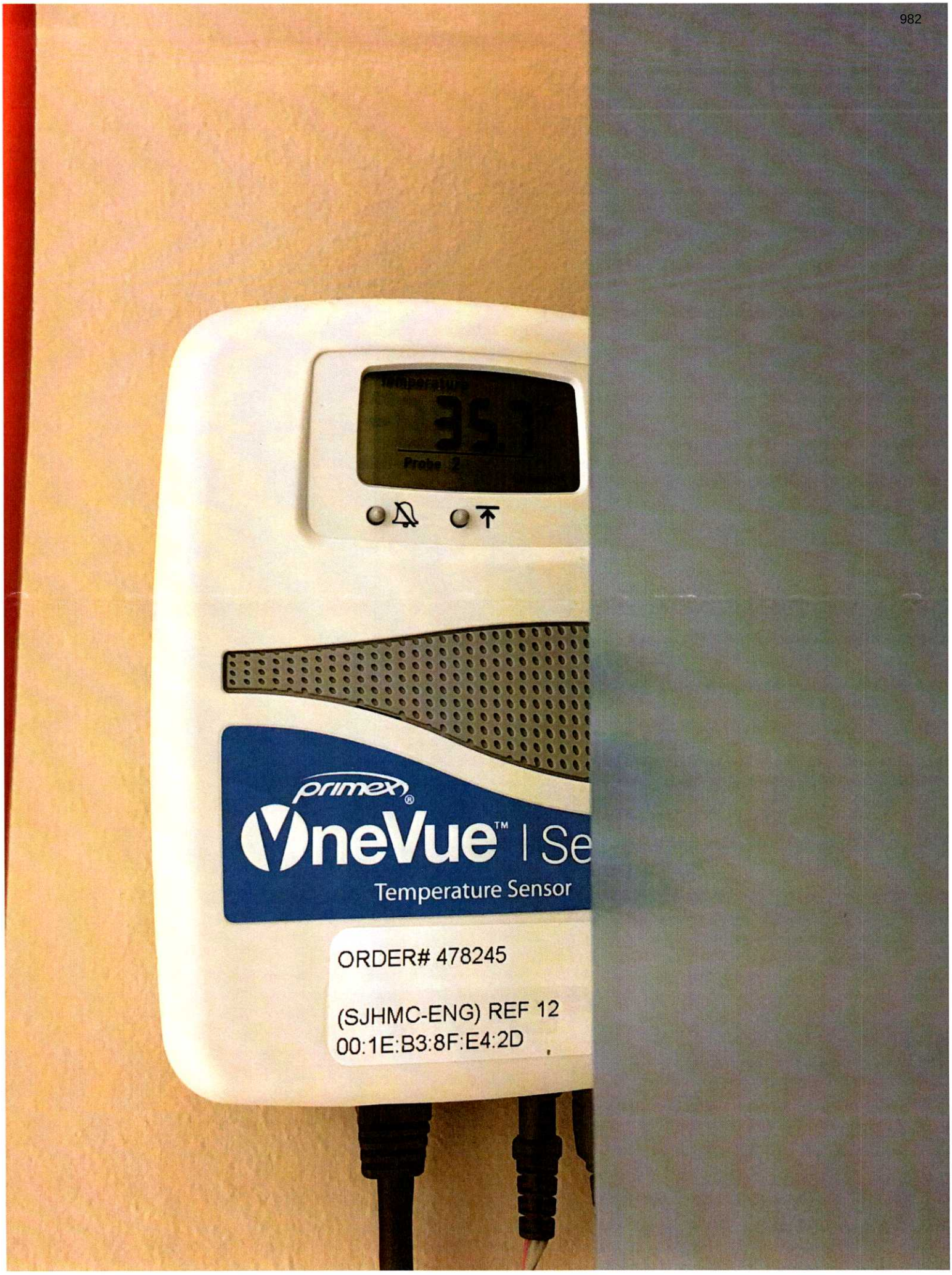
Bubble wrap sheets are 12" x 12"

Cooler Dimensions	Number of Ice Packs Summer	Number of Ice Packs Winter	Number of Sheets of Bubble Wrap
12x10x11	3 Extra-Large	3 Large	2 sheets
15x12x10	3 Extra-Large and 1 Large	3 Large and 1 small	3 sheets
15x14x12	4 Extra-Large	4 Large	3 sheets

New Pt That get welcome packets

Refill RXs

Outs


Temperature
Probe 2
primex
OneVue™ I Se
Temperature Sensor
ORDER# 478245
(SJHMC-ENG) REF 12
00:1E:B3:8F:E4:2D


Helmer

4BB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Y

Where is the facility located?		
☐ Nevada		
☐ Out-of-State		
Type of Application (check applicable box)		**Ownership Type (check applicable box)**
☐ New Pharmacy	* If making a change, provide current license number:	■ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 04151	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: RGH Enterprises, LLC DBA: Edgepark Medical Supplies; Cardinal Health at Home

Physical Address: 1810 Summit Commerce Park Suite 200

City: Twinsburg State: OH Zip: 44087

Mailing Address (if different from physical address): 7000 Cardinal Place

City: Dublin State: OH Zip: 43017

Telephone: 6145533076 Toll Free # (NAC 639.708, NRS 639.23286):

Fax: N/a Contact Email: licensure@cardinalhealth.com

Website: www.edgepark.com

Nevada Business License # (if applicable)

Supervising/Managing Pharmacist Name (NRS 639.220): Anna Keller

Supervising/Managing Pharmacist NV Pharmacist Registration #: N/A

Type of Pharmacy (check all applicable)

☒ Retail/Community

☐ Hospital (# beds _____)

☐ Internet

☐ Nuclear

☒ Other: DME

Services the Pharmacy will Provide (check all applicable)

☐ Retail/Community

☐ Non-sterile Compounding

☐ Sterile Compounding

☒ Mail-Order Service

☐ Off-site Cognitive Services

☐ Long Term Care

☐ Hospital

☐ Other:

RECEIVED
APR 20 2022
NEVADA STATE BOARD OF PHARMACY

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Brenan Heaps	NV Pharmacist Registration #: ~~pending~~ 22862
Name: Tyler Simmons-Eakin	NV Pharmacist Registration #: ~~pending~~ Temp 22703
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
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)?		✓
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 from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
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?		✓
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)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: Ohio

Parent Company (if any): Allegiance Corporation

Corporation Name: Allegiance Corporation

Mailing Address: 7000 Cardinal Place

City: Dublin State: OH Zip: 43017

Telephone: 6145533076 Email: licensure@cardinalhealth.com

Contact Person Name: Cynthia Rhodes

Date of SEC Registration: 02/25/22 SEC Registration Number: 721371 Stock Exchange Symbol: CAH

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ■ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A

Parent Company (if any):

Corporation/Organization Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 06/06/2022
Amount:
License #: 22862

Brenan R. Heaps

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:06/06/2022
Expires:10/31/2023

Brenan R. Heaps

License #
22862
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 22862
Effective Date:06/06/2022

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Brenan R. Heaps

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 04/18/2022
Amount:
License #: 22703

Tyler S. Simmons-Eakin

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:04/18/2022
Expires:10/18/2022

Tyler S. Simmons-Eakin

License #
22703
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 10/18/2022
STATUS: Temporary

License Type: Pharmacist
License #: 22703
Effective Date:04/18/2022

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Tyler S. Simmons-Eakin

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

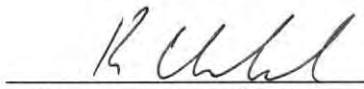
Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Director, Global Logistics Quality (title) for Keegan Chamberlain (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Keegan Chamberlain

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

4/11/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Keegan Chamberlain hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Director, Global Logistics Quality (title) for RGH Enterprises, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 30th day of March, 2022

Notary Public

NOTARIAL SEAL
STATE OF OHIO

Chauna Mason
Notary Public, State of Ohio
My Commission Expires
October 25, 2026

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Anna Keller Pharmacist Registration #: 03326690

Pharmacy Name: RGH Enterprises, LLC DBA: Edgepark Medical Supplies; Cardinal Health at Home

Initial each statement below to indicate you have read and agree with the following:

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

4/6/22
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded -** The top 4 shareholder/stockholders. **b. For Partnerships -** All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Keegan Chamberlain

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

03/29/2022

Date

Board Use Only	Date Received: _____	Amount: $500 check 10796076

CardinalHealth

February 2, 2022

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

RE: Explanation of Disciplinary History
RGH Enterprises, LLC

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to question 3 on our application for our Out-of-State license. We have a few matters with corresponding derivative action to disclose.

In March 2015, the RGH pharmacy located in Twinsburg, OH, was issued a citation and fined $500 by the Maine Board of Pharmacy, for failure to timely report a change in the facility's pharmacist-in-charge. This failure to report within the seven-day time frame was due to the unavailability of the corporate official authorized to sign the application. RGH paid the fine to the Maine State Board of Pharmacy; additionally, RGH has undertaken a process to ensure regulatory notifications occur in a timely manner.

In April 2016, the Hawaii Board of Pharmacy took derivative action against the Twinsburg, OH, facility based on the action described above. RGH entered a Settlement Agreement with Hawaii and agreed to pay a $250 fine; the matter was closed on May 6, 2016.

Furthermore, Cardinal Health's distribution center in Valencia, California, entered into a settlement agreement with the California Board of Pharmacy. As a condition of that settlement, effective April 3, 2019, the California Wholesale license for our Valencia, CA distribution center will be on probation for a period of two years (through April 2, 2021). This probation in no way affects the continued ability of our Valencia distribution center to service our customers in a timely and efficient manner.

Probation was a result of a settlement agreement between our Valencia distribution center and the California Board of Pharmacy regarding sales that distribution center made to a customer between 2012 and 2014 and the failure to receive a pharmacist's signature on several deliveries in that same time frame.

Additionally, on March 11, 2019, Cardinal Health's Wheeling, West Virginia, distribution center entered into a settlement agreement with the Ohio Board of Pharmacy regarding the security and storage of drugs while those drugs were being distributed to the customer. This issue involved Ohio Board of Pharmacy inspectors manipulating our totes in such a way as to be able to retrieve a bottle out of a strapped/sealed tote. This occurred on several occasions all while the totes were in the custody of our delivery drivers or pharmacies. An inspector also witnessed a delivery

vehicle door that was not locked and secured appropriately. Cardinal Health agreed to pay a monetary penalty of $5,000.

As previously reported, on May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration ("DEA") regarding Cardinal Health's registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the "Order") on Cardinal Health's Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility "failed to maintain effective controls against the diversion of controlled substances" and "failed to detect and report suspicious orders of oxycodone by its pharmacy customers." In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that "[n]otwithstanding the large quantities of controlled substances ordered by Cardinal's top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted...." Importantly, these allegations did not involve any diversion of controlled substances from Cardinal's facility.

Under the settlement agreement, the Lakeland facility's DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and the DEA reinstated Lakeland's registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012 administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay $44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys' Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company's distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia $20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility $500 in administrative fees, and the California Board fined the facility $1,505 in investigative fees. Both fees were paid to the respective Boards.

We make every effort to meet our customers' legitimate demands for controlled substances. However, we have also demonstrated a deep commitment to helping fight prescription drug abuse. If you have any questions about this issue, please contact Martha Russell, Assistant General Counsel, Regulatory, at 614-757-6654.

Sincerely,

Keegan Chamberlain
Director, Global Logistics Quality Management

CardinalHealth

Officer Name	Title	Business Address	Email Address
Scott B. Zimmerman	Vice President and Treasurer	7000 Cardinal Place, Dublin, OH 43017	scott.zimmerman@cardinalhealth.com
Keegan David Chamberlain	Director, Quality Management	7200 Cardinal Place, Dublin, OH 43017	Keegan.Chamberlain@cardinalhealth.com
John Joseph Tufano, Jr.	Senior Legal Counsel	7000 Cardinal Place, Dublin OH 43017	john.tufano@cardinalhealth.com
John Henry Martin Jr.	SVP, Tax	7000 Cardinal Place, Dublin OH 43017 (2B0060)	john.martin03@cardinalhealth.com

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List the top four corporation shareholders and their percent ownership.

Stockholder	Stake
The Vanguard Group, Inc.	12.65%
SSgA Funds Management, Inc.	6.75%
BlackRock Fund Advisors	5.38%
T. Rowe Price Associates, Inc. (I...	5.12%
Macquarie Investment Management B...	2.67%

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836 | http://www.pharmacy.ohio.gov

License 022388500

Edgepark Medical Supplies & Independence Medical

1810 Summit Commerce Park
Twinsburg, OH 44087
Summit County

Terminal - Pharmacy - Category 3

Outpatient Pharmacy Inspection

September 27, 2021

License 022388500 - Edgepark Medical Supplies & Independence Medical

Full

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836
http://www.pharmacy.ohio.gov

Completed by Kimberly Hollingshead
Start 9/27/2021 9:09 AM
End 9/27/2021 10:51 AM

Organization

Name
Edgepark Medical Supplies & Independence Medical

License Type
Terminal - Pharmacy - Category 3

Category

License Number
022388500

Business Type
DM - Durable Medical Equipment

DEA Number

Responsible Person
Anna Keller

Hours of Operation
Mon-Fri: 8a-5:30p

Contact

Address
1810 Summit Commerce Park
Twinsburg, OH 44087
Summit County

Primary Number
(330) 963-6998 x xext3668

Fax Number
(614) 652-0674

Website

Personnel

Name	Initials	Position	I.D. No.	Phone	Email
Steven Michael Basinger, RPH		Pharmacist	03124232	(440) 915-5829	steviemb@hotmail.com
Anna Keller		Pharmacist	03326690	(440) 785-5460	kellers2009@gmail.com

1) Initial Inspection Information

1) Document personnel conducting inspection

Observation
Compliance Specialist Rachael Tormasi
Inspector Kimberly Hollingshead

2) Were multiple inspection guides used during this inspection?

Yes

Observation
A complete copy of this inspection will include the following inspection guides: Outpatient Pharmacy and Registered Home Medical Equipment
Any copy of this inspection is considered incomplete if all documents listed are not available for review.

2) Licensing, Responsible Person and DEA Registration

1) Have there been any changes in the facility's ownership, business name or trade name, category, or address without submitting a new application to the Board?

No

2) Does the responsible person match what is indicated in eLicense?

Yes

3) Does the pharmacy have a valid registration issued by the Drug Enforcement Administration?

Yes

4) Additional Observations/Violations

Observation
This is a Category III license facility that does not have any dangerous drugs, including controlled substances. The facility provides durable medical equipment, primarily for diabetic, urological, and wound care. It is a mail order facility.
Facility also has a DEA license FE6349864 expires 8/31/22

3) Minimum Standards

1) Does the pharmacy have internet access to current federal and state laws, regulations, and rules governing the legal distribution of drugs in Ohio?

Yes

2) Does the pharmacy have access to the telephone number of a poison control center?

Yes

3) Are the pharmacy's hours publicly posted?

Yes

4) Are all pharmacy staff wearing name tags/badges that include the employee's job title?

Yes

5) Does the pharmacy have prescription containers that comply with the Poison Prevention Packaging Act of 1970?

Yes

8) Are areas where drugs and devices are stored and prepared dry, well-lit, well-ventilated, and maintained in a clean, sanitary and orderly condition?

Yes

9) Are storage areas maintained at temperatures and conditions which will ensure the integrity of the drug stock?

Yes

10) Are hypodermics stored in the pharmacy kept out of public view?

Yes

4) Personnel

1) Are staff working at the pharmacy properly licensed/registered with the Board?

Yes

5) Filing and Storage of Prescriptions

5) Additional Observations/Violations

Observation
All prescriptions are scanned and stored electronically. Any hard copies the pharmacy has are stored at an off-site facility for the required length of time.

6) Positive Identification

1) REMINDER: Does the record keeping system capture the positive identification of the individual entering prescription information?

Observation
Effective 12/01/2021, all pharmacy record keeping systems must capture the positive identification of prescription information entered into the pharmacy's record keeping system. This requires positive identification of pharmacists, interns and technicians that are entering prescription information into a pharmacy's record keeping system. [OAC 4729:5-5-04 (A)(1)]

2) Does the record keeping system capture the positive identification of the verification by the pharmacist of the prescription information entered into the record keeping system?

Yes

3) Does the record keeping system capture the positive identification of the pharmacist conducting the prospective drug utilization review?

Yes

4) Does the record keeping system capture the positive identification of the dispensing pharmacist?

Yes

5) Does the record keeping system capture the positive identification of the individual transcribing an order received by telephone, facsimile, or recording device?

Yes

6) Does the record keeping system capture the positive identification of the individual making any changes or annotations to a prescription?

Yes

7) Does the pharmacy capture positive identification using a hard copy printout of each day's prescription data?

Yes

10) Additional Observations/Violations

Observation
Discussed the requirement of positive-identification for patient counseling. The offer to counsel is in writing and delivered with every prescription. The offer to counsel includes a 1-800 number and the hours a pharmacist is available.

9) General Record Keeping Requirements

1) Does the pharmacy's record keeping system contain security features to prevent unauthorized access to the records?

Yes

2) Does the pharmacy's record keeping system contain back-up functionality to protect against record loss?

Yes

4) Does the pharmacy maintain required records outside of the confines of the pharmacy in accordance with Ohio rules?

Not Applicable - Pharmacy does not store records on-site outside of the actual pharmacy.

5) Does the licensee maintain records at an off-site location?

Yes - Compliant

11) Security, Control, and Storage of Dangerous Drugs

4) Are there any unauthorized persons present in the pharmacy?

No

7) Can the pharmacy be secured by a physical barrier or alarm system?

Yes

10) Does the pharmacy have a secure area only accessible by pharmacists for customers to deposit new or refill prescription orders when the pharmacy is closed?

No - Not applicable

13) Theft or Significant Loss of Drugs and Drug Documents

3) REMINDER: Theft or significant loss of dangerous drugs and drug documents.

Observation
REMINDER

A licensee is required to report to the the Board and law enforcement authorities of any theft or significant loss of dangerous drugs (controlled and non-controlled prescription drugs) immediately upon discovery of the theft or significant loss. This includes dangerous drugs in transit that were either shipped from or to a prescriber, terminal distributor, or drug distributor.

A licensee is required to report, immediately upon discovery, to the Board and law enforcement authorities any theft or loss of uncompleted prescription blank(s) used for writing a prescription, D.E.A. controlled substance order forms (Form 222), written prescription order(s) not yet dispensed, and original prescription order(s) that have been dispensed.

For more information on reporting, visit: www.pharmacy.ohio.gov/theft

20) Patient Counseling

1) Is counseling being offered for every outpatient prescription dispensed?

Yes - Compliant

Observation
There is an offer to counsel that is sent with all prescriptions to patients which gives a toll free number for patients to call with questions or concerns after hours.

29) Drug Compounding

1) Is the pharmacy engaged in either sterile or non-sterile drug compounding on site?

No

48) Inspection Affirmation

1) Inspection Affirmation

Observation
As the person in charge at the time of this inspection, I affirm that I have reviewed this inspection report with the Specialist/Agent/Inspector, and understand its content.

If this inspection report requires a written response, I understand, per OAC 4729:5-3-03, that either of the following must be submitted to the State of Ohio Board of Pharmacy within 30 days of this inspection:

(1) The action(s) the licensee or applicant has taken to correct the violation(s) and the date of implementation of the corrective action(s); or

(2) An explanation disputing the observed violations.

I understand that if I am not the responsible person documented on this site's Ohio terminal distributor of dangerous drugs license, I will ensure the responsible person is provided a complete copy of this inspection report in a timely manner.

I further acknowledge that a written response does not release the licensee listed in this inspection report from potential disciplinary action.

Responses must be either emailed (with a copy of the inspection report) to writtenresponse@pharmacy.ohio.gov or mailed to 77 South High Street, 17th Floor, Columbus, Ohio 43215.

Summary

No Issue Found

Reviewed by Anna Keller

(signature)

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show RGH ENTERPRISES, LLC, an Ohio For Profit Limited Liability Company, Registration Number 770802, was organized within the State of Ohio on April 9, 1990, is currently in FULL FORCE AND EFFECT upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 4th day of October, A.D. 2021.

1yr

Ohio Secretary of State

Validation Number: 202127702076

STATE OF OHIO
BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until March 31, 2023.

RGH Enterprises, LLC

Edgepark Medical Supplies; Cardinal Health at Home

1810 SUMMIT COMMERCE PARK

TWINSBURG, OH 44087

License Number: 022388500

Terminal - Pharmacy - Category 3

Expiration Date: March 31, 2023

CLASS: Terminal - Pharmacy - Category 3
BUSINESS TYPE: DM – Durable Medical Equipment

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
ANNA THERESA KELLER RPH	

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

STATE OF OHIO
BOARD OF PHARMACY

VERIFICATION OF LICENSURE

BUSINESS NAME:	EDGEPARK MEDICAL SUPPLIES & INDEPENDENCE MEDICAL
DBA	Edgepark Medical Supplies; Independence Medical
LOCATION:	1810 SUMMIT COMMERCE PARK TWINSBURG, OH 44087
LICENSE NUMBER:	022388500
TYPE OF LICENSE:	Terminal - Pharmacy - Category 3
ORIGINAL LICENSURE DATE:	April 9, 2014
EXPIRATION DATE:	March 31, 2023
CURRENT LICENSE STATUS:	Active
CURRENT LICENSE SUB STATUS:	N/A
BOARD ACTION:	No (If Board Action is "Yes", you may find more information at elicense.ohio.gov)
DATE OF VERIFICATION:	10/28/2021

Karrie Southard
Director of Licensing
State of Ohio Board of Pharmacy

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov





1:3 602/656

EDGEPARK MEDICAL SUPPLIES & INDEPENDENCE
7000 CARDINAL PL
DUBLIN, OH 43017-1091





10001955.3/001275-1/1-0

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FE6349864	08-31-2022	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	10-08-2019

EDGEPARK MEDICAL SUPPLIES & INDEPENDENCE
1810 SUMMIT COMMERCE PARK STE 200
TWINSBURG, OH 44087-2300

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
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SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	10-08-2019

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1810 SUMMIT COMMERCE PARK STE 200
TWINSBURG, OH 44087-2300

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Form DEA-223 (9/2016)

1008

NABP ACCREDITED
DRUG DISTRIBUTOR

RGH Enterprises, LLC
dba Cardinal at Home

located at

1810 Summit Commerce Park, Twinsburg, OH 44087

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

12/27/2020 - 12/26/2023
Period of Accreditation

1009

Pharmacists								
Pharmacist Name	**License/Registration #**	**State of Licensure**	**Expiration Date**	**DOB**	**Full-time or Part-time**	**Hire Date**	**Job Title**	**Hrs per Week**
Aaron Harnar-PharmD	03233666	OH	9/15/2023	6/23	Full-time	7/13/2015	Pharmacist II, Retail	40 hrs/wk
PIC	15211	MS	12/31/2022					
PIC	PHCY-01179	NH	12/31/2022					
Rose DeRoia-RPh	03315593	OH	9/15/2023	9/13	Full-time	11/17/2014	Pharmacist II, Retail	40 hrs/wk
	RP033754L	PA	9/30/2022					
PIC	PR56792	ID	9/30/2022					
Anna Keller-PharmD	03326690	OH (PIC)	9/15/2023	11/22	Full-time	4/7/2014	Mgr II,Retail Pharmacy	40 hrs/wk
PIC	5759	ND	3/1/2023					
PIC	021942	LA	12/31/2022					
PIC	15560	NE	1/1/2024					
PIC	50542	IA	12/31/2022					
PIC	61706	TX	11/30/2023					
PIC	20255	AL	12/31/2022					
Steven Basinger-PharmD	03124232	OH	9/15/2023	4/29	Full-Time	3/7/2016	Mgr I, Retail Pharmacy	40 hrs/wk
PIC	17262	OK	4/30/2022					
	PST.022186	LA	12/31/2022					
PIC	5302046277	MI	12/14/2022					
PIC	RPH-0016720	OR	6/30/2023					
PIC	PD15142	AR	12/31/2023					
	T-15942	MS	12/31/2022					
Brenan Heaps- RPh	03225367	OH	9/15/2023	8/24	Full-time	12/4/2017	Pharmacist II, Retail	40/hrs/wk
PIC	020435	KY	2/28/2023					
PIC	42817	TN	3/31/2023					
PIC	0202218117	VA	12/31/2022					
PIC	RP0011982	WV	6/30/2023					
PIC	ph239609	MA	12/31/2022					
PIC	27902	MD	08/31/2022					
Patrick Folk-PharmD	03226284	OH	9/15/2023	12/8	Full-time	12/4/2017	Pharmacist II, Retail	40 hrs/wk
PIC	1-106115	KS	6/30/2022					
Tyler Simmons-Eakin- PharmD	03237133	OH	9/15/2023	6/9	Full-Time	12/11/2017	Pharmacist II, Retail	40 hrs/wk
Raymond Myers	03221000	OH	9/15/2023	2/9/2022	Full-time	12/27/2021	Pharmacist II, Retail	40 hrs/wk
David Culp	03223560	OH	9/15/2023		Full-time	3/14/2022	Pharmacist II, Retail	40 hrs/wk
Janine Springmeyer	03438554	OH	9/15/2023		Full-time	3/14/2022	Pharmacist II, Retail	40 hr/wk

	14383	OK	4/30/2022					
Technicians								
Technician Name	**License/Registration #**	**State of Licensure**	**Expiration Date**	**DOB**	**Full-time or Part-time**	**Hire Date**	**Job Title**	**Hrs per Week**
Courtney Strimpel	10050508	PTCB	5/31/2022	1/17	Full-Time	7/24/2017	Tech II, Retail Pharmacy	40 hrs/wk
	09309696	OH (certified)	12/1/2022					
Alicea Walton	30043088	PTCB	6/30/2022	8/5	Full-Time	8/7/2017	Tech II, Retail Pharmacy	40 hrs/wk
	09309720	OH (certified)	12/1/2022					
Megan O'Connor	10089690	PTCB	8/31/2022	12/11	Full-Time	12/4/2017	Tech II, Retail Pharmacy	40 hrs/wk
	09309767	OH (certified)	12/1/2022					
Tyranie Gray								
Jonathan Nickens	09204320	OH (registered)	12/1/2022	12/27	Full-Time	4/12/2021	Tech II, Retail Pharmacy	40 hrs/wk
Barbara Fuger	230101020751201	PTCB	10/31/2022	09/26	Full-time	4/12/2021	Tech II, Retail Pharmacy	40 hrs/wk
	09305962	OH(certified)						
Megan Deleon	09309765	OH (certified)	09/30/2022	1/18	Full-Time	11/27/2017	Tech II, Retail Pharmacy	40hrs/wk
		NHA						
Debra Dye	09313542	OH (certified)	09/30/2022	9/4	Full-Time	1/18/2022	Tech II, Retail Pharmacy	40hrs/wk
	30094387	PTCB	03/01/2023					
D'leecia LaTorres	09210120	OH (registered)	03/31/2022	3/4	Full-Time	1/18/2022	Tech II, Retail Pharmacy	40hrs/wk
Marie Francois	09316210	OH (certified)	09/30/2022	11/9	Full-Time	1/18/2022	Tech II, Retail Pharmacy	40hrs/wk
	30015125	PTCB						
Rebecca Porter	09312096	OH (certified)	09/30/2022	3/30	Full-Time	1/18/2022	Tech II, Retail Pharmacy	40hrs/wk
	350101060350718	PTCB	4/30/2022					
Nicole Samuels	09307849	OH (certified)	09/30/2022	10/19	Full-Time	1/18/2022	Tech II, Retail Pharmacy	40hrs/wk
	500107010075613	PTCB	4/30/2022					
Haileigh Bush	09307408	OH (certified)	09/30/2022	9/9	Full-Time	1/18/2022	Tech II, Retail Pharmacy	40hrs/wk
	S4J2R8L7	NHA	01/03/2024					
Anastasia Bebee	09213253	OH (registered)	03/31/2022	1/14	Full-Time	1/18/2022	Tech II, Retail Pharmacy	40hrs/wk
Jacob Ticer	30187855	PTCB	01/31/2024		Full-time	2/14/2022		
	9212998	OH (certified)	3/31/2022					
Tiffanee Rucci	290101040741963	PTCB	10/31/2022		Full-time	2/14/2022		
	09307372	OH (certified)	9/30/2022					
Diana Brumbaugh	09203847	OH (certified)	3/31/2022		Full-time	2/14/2022		
	30135688	PTCB	7/31/2022					
Shelly Hodge								
Brock Lawer								
Brye Collins								
Shatoria Cheatwood		OH (trainee)		08/11	Full-time	9/30/2014	Fill Tech (Trainee)	40 hrs/wk
Desiree Whittaker	9112339	OH (trainee)	9/2/2022	2/2	Full-Time	3/30/2020	Fill Tech (Trainee)	40 hrs/wk

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/22/2021	202126502216	Conversion Within SOS Records (CVS)	99.00	200.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

CT CORPORATION SYSTEM
ATTN: ZACH CAIN
4400 EASTON COMMONS WAY, STE 125
COLUMBUS, OH 43219

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

770802

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

RGH ENTERPRISES, LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
Conversion Within SOS Records	**202126502216**

Effective Date: 10/01/2021

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 22nd day of September, A.D. 2021.

Ohio Secretary of State

Form 700 Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

For screen readers, follow instructions located at this path.

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two business day processing time. Requires an additional $100.00)
P.O. Box 1390
Columbus, OH 43216

2021 SEP 22 AM 11:35

Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: $99
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) ☒ **Converting Within The Records of the Ohio Secretary of State**

(2) ☐ **Converting Off The Records of the Ohio Secretary of State** (187-VXX)

Name of the converting entity	RGH Enterprises, Inc.
Jurisdiction of Formation	Ohio
Charter/Registration Number	770802

The converting entity is a:
(Check Only (1) One Box)

- ☐ Domestic Nonprofit Corporation
- ☒ Domestic For-Profit Corporation
- ☐ Foreign Nonprofit Corporation
- ☐ Foreign For-Profit Corporation
- ☐ Domestic Nonprofit Limited Liability Company
- ☐ Foreign Nonprofit Limited Liability Company
- ☐ Domestic For-Profit Limited Liability Company
- ☐ Foreign For-Profit Limited Liability Company
- ☐ Partnership
- ☐ Domestic Limited Partnership
- ☐ Foreign Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Liability Partnership

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity: RGH Enterprises, LLC.

Jurisdiction of Formation: Ohio

The converted entity is a:
(Check Only (1) One Box)

- ☐ Domestic For-Profit Corporation
- ☐ Domestic Professional Association
- ☐ Foreign Nonprofit Corporation
- ☐ Foreign For-Profit Corporation
- ☐ Domestic Nonprofit Limited Liability Company
- ☐ Foreign Nonprofit Limited Liability Company
- ☒ Domestic For-Profit Limited Liability Company
- ☐ Foreign For-Profit Limited Liability Company
- ☐ Partnership
- ☐ Domestic Limited Partnership
- ☐ Foreign Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Liability Partnership

Effective Date (MM/DD/YYYY) **(Optional)**: 10/01/2021 **(The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)**

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Samantha Bourdette
Name

7000 Cardinal Place
Mailing Address

Dublin — City
Ohio — State
43017 — Zip Code

Required information that must accompany conversion certificate if box 2 is checked

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

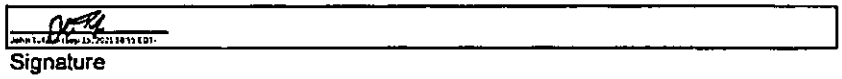
Mailing Address

City
OH — State
ZIP Code

See instructions for additional filing requirements if
(1) the conversion creates a new domestic entity,
(2) the converted entity is a foreign entity that desires to transact business in Ohio; or
(3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
Must be signed by an authorized representative.



Signature

By (if applicable)

John Tufano - Secretary

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

RGH Enterprises, Inc.

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency	Date Notified (MM/DD/YYYY)
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215 * Only required for domestic for-profit corporations	07/31/2021

Agency	Date Notified (MM/DD/YYYY)
Ohio Job & Family Services Status and Liability Section Data Correspondence Control **Fax:** 614-752-4811 **Phone:** 614-466-2319 **Overnight Address:** P.O. Box 182413 Columbus, OH 43218-2413 **Regular Address:** P.O. Box 182413 Columbus, OH 43218-2413	7/31/2021

Agency	Date Notified (MM/DD/YYYY)
Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us * Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. * **Note:** Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.	07/07/2021

☐ The corporation is not required to pay or the department of taxation has not assessed any personal property tax.

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature [signature] Title Secretary

John Tufano
Name

7000 Cardinal Place
Mailing Address

Dublin | Ohio | 43017
City | State | ZIP Code

Seal

Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 9/15/2021

NOTARY PUBLIC STATE OF OHIO
SAMANTHA J BOURDETTE
Notary Public
State of Ohio
My Comm. Expires
December 12, 2021

[signature]
Notary Public

Date Commission Expires (MM/DD/YYYY) 12/12/2021

AFFIDAVIT OF PERSONAL PROPERTY

State of: Ohio

County of: Franklin

John Tufano
Name of Officer

Secretary
Title of Officer

of

RGH Enterprises, Inc.
Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section 1701.86

That above-named corporation: (Check one (1) of the following)

☐ Has no personal property in any county in Ohio

☐ Is the type required to pay personal property taxes to state authorities only

☑ Has personal property in the following county (ies)

Summit		
County	County	County

Signature: John Tufano (Sep 15, 2021 19:55 EDT)

Title: Secretary

Sworn to and subscribed in my presence on this date (MM/DD/YYYY): 9/15/2021

Seal

NOTARY PUBLIC STATE OF OHIO
SAMANTHA J BOURDETTE
Notary Public
State of Ohio
My Comm. Expires
December 12, 2021

Notary Public

Date Commission Expires (MM/DD/YYYY): 12/12/2021

Ohio | Department of Taxation

PO Box 182382
Columbus, OH 43218-2382
tax.ohio.gov

ANDREW MUHN
7000 CARDINAL PL
DUBLIN, OH 43017
USA

August 24, 2021
Contact ID: 9673000272

RE: Certificate of Tax Clearance
Entity Name: Rgh Enterprises, Inc.
Ohio Charter # 00770802
Certificate Issue Date: 08/24/2021

This certificate confirms the above-referenced entity filed all tax returns and paid in full all taxes and fees administered by the Tax Commissioner through the certificate issue date referred to above.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and/or tax liabilities and fees that become due after the certificate issue date. Also, this certificate does not preclude the Department from conducting an examination or audit for any period ending prior to the date this certificate is filed with the Ohio Secretary of State.

This Certificate of Tax Clearance is valid for thirty (30) days from the certificate issue date and must be filed along with all forms prescribed by the Ohio Secretary of State.

Jeffrey A. McClain
Tax Commissioner

If you have any questions, please contact us.

Tax Release Unit
Phone: 1-888-896-4422
Fax: 1-206-984-0378
TTY/TDD: 1-800-750-0750

Form 533A Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

Expedite Filing (Two business day processing time. Requires an additional $100.00)
P.O. Box 1390
Columbus, OH 43216

For screen readers, follow instructions located at this path.

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: $99

Form Must Be Typed

2021 SEP 22 AM 11:35

CHECK ONLY ONE (1) BOX

(1) ☒ Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA)

(2) ☐ Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA)

Name of Limited Liability Company: RGH Enterprises, LLC

(Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," "or "ltd".)

Optional: Effective Date (MM/DD/YYYY): 10/01/2021

(The legal existence of the corporation begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing.)

Optional: This limited liability company shall exist for: perpetual

Period of Existence

Optional: Purpose

** Note for Nonprofit LLCs
The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided. **

Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

RGH Enterprises, LLC

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

C T Corporation System

(Name of Statutory Agent)

4400 Easton Commons Way, Suite 125

(Mailing Address)

Columbus	OH	43219
(Mailing City)	(Mailing State)	(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, C T Corporation System, named herein as the

(Name of Statutory Agent)

Statutory agent for RGH Enterprises, LLC

(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature /s/ Tracy Kellner - Assistant Secretary

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

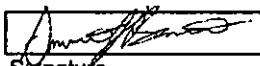
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

If the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.



Signature

Allegiance Corporation, Sole Member

By (if applicable)

Samantha Bourdette, Assistant Secretary

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

4CC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?
☐ Nevada
■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 04160	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: vitaCare Prescription Services, Inc.

Physical Address: 951 Yamato Road, Suite 160

City: Boca Raton State: Florida Zip: 33431

Mailing Address (if different from physical address): Same as Physical Address above.

City: _____ State: _____ Zip: _____

Telephone: 561-961-1902 Toll Free # (NAC 639.708, NRS 639.23286): 800-350-3819

Fax: 800-891-4320 Contact Email: PIC@vitacarerx.com

Website: www.vitacarerx.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Kristen K. Verderber

Supervising/Managing Pharmacist NV Pharmacist Registration #: ~~Pending, PS41432 (Florida)~~ Marc Rosenthal 19150

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Retail/Community	☐ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
■ Internet	☐ Sterile Compounding
☐ Nuclear	■ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ■ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Kristen Verderber	NV Pharmacist Registration #: Pending
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
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)?	✓	
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 from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
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?		✓
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)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required. See Attachment A.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation N/A

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida

Parent Company (if any): Pharmacy Services LLC

Corporation/Organization Name: vitaCare Prescription Services, Inc.

Mailing Address: 951 Yamato Road, Suite 160

City: Boca Raton State: Florida Zip: 33431

Telephone: 561-961-1902 Email: PIC@vitacarerx.com

Contact Person Name: Kristen K. Verderber

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership N/A

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner N/A

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CEO, Director (title) for vitaCare Prescription Services, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

John C. K. Milligan, IV

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

3-21-22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Kristen K. Verderber hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist-in-Charge (title) for vitaCare Prescription Services, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 21 day of MARCH, 2022

Notary Public

CLAUDIA SCIARRETTA
MY COMMISSION # GG 367933
EXPIRES: October 4, 2023
Bonded Thru Notary Public Underwriters

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY N/A

Managing Pharmacist Name: _____ Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	**Yes**	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	**State:**	**Date:**	**Case #:**

Criminal Action:	**State:**	**Date:**	**Case #:**	**County:**	**Court:**

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List <u>all</u> Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)** See Attachment B.	✓	✓		
• **List the <u>top four</u> stockholders and their percent ownership. NRS 639.231(3)** See Attachment B.	✓	✓		
• **List <u>all stockholders</u> who hold 10% or more of the shares. NAC 639.214(4)(b)** See Attachment B.		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.** See Attachment C.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state. See Attachment H.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f) See Attach. D	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a) See Attachment D.	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g) See Attachment D.	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** See Attachment E.	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)** See Attachment F.	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John C. K. Milligan, IV

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

3.21-22

Date

Board Use Only	Date Received: _____	Amount: 500	Check# 91680

vitaCare Prescription Services, Inc.

ATTACHMENT A – Information Regarding Disciplinary Action

On March 26, 2011, John C. K. Milligan, IV, CEO and Director of vitaCare Prescription Services, Inc., was arrested and charged with driving under the influence ("DUI") in Broward County, Florida. Mr. Milligan pled nolo contendere to the charges on June 25, 2013. The court documents are enclosed for your review, which detail the charges and the resolution of those charges. Prior to his plea, Mr. Milligan attended and successfully completed a Level 1 substance abuse and driving education counseling and treatment course. He also successfully completed a period of license suspension of his Florida's driver's license before his plea in court on June 25, 2013. In the State of Florida, the offense is considered a misdemeanor. This incident was Mr. Milligan's first offense for DUI, and he has not had any subsequent events.



IN THE COUNTY COURT IN AND FOR BROWARD COUNTY

CLOCK IN
Filed in Open Court,
CLERK OF THE CIRCUIT COURT
ON JUN 25 2013
BY
CASE NUMBER

DIVISION:
[X] Criminal
[ ] Traffic

COUNTY JUDGMENT AND SENTENCE

THE STATE OF FLORIDA VS. MILLIGAN, JOHN

PLAINTIFF: DEFENDANT: 11007034MMA

STATE ATTORNEY: GINA SMITTOY COURT REPORTER: C.R.S.

YOU AS ABOVE, Being now before the Court, attended by your, Attorney, and you having [ ] BEEN TRIED AND FOUND GUILTY OF [ ] PLEADED GUILTY TO [✓] PLEADED NOLO CONTENDRE TO (DUI/DWLS/PETIT THEFT/PROSTITUTION/POSS. CANNABIS/ // POSS. DRUG PARAPHERNALIA the Court now adjudges you to be guilty of said crime. TRESPASS/RESIST/OBSTRUCT//OPER. W/O VALID DL/BATTERY POSS. CONT. SUBST//LOITERING-PROWLING ////RECKLESS DRIVING// CRIMINAL MISCHIEF// LEAVE ACCIDENT WHAT have you to say why sentence should not be imposed? Saying nothing sufficient, it is the judgement of the Court and the Sentence of the law that you be confined in the (RSO-BC) // PROBATION for a term of (6 DAYS/MONTHS// W/C T/S. DAYS

RESTITUTION TO STATE: The defendant shall make payment of any debt due and owing to the State under section 960.17, 948.03 (1) (9) and 775.089, Florida Statues. The amount of such debt shall not exceed $10,000 and has already been determined to be $ _____ or if not yet determined shall be terminated by the Court at a later date upon final payment by the Crimes Compensation Trust Fund on behalf of the victim(s).

1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4.R. RING	5. R. LITTLE
				
6. L. THUMB	**7. L. INDEX**	**8. L.MIDDLE**	**4. L. RING**	**6. L. LITTLE**
				

I HEREBY CERTIFY that the above and foregoing fingerprints of the Defendant _____, and that they were placed thereon by said Defendant in my presence in Open Court this ____ day of JUN 25 2013

J. Kin 16864
COURT DEPUTY

Kenneth Gottlieb
JUDGE KENNETH GOTTLIEB

I HEREBY CERTIFY that a true and correct copy of the above and foregoing was served on the
State Attorney by: [✓] Hand delivery [ ] U.S. Mail *and to the*
Defense Attorney by: [✓] Hand delivery [ ] U.S. Mail this _____ day of _____, 20

Deputy Clerk

ICC 112-52 COUNTY JUDGEMENT AND SENTENCE

STATE OF FLORIDA
BROWARD COUNTY

I HEREBY CERTIFY that the above and foregoing is a true and correct copy of Judgment and Sentence the original as filed in my office.

WITNESS my hand and Official Seal at Fort Lauderdale, FL, this 24 day of July, 2015

CLERK OF THE CIRCUIT COURT

By _____
Deputy Clerk

COUNTY COURT
STATE OF FLORIDA
BROWARD COUNTY

DATE: 6/25/13 **COUNTY COURT DISPOSITION ORDER IN AND FOR BROWARD COUNTY, FLORIDA** MQ/060111/0900/ARRGN/051411/F

CASE NO. 11007034MM10A ARREST NO. PB11000957 BCCN NO. 0791033

State of Florida VS MILIGAN, JOHN CALVINK

Cash Bond /Surety [illegible] Amount $500 Estreated ____ Vacated ____ Return to Dep. ____

Cash Bond /Surety ____ Amount $ ____ Estreated ____ Vacated ____ Return to Dep. ____

- ☐ Magistrate
- ☐ Arraignment
- ☑ Change of Plea
- ☐ Trial by Jury
- ☐ Trial by Court
- ☐ First VOP
- ☐ Final VOP
- ☐ Admits / Denies Allegations
- ☐ Guilty
- ☑ No Contest
- ☐ Convicted by Jury ____
- ☐ Convicted by Court ____
- ☐ Acquitted by Jury ____
- ☐ Acquitted by Court ____
- ☑ Adj. Guilty I
- ☑ Adj. Withheld II
- ☑ Dismissed III - IV
- ☐ Nolle Prosequi ____
- ☐ No Information ____

CHARGES: 001 DRIVING UNDER THE INFLUENCE

002 LICENSE SUSPENDED

003 DISOBEY GREEN LIGHT

004 EXPIRED TAG/REG 1ST OFFENSE

II- COC DWLS W/O KNOWLEDGE 322.34(1)

SENTENCE:
COUNT(S): I, II Reporting/Administrative Probation: 6 months with special conditions: VIP

- ☑ DUI School Level I
- ☑ License suspended [illegible]
- ☑ NC days immobilization by: ____
- ☑ Random breath / urine analysis at defendant's expense
- ☐ Pay all outstanding fines/costs on Driver's License Record
- ☐ Time served ____ days on Count (s)
- ☐ ____ days Broward County Jail with credit for ____ days time served
- ☐ No contact directly or indirectly with victim(s) or victim's family or others listed below
- ☐ All fines / costs are separate and apart from probation
- ☐ All fines/ costs imposed are a condition of probation on Count(s): 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐
- ☑ All special conditions of probation must be met by the 5 month of probation 11/22/13
- ☑ Other: DFDT MAY TRAVEL NATIONAL AND WORLDWIDE W/ NOTIFICATION
- ☑ 50 hours community service
- ☑ No alcohol or intoxicants while on probation
- ☐ ____ AA / NA meeting(s) per week
- ☐ DDS ____ hours
- ☐ Shoplifters Program ____
- ☐ PTE
- ☐ May work off fine/costs at $ ____ per hour
- ☑ May buy out community service at $ 10 per hour
- ☐ Evaluation, treatment and therapy, if necessary
- ☐ Anger Management ____
- ☐ Interlock Device ____
- ☐ SSATE
- ☐ $ ____ COS waived / imposed
- ☑ Partial payments accepted
- ☐ Fines / cost converted to civil lien / judgment
- ☐ Probation: Revoked - Terminated - Reinstated ____
- ☐ Early termination of probation upon completion of all special conditions

FINES/COSTS ASSESSED: PER CASE: (✓) $50 VC ( ) $50 PD APP FEE ( ) $50 SA FEE ( ) $40 CONTEST FEE ( ) $10 MO FILING ( ) $1000 FATL ( ) $500 SBINJ

Count	Fine	CC	5%	CJC	SN1 $20	AC $65	CSTF $20	CFF $30	OTF $100	CDC $15	EMTF	TC $2	DE $5	ACC R.S. $3	ACJE $2.50	Art V $10	Adm Fee	ACDH $65	DVC $201	RCP $151	CAM $151	Total
I	500	26	25	60							135	✓		✓								
II		25		35				✓									125					185

PAY INVESTIGATIVE COSTS [ ] Crime Lab [ ] Expert Witnesses [ ] Supp. Cost of Prosecution [ ] Toxicology [ ] Law Enforcement

TOTAL AMOUNT DUE OF $ 185 MUST BE PAID BY DEFER DATE: 11/22/13

Payment methods: SEE BACK for METHODS of PAYMENTS

Agency #1 ____

Agency #2 ____

JUDGE: [signature] KENNETH A GOTTLIEB

DEPUTY CLERK: [signature]

rev 12/10

1033

STATE OF FLORIDA
BROWARD COUNTY

I HEREBY CERTIFY that the above and foregoing is a true and correct copy of the original as filed in my office.

WITNESS my hand and Official Seal at Fort Lauderdale, FL, this 24 day of July, 2015.

CLERK OF THE CIRCUIT COURT

By _____
Deputy Clerk

COUNTY COURT
STATE OF FLORIDA
BROWARD COUNTY

Broward-Dade Safety Council

Ft Lauderdale, FL

CERTIFICATE OF SUCCESSFUL COMPLETION

This Certifies that

John Milligan

has participated in an evaluation and has successfully completed a

Level I

curriculum of substance abuse and driving education.

COMPLETION DATE 08/28/2011

Counseling / Treatment was Required at Evaluation.

This certificate is issued upon the condition that any prescribed treatment must be completed and that any failure, by the client named herein, to remain in or complete said treatment could result in the cancellation of the driver license by the Department of Highway Safety and Motor Vehicles.

VAt65998610	1284650
Driver License #	Client ID #
	M
	Sex
Case #	05/11/1962
	Date of Birth
3799-xee	115947
Citation #	Class Number

Company Representative

200 SE 6th Street, Suite 502 Ft Lauderdale, FL 33301 (954) 763-4505 Fax (954) 525-6070

Certificate of Completion

Presented to

John Milligan

Upon completion of

Substance Abuse Program

at

Florida Family Care, Inc.

On this 20th day of June of, 2012

By _____

Marisa Quinones, MS

vitaCare Prescription Services, Inc.

ATTACHMENT B – Corporation Information

vitaCare Prescription Services, Inc.
951 Yamato Road, Suite 160
Boca Raton, FL 33431-4432
561-961-1902

LIST OF VPS OFFICER/DIRECTOR
John C. K. Milligan, IV
CEO, Director
DOB: 05/11/1962

Parent Company Information
Following close, which is anticipated to be on or after April 14, 2022:

Pharmacy Services, LLC
2701 Olympic Blvd., Santa Monica, CA 90404

Pharmacy Services, LLC will own 100% of vitaCare Prescription Services, Inc. after the transaction.

State of Florida
Department of State

I certify from the records of this office that VITACARE PRESCRIPTION SERVICES, INC. is a corporation organized under the laws of the State of Florida, filed on May 11, 2015.

The document number of this corporation is P15000042489.

I further certify that said corporation has paid all fees due this office through December 31, 2022, that its most recent annual report/uniform business report was filed on May 9, 2022, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Sixteenth day of May, 2022

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

Secretary of State

Tracking Number: 6945806859CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

vitaCare Prescription Services, Inc.

ATTACHMENT D – Resident State License, Online Verification, and Inspection Report

AC# 09973791

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/29/2020	PH 29359	120243

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Internet
3:1 Pharmacy Technician Ratio Approved

Expiration Date: **FEBRUARY 28, 2023**
VITACARE PRESCRIPTION SERVICES, INC.
951 YAMATO RD
SUITE 160
BOCA RATON, FL - 33431

Ron DeSantis
GOVERNOR

Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC# 09973791
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
DATE 12/29/2020 | LICENSE NO. PH 29359 | CONTROL NO. 120243
THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.
Expiration Date : FEBRUARY 28, 2023
VITACARE PRESCRIPTION SERVICES, INC.
REGISTRANT SIGNATURE
QUALIFICATION(S):
Internet
3:1 Pharmacy Technician Ratio Approved

EXPIRATION DATE: **FEBRUARY 28, 2023**

Your license number is PH 29359. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes, request duplicate licenses and much more.

It's simple. Log onto your MQA Online Services account today at http://flhealthsource.gov/. Select the "Account Login" button to access your account. For changes to your name, address or to request duplicate licenses, choose your selection from the dropdown list under "Manage My License". Your profession will open for renewal 90 days prior to your expiration date. When the renewal cycle opens for your profession, the "Renew My License" header will automatically display on your license Dashboard.

IMPORTANT ANNOUNCEMENTS

ARE YOU RENEWAL READY?

The Department of Health will now review

GROUNDS FOR DISCIPLINE

You should be familiar with the Grounds for

Department of Health

License Number: PH29359

Data As Of 2/1/2021

Profession	Pharmacy
License	PH29359
License Status	CLEAR/
Qualifications	Internet
License Expiration Date	2/28/2023
License Original Issue Date	09/04/2015
Address of Record	951 YAMATO RD SUITE 160 BOCA RATON, FL 33431
Discipline on File	No
Public Complaint	No

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

File # 22755
Insp # 173135

NAME	PERMIT NUMBER	DATE OF INSPECTION
vitaCare Prescription Services, Inc.	29359	10/27/2020
DOING BUSINESS AS		
STREET ADDRESS 951 YAMATO RD SUITE 160	**TELEPHONE #** 800-350-3819	**EXT**
CITY BOCA RATON	**COUNTY** PALM BEACH	**STATE/ZIP** FL/33431

Additional Information

Business Operation Hours

M-T-W-TH-F N	Weekly Hours
Monday Y	Monday Hours 9:00AM TO 5:00PM
Tuesday Y	Tuesday Hours
Wednesday Y	Wednesday Hours
Thursday Y	Thursday Hours
Friday Y	Friday Hours
Saturday Y	Saturday Hours
Sunday N	Sunday Hours

Registered Pharmacist / Intern / Tech

License # 41432	Licensee Name Kristen Verderber
License Type Registered Pharmacists	
License # 42974	Licensee Name Jordan Margolis
License Type Registered Pharmacists	
License # 58322	Licensee Name Ellesse Maestre
License Type Registered Pharmacists	
License # 47908	Licensee Name Melody Samuel-Boutros
License Type Registered Pharmacists	
License # 52078	Licensee Name Leeron Franco
License Type Registered Pharmacists	
License # 49639	Licensee Name Nicholas Gaston
License Type Registered Pharmacists	
License # 37814	Licensee Name Daniel Flynn
License Type Registered Pharmacists	
License # 37927	Licensee Name Nital Patel
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # FV7670955	

License Relations

Pharmacy Affiliate

CARTWRIGHT, DAN	License #

INV359 - Community Requirements

Insp # 173135 | **vitaCare Prescription Services, Inc.** | **File # 22755**

MILLIGAN, JOHN	License #

RX DPT MGR/COR/POR

VERDERBER, KRISTEN KOHL	License # 41432

INV 359 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081 (2) F.A.C.]	Yes
A sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons stating, "Prescription Department Closed". [64B16-28.109 F.A.C.]	Yes
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C]	Yes

Community Requirements General Section

Expired medications removed from the shelves. [64B16-28.110 F.A.C.]; [64B16-28.1191 F.A.C.]	Yes
Rx Department is open for a minimum of 20 hours per week. [64B16-28.1081 (1) F.A.C.]	Yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c) F.S.]; [21CFR1306.05]	N/A
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)]; [64B16-28.140(3)(d) & F.A.C] *Online, signed daily. Pharmacists working from home. Paper copy in office up to Covid.*	Yes
Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102 F.A.C.]	Yes
Pharmacy technicians and interns properly identified and supervised [64B16-27.100 (2) F.A.C.]; [64B16-27.4001 F.A.C.]; [64B16-27.410 F.A.C.]; [64B16-27.420 F.A.C.] *Does not employ pharmacy techs at this time.*	N/A
Legend drugs properly stored. [64B16-28.118 F.A.C.]; [64B16-28.120 F.A.C.] *None*	N/A
Documentation of destruction of controlled substances. [64B16-28.303, F.A.C.]	N/A
Generic equivalent sign is posted. [465.025(7), F.S]	Yes

Additional Community Requirements

Prescription department is clean and safe, has a sink with running water convenient to the prescription department. [64B16-28.102 F.A.C.]	Yes
Pharmacist on duty when Rx department open. [64B16-28.109, F.A.C.]	Yes
When a pharmacist is not on duty, the prescription department is securely locked, and no other personnel remain in the department. [64B16-28.109 F.A.C.]	Yes
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16-27.410(2) (a), F.A.C.] *In regulatory binder.*	Yes
Documentation signed by Pharmacy technician acknowledging review of the Policy and Procedure manual within 90 days of hire. [64B16-27.410(2) (b), F.A.C.]	N/A
Documentation that Pharmacy technician has been trained in the established job description. [64B16-27.410(2)(c), F.A.C.]	N/A
Pharmacy licenses are current. [465.015(1)(a) F.S.]	Yes
Private consultation area available [6416-28.1035 F.A.C.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.]	Yes
Medication properly labeled. [499 F.S.]; [64B16-28.108 F.A.C.]; [893.04(1)(e) F.S.] [21CFR1306.24]; [21CFR1306.14]	Yes
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and summarization of Quality -Related Events which have been reviewed by the CQI committee quarterly are available for inspection. [64B16-27.300 F.A.C.]; [766.101(1)(a)(l) F.S.] *In compliance, last CQI dated August 31,2020.*	Yes
Policy and Procedure available and implemented to prevent the fraudulent dispensing of controlled substances. [465.022(4), F.S.]	N/A
Pharmacy maintains patient profile records. [64B16-27.800, F.A.C.]	Yes
Written prescriptions for controlled substances are on counterfeit-proof pads from Department-approved vendors. [893.065 F.S.]; [456.42(2) F.S.]	N/A
Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a) F.S.]; [21CFR1304.11]	N/A
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2) F.S.]; 21CFR 1305.13(e)]; [21CFR1305.22(g)]	N/A
Controlled substance records and Rx information in computer system are retrievable. [21CFR1304.04]; [465.022(12) (a) F.S.]; [21CFR1306.22]; [64B16-28.140 F.A.C.]	N/A
Controlled substance records are maintained for 4 years [465.022(12) (b) F.S.] [64B16-28.140 F.A.C.]	N/A
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.] *None to report.*	N/A
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b) F.S.]; [465.022(11) (b) F.A.C.] *None to report.*	N/A
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4) (3)(a), F.S.]	N/A
Compounding records properly maintained. [64B16-28.140(4), F.A.C.]	N/A

INV359 - Community Requirements

Insp # 173135 **vitaCare Prescription Services, Inc.** **File # 22755**

The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005 F.S.] [61N-1.012 F.A.C.]	Yes
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005 (14) F.S.] *TherapeuticsMD.*	Yes
Administration begins not later than 1 hour following start of immediate use CSPs preparation. [64B16-27.797 F.A.C.]	N/A
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility [F.A.C 64B16-27.700(3)(g)]	N/A
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek followup care from his or her primary care physician. [465.1895 (9) F.S.]	N/A
Pharmacist has a written collaborative practice agreement. [465.1865, F.S.]	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	Yes
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	Yes

Pharmacy engages in Centralized Prescription Filling? [64B16-28.450, F.A.C.]

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	
The originating pharmacy is identified with pharmacy name and address on the prescription container label.	
The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	
If a controlled substance, the word "central fill" appears on the face of the original prescription.	
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	
Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.] *1-800-350-3819*	Yes
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197 (3)(e), F.S.] *Shown on label, in compliance.*	Yes
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	Yes

Remarks:

Inspection conducted by Inspector Asaro on 10/27/2020 along with Daniel Flynn, Pharmacist.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature

ASARO, JENNIFER



Date:10/27/2020

Representative:

Kristen Verderber



Date:10/27/2020

VITACARE PRESCRIPTION SERVICES
951 W YAMATO RD STE 160
BOCA RATON, FL 33431-4432

10002421 2/001117-1/1-0

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FV7670955	05-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	04-06-2021

VITACARE PRESCRIPTION SERVICES
951 W YAMATO RD STE 160
BOCA RATON, FL 33431-4432

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FV7670955	05-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	04-06-2021

VITACARE PRESCRIPTION SERVICES
951 W YAMATO RD STE 160
BOCA RATON, FL 33431-4432

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FV7670955	05-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	04-06-2021

VITACARE PRESCRIPTION SERVICES
951 W YAMATO RD STE 160
BOCA RATON, FL 33431-4432

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:
   Drug Enforcement Administration
   P.O. Box 2639
   Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

vitaCare Prescription Services, Inc.

ATTACHMENT F – Internet Pharmacy Services Certification

APPLICATION FOR CERTIFICATION AS A PROVIDER OF INTERNET PHARMACY SERVICES

Addendum to Pharmacy Application
(Only required if providing internet services)

GENERAL INFORMATION

Name of Nevada license pharmacy: vitaCare Pharmacy Services, Inc.

Nevada license number: PH04160

Websites in use or intended to be used: www.vitacarerx.com

Affiliated websites (websites that link to or otherwise direct users to your website):
N/A

VIPPS CERTIFICATION

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered be NABP) certified? Please provide a copy with application. Yes ☒ No ☐

If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.

PHARMACIES LACKING VIPPS CERTIFICATION N/A

1. Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy Yes ☐ No ☐

PLEASE ATTACH A SEPARATE SHEET LISTING ALL THE STATES IN WHICH YOU ARE LICENSED, INCLUDING THE DATE OF INITIAL LICENSURE AND THE LICENSE NUMBER.

2. Does the pharmacy maintain and enforce policies and procedures that ensure the following:

A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives? Yes ☐ No ☐

B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy? Yes ☐ No ☐

C) That for each pharmacy the pharmacy fills the prescription cannot be filled by another pharmacy? Yes ☐ No ☐

D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner? Yes ☐ No ☐

E) That the prescriptions will be filled in compliance with all applicable federal and state laws? Yes ☐ No ☐

F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription? Yes ☐ No ☐

G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver? Yes ☐ No ☐

H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy? Yes ☐ No ☐

I) That the pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device? Yes ☐ No ☐

J) That the pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices? Yes ☐ No ☐

3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes? Yes ☐ No ☐

4. Will the pharmacy provide review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides? Yes ☐ No ☐

5. Does the pharmacy maintain controls of its computer system, information concerning patients, and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents? Yes ☐ No ☐

6. Does the pharmacy comply with applicable federal and state laws regarding the following:

   A) To the dispensing of prescription drugs? Yes ☐ No ☐

   B) To the record keeping related to the patients served by the pharmacy, the purchase of prescription drugs and the sale and dispensing of prescription drugs? Yes ☐ No ☐

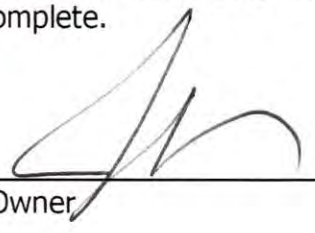
   C) To the sale of over-the-counter products, including any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs ? Yes ☐ No ☐

7. Does the pharmacy ship prescriptions to a patient using secure and traceable means? Yes ☐ No ☐

8. Does the pharmacy ship prescriptions to a patient using packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the *United States Pharmacopoeia, 25th* edition, 2002, which is hereby adopted by reference? Yes ☐ No ☐

PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.

The signature below certifies that the answers provided in this application are true, correct and complete.



Signature of Owner

3-21-22

Date

LegitScript
(https://www.legitscript.com/)

WEBSITE SEARCH

VITACARERX.COM

is certified by LegitScript

Website Summary

URL:	http://vitacarerx.com/ (http://vitacarerx.com/)
WEBSITE TYPE:	Internet Pharmacy
APPROVAL STATUS:	CERTIFIED

LegitScript has reviewed this website or merchant as part of our certification program, and has determined that it meets our standards for legality, safety and transparency! That means that we monitor this merchant regularly. If you have any concerns or problems with this website or merchant, please make sure to drop us a note and let us know.

More information about the standards we use to certify and monitor merchants can be found here (https://www.legitscript.com/service/certification/).

Check Another Website

www.example.com VERIFY

☐ Read our Legal Disclaimer

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Kristen Verderber

From: LegitScript Certification Team <certification@legitscript.com>
Sent: Tuesday, January 16, 2018 2:15 PM
To: Kristen Verderber
Subject: Re: vitaCare Prescription Services Policies

CAUTION: External Email

Hi Kristen,

Thank you for your clarification. LegitScript's review of vitaCare Prescription Services is complete. We would like to congratulate vitacarerx.com on becoming LegitScript-certified! VitaCare Prescription Services' certification status can be publicly verified on LegitScript's website, see https://www.legitscript.com/websites/vitacarerx.com/.

Going forward, please let us know if vitaCare Prescription Services changes any relevant policies; adds services; or modifies its website or website capabilities. Also, please let us know if your company or any of its employees or principals incur any Disciplinary Action, as defined in LegitScript's Healthcare Merchant Standards Agreement, see here.

We understand that TherapeuticsMD, Inc., the company that owns vitaCare Prescription Services, Inc., has applied for at least two New Drug Applications (NDAs) with the FDA. We request that vitaCare Prescription Services informs LegitScript when these products receive FDA approval, as well as when vitaCare Prescription Services begins dispensing these products.

Next steps: you will receive two emails. The first will explain how to add LegitScript's seal to your website and the second will be an invoice for LegitScript's ongoing monthly monitoring. We will follow up with you in about a year for your annual compliance review (which is typically a much shorter process).

Thank you for your certification partnership. Please let us know if you have any questions.

Sincerely,

Vipin Bhagat

LegitScript Certification Team

Follow LegitScript: LinkedIn | | Twitter | Blog | Newsletter

On Tue, Jan 16, 2018 at 6:21 AM, Kristen Verderber <kverderber@vitacarerx.com> wrote:

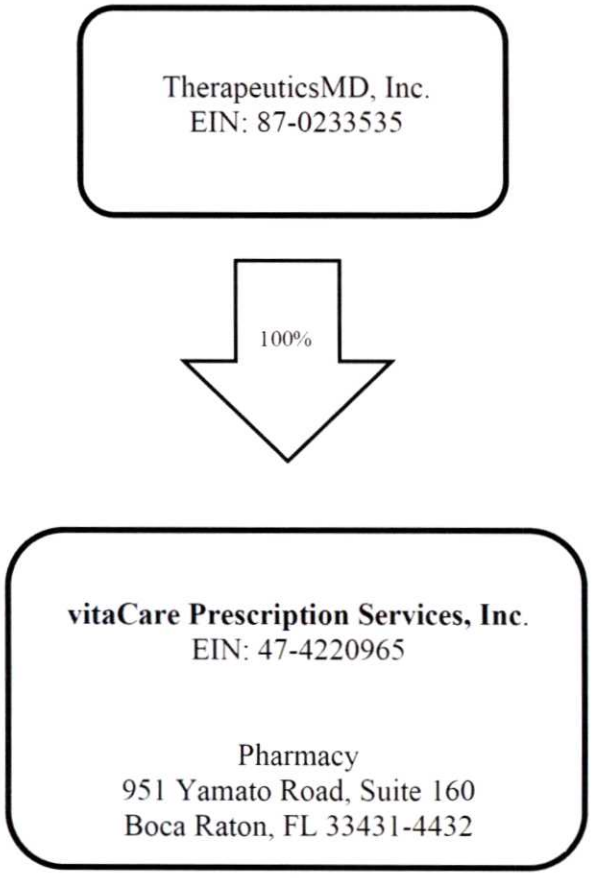
Hello Vipin,

- Does vitaCare Prescription Services dispense any products without a prescription? No we do not
- If yes, which products and under what circumstances does vitaCare Prescription Services dispense products without a prescription? N/A

vitaCare Prescription Services, Inc.

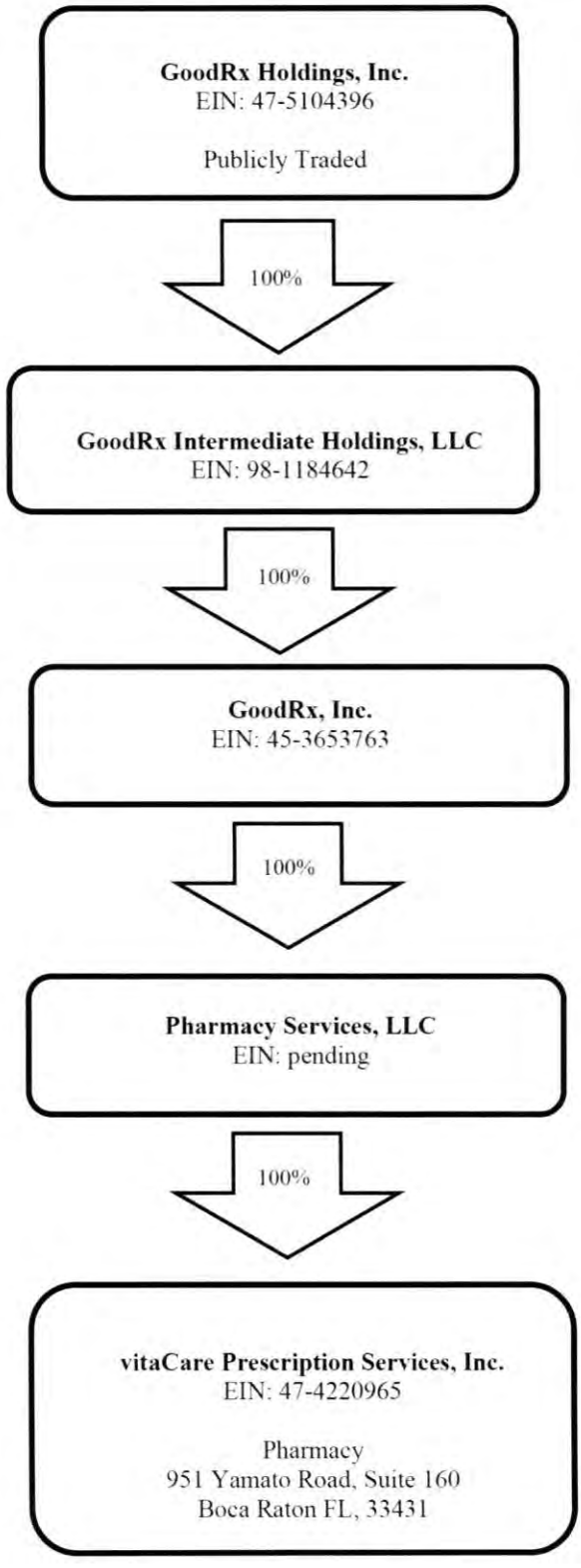
ATTACHMENT G – Pre- and Post- Transaction Organizational Chart

Pre-Organizational Chart – vitaCare Prescription Services, Inc.



Post-Organizational Chart – vitaCare Prescription Services, Inc.

Effective April 14, 2022 (subject to change)



vitaCare Prescription Services, Inc.

ATTACHMENT H – Designated Representative Application

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: vitaCare Prescription Services, Inc.

Physical Address: 951 Yamato Road, Suite 160

City: Boca Raton State: Florida Zip: 33431

Mailing Address (if different from physical address): Same as Physical Address above.

City: State: Zip:

Telephone: 561-961-1902 Website: www.vitacarerx.com

Licensing Company Email: pic@vitacarerx.com

Section 2: Personal Information

First: Kristen Middle: K. Last: Verderber

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] Yamato Road, Suite [redacted]

City: Boca Raton State: FL Zip: 33431

Telephone: [redacted] Email: kverderber@vitacarex.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's Initials: KKV

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Palm Beach Atlantic University		08/2002 - 05/2006	
Address	City	State	Zip
901 S. Flagler Drive	West Palm Beach	FL	33401
Diploma/Degree obtained, if any			
Pharm D.			

School Name		From - To (MM/YY – MM/YY)	
Georgia State University		08/99 - 05/2002	
Address	City	State	Zip
PO Box 3965	Atlantic	GA	30302
Diploma/Degree obtained, if any			
Bachelors of Science			

School Name		From - To (MM/YY – MM/YY)	
The Woodland High School			
Address	City	State	Zip
6101 Research Forest	The Woodlands	TX	77381
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2001-present	[redacted] NE Lakeview Terrace	Boca Raton	FL	33431
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
vitaCare Prescription Services, Inc.			2014 to present
Business Address	**City**	**State**	**Zip**
951 Yamato Road, Suite 160	Boca Raton	FL	33431
Phone	**Title**		**Number of Employed Hours**
561-961-1902	Pharmacist-in-Charge		18,720 hours
Description of Duties			
Fulfillment of prescriptions, labeling, stocking, counseling, and transferring pharmacy-to-pharmacy.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials KKV

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date 3/15/2022

Applicant's initials KKV

I, Kristen K. Verderber, **certify that as the designated representative for**

vitaCare Prescription Services, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Kristen K. Verderber

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/15/2022

Date

Applicant's initials KKV

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kristen K. Verderber

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/16/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Palm Beach

I, Kristen Verderber, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/16/2022

Date

Subscribed and Sworn to before me this 16 day of MARCH 2022

Notary Public Signature

CLAUDIA SCIARRETTA
MY COMMISSION # GG 367933
EXPIRES: October 4, 2023
Bonded Thru Notary Public Underwriters

(Seal)

Applicant's initials KKV

4DD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH ~~Y57832~~	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		■ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Always Rx Pharmacy Inc.

Physical Address: 2001 Westwood Blvd.

City: Los Angeles State: CA Zip: 90025

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 310-877-7795 Toll Free # (NAC 639.708, NRS 639.23286): 866-380-3737

Fax: 424-372-9500 Contact Email: alwaysrxpharmacy@gmail.com

Website: www.alwaysrx.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Dor Keyvani PharmD

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22619

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Retail/Community	☐ Retail/Community
☐ Hospital (# beds _____)	■ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ■ Saturday ■ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)	
Name: Dor Keyvani PharmD	NV Pharmacist Registration #: 22619
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
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)?		✔
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 from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
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?		✔
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)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)		
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: NA

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NA

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: NA

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: Dor Keyvani PharmD

Business Name: Always Rx Pharmacy Inc.

Business Address: 2001 Westwood Blvd.

City: Los Angeles State: CA Zip: 90025

Telephone: 310-877-7795 Email: alwaysrxpharmacy@gmail.com

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Owner (title) for Always Rx Pharmacy Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Dor Keyvani PharmD

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

3/28/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Dor Keyvani PharmD hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Owner (title) for Always Rx Pharmacy Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 28 day of March, 20 22

Notary Public

ALEX ITKIS
COMM # 2378028
Los Angeles County
California Notary Public
Comm Exp Oct. 9, 2025

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: N/A _____ Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✔

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents</u> that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ 4/15/22

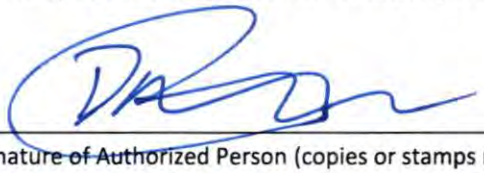
Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded** - The top 4 shareholder/stockholders. b. **For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dor Keyvani PharmD

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

3/28/22

Date

Board Use Only	Date Received: _____	Amount: $500 Check 1130

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy **X** Hospital Pharmacy Clinic Exempt Hospital Wholesaler Hypodermic

Date: 8/10/2021 Inspector: Valerie Sakamura

Firm: ALWAYS RX COMPOUNDING PHARMACY Phone: (310) 877-7795

Address: 2001 WESTWOOD BLVD City: LOS ANGELES Zip: 90025

Ownership: CORPORATION

Permit #: PHY57832 Permit Exp: 1/1/2022 DEA#: FA9995222 DEA Exp: 6/30/2023

Date of Self Assessment Form: 2/27/2021 Other Permit #: N/A Date of DEA Inventory: 8/8/2021

Hours M-F: 830-18 Hours Saturday: 11-15 Hours Sunday: 11-15

PIC **DOR KEYVANI** RPH75634 Administrator

RPH Consultant

Staff RPH Name:	License #:	Staff Name:	License #:
NIUSHA BEHDAD	INT48215	**BRUCE KEYVANI**	CLERK
SARA MIKHAELI	RPH72242	**DANIEL KEYVANI**	CLERK
		ELMER A LEIVA	TCH131034

Inspector Remarks:

New pharmacy owner as of January 2021, used to be Fusion Rx. Did not purchase records/computers from old owner. On site parking available. Large pharmacy but not much space for storage (consider off site waiver).

Premises:
Pharmacy sells some OTC items and other products on front end. In the front of the pharmacy there is a room used for COVID tests, but in the future will be used for immunizations/consultations.
There is a built out clean room (solid clear walls) from previous owner in one section of pharmacy. Includes ante room with sink and and three other rooms- rooms are not yet certified, but hood in furthest room (vented to outside) is certified, and currently used for non-sterile hazardous drug compounding.
Pharmacy has 4 other hoods throughout the pharmacy for non-sterile compounding.
Bathroom on site. Security measures observed. Sink available in main pharmacy area.

General information:
Pharmacy currently fills 1-3 new prescriptions/day, mostly new. Starting to get business from refills. Pharmacy offers non-sterile compounding (vet, suppositories, topical). Hoods and equipment are certified and calibrated by TSS and Metrology.
Pharmacy offers delivery, by personal delivery or delivery services.
Computer system: Pioneer (prescription processing and compounding). CURES submitted automatically.
Pharmacy does not carry CII, but has CIII-V.
Staffing today: one pharmacist, one intern.

Regulatory:
Pharmacy has License Protective Services binder-reviewed policies such as QA, theft, job duties, interpretive services.
Notice to consumers and point to your language posted. License posted on far wall, please move closer to customers so they can read the name and license number.
Spot checked prescriptions, hot water in sink (took a while to get hot, please see if it can be adjusted to get hotter sooner), label, DEA

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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

inventory.

Licensee Remarks:

I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) _____
Pharmacist (print) Dor Keyrani

Inspector (sign) _____
Inspector (print) VALERIE SACRAMENTO

Owner(sign) _____
Owner(print) Dor Keyrani

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

California Secretary of State
Electronic Certified Copy

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify that the attached transcript of 2 pages is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California on this day of February 11, 2022

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Verification Number: 62YR5RJ
Entity (File) Number: C4577719

To verify the issuance of this Certificate, use the Verification Number above with the Secretary of State Electronic Verification Search available at *bizfile.sos.ca.gov*

California Secretary of State
Electronic Filing

FILED
Secretary of State
State of California

Corporation - Statement of Information

Entity Name:	ALWAYS RX PHARMACY INC.
Entity (File) Number:	C4577719
File Date:	02/09/2022
Entity Type:	Corporation
Jurisdiction:	CALIFORNIA
Document ID:	H218212

Detailed Filing Information

1. Entity Name: ALWAYS RX PHARMACY INC.

2. Business Addresses:
   a. Street Address of Principal Office in California:
   2001 Westwood Blvd
   Los Angeles, California 90025
   United States of America

   b. Mailing Address:
   2001 Westwood Blvd
   Los Angeles, California 90025
   United States of America

   c. Street Address of Principal Executive Office:
   2001 Westwood Blvd
   Los Angeles, California 90025
   United States of America

3. Officers:
   a. Chief Executive Officer:
   Dor Keyvani
   2001 Westwood Blvd
   Los Angeles, California 90025
   United States of America

   b. Secretary:
   Dor Keyvani
   2001 Westwood Blvd
   Los Angeles, California 90025
   United States of America

Certificate Verification Number: 62YR5RJ
Use bizfile.sos.ca.gov to verify the certified copy.

Document ID: H218212

Use bizfile.sos.ca.gov for online filings, searches, business records, and resources.

California Secretary of State
Electronic Filing

Officers (cont'd):

c. Chief Financial Officer: Dor Keyvani
2001 Westwood Blvd
Los Angeles, California 90025
United States of America

4. Director: Dor Keyvani
2001 Westwood Blvd
Los Angeles, California 90025
United States of America

Number of Vacancies on the Board of Directors: 0

5. Agent for Service of Process: Dor Keyvani
2001 Westwood Blvd.
Los Angeles, California 90025
United States of America

6. Type of Business: Pharmacy

No Officer or Director of this Corporation has an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code.

By signing this document, I certify that the information is true and correct and that I am authorized by California law to sign.

Electronic Signature: Dor Keyvani PharmD

Use bizfile.sos.ca.gov for online filings, searches, business records, and resources.

Certificate Verification Number: 62YR5RJ
Use bizfile.sos.ca.gov to verify the certified copy.

Document ID: H218212

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 57832

NAME: ALWAYS RX COMPOUNDING PHARMACY

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

2001 WESTWOOD BLVD
LOS ANGELES CA 90025
LOS ANGELES COUNTY

ISSUANCE DATE

JANUARY 29, 2021

EXPIRATION DATE

JANUARY 1, 2023

CURRENT DATE / TIME

FEBRUARY 2, 2022
3:24:40 PM

LICENSE RELATIONSHIPS

NAME: KEYVANI, DOR

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 75634 **PRIMARY STATUS:** CLEAR





Renewal Certificate

Retail Pharmacy Permit

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

LICENSE NO. PHY 57832
RECEIPT NO. 13060683

VALID UNTIL JANUARY 01, 2023

ALWAYS RX COMPOUNDING PHARMACY
2001 WESTWOOD BLVD
LOS ANGELES CA 90025

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.
This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) administrator or pharmacist-in-charge.
This permit is valid only at the address shown.

11/04/21
11/04/21 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHPHY (09/30/19) PHY

1080

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA9995222	06-30-2023	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	02-17-2021

ALWAYS RX PHARMACY
DBA: ALWAYS RX COMPOUNDING PHARMACY
2001 WESTWOOD BLVD
LOS ANGELES, CA 90025

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA9995222	06-30-2023	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	02-17-2021

ALWAYS RX PHARMACY
DBA: ALWAYS RX COMPOUNDING PHARMACY
2001 WESTWOOD BLVD
LOS ANGELES, CA 90025

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 03/24/2022
Amount:
License #: 22619

Dor Keyvani

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:03/24/2022
Expires:09/24/2022

Dor Keyvani

License #
22619
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 22619
Effective Date:03/24/2022

Expires: 09/24/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Dor Keyvani

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Always Rx Pharmacy Inc.

Physical Address 2001 Westwood Blvd.

City Los Angeles State CA Zip 90025

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Dor Middle N/A Last Beyvani

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] San Vicente Blvd. Apt. [redacted]

City Santa Monica State CA Zip 90402

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials DK

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of California, San Francisco		09/2012-05/2016	
Address	City	State	Zip
513 Parnassus Ave. #5960	San Francisco	CA	94143
Diploma/Degree obtained, if any			
Doctor of Pharmacy (PharmD)			
School Name		From - To (MM/YY – MM/YY)	
University of California, San Diego		09/07-12/11	
Address	City	State	Zip
9500 Gilman Dr.	La Jolla	CA	92023
Diploma/Degree obtained, if any			
Bachelor of Science: Biochemistry & Cell Biology			
School Name		From - To (MM/YY – MM/YY)	
Santa Monica High School		09/03-06/07	
Address	City	State	Zip
601 Pico Blvd.	Santa Monica	CA	90405
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/02-Present	[redacted] San Vicente Blvd. Apt. N	Santa Monica	CA	90402
08/14-05/16	[redacted] Judah st. #102	San Francisco	CA	94122
08/13-08/14	[redacted] Woodland Ave.	San Francisco	CA	94117
09/12-08/13	[redacted] Lincoln Way.	San Francisco	CA	94122
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's Initials DL

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above:

Business Name: CVS Pharmacy			From - To (MM/YY – MM/YY): 11/16 - 02/21	
Business Address: 5985 W. Pico Blvd.	City: Los Angeles		State: CA	Zip: 90035
Phone: 323-965-9161	Title: Staff Pharmacist		Number of Employed Hours: 3500	
Description of Duties: Verify prescriptions, fill prescriptions manage inventory, counsel patients, record keeping, inventory audit, process insurance claims.				
Business Name: Always Rx Pharmacy Inc.			From - To (MM/YY – MM/YY): 02/21 - Present	
Business Address: 2001 Westwood Blvd.	City: Los Angeles		State: CA	Zip: 90025
Phone: 310-877-7795	Title: Pharmacist - In - Charge		Number of Employed Hours: 4500	
Description of Duties: Verify and fill prescriptions, manage inventory, counsel patients, record keeping and filing, inventory audit				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials DM

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials DK

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # NA. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (~~electronic~~, copies or stamps not accepted)

4/14/22
Date

Applicant's initials

I, Dor Keyvani PharmD, **certify that as the designated representative for** Always Rx Pharmacy Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Dor Keyvani

Print Name (First, Last)

Original ~~Signature (electronic,~~ copies or stamps not accepted)

4/14/22

Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dor Keyvani

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/15/22

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, Dor Keyvani, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/15/22

Date

Subscribed and Sworn to before me this 15 day of April 2022.

Parker Alchanati

Notary Public Signature

PARKER ALCHANATI
COMM # 2352652
Los Angeles County
California Notary Public
Comm Exp Mar. 22, 2025

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway; Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Always Rx Pharmacy Inc.

Physical Address: 2001 Westwood Blvd.

City: Los Angeles State: CA Zip: 90025

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 3108777795 Website: www.alwaysrx.com

Licensing Company Email: alwaysrxpharmacy@gmail.com

Section 2: Personal Information

First: Dor Middle: Last: Keyvani

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] San Vicente Blvd., Apt [redacted]

City: Santa Monica State: CA Zip: 90402

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty:

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials: DK

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of California, San Francisco		09/2012 - 05/16	
Address	City	State	Zip
513 Parnassus Ave. #S960	San Francisco	CA	94143
Diploma/Degree obtained, if any			
Doctor of Pharmacy (PharmD)			
School Name		From - To (MM/YY – MM/YY)	
University of California, San Diego		09/07 - 12/11	
Address	City	State	Zip
9500 Gilman Dr.	La Jolla	CA	92023
Diploma/Degree obtained, if any			
Bachelor of Science: Biochemistry & Cell Biology			
School Name		From - To (MM/YY – MM/YY)	
Santa Monica High School		09/03 - 06/07	
Address	City	State	Zip
601 Pico Blvd.	Santa Monica	CA	90405
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/02-Present	[redacted] San Vicente Blvd. Apt. N	Santa Monica	CA	90402
08/14-05/16	[redacted] Judah St. #102	San Francisco	CA	94122
08/13-08/14	[redacted] Woodland Ave.	San Francisco	CA	94117
09/12-08/13	[redacted] Lincoln Way	San Francisco	CA	94122
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials DK

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Always Rx Pharmacy Inc.			From - To (MM/YY – MM/YY): 02/21 - Present
Business Address: 2001 Westwood Blvd.	City: Los Angeles	State: CA	Zip: 90025
Phone: 310-877-7795	Title: Pharmacist-In-Charge, Owner		
Description of Duties: verify and fill prescriptions, manage inventory, inventory audits, record keeping, patient counseling, employee training, regulatory compliance			
Business Name: CVS Pharmacy			From - To (MM/YY – MM/YY): 11/16 - 02/21
Business Address: 5985 W. Pico Blvd.	City: Los Angeles	State: CA	Zip: 90035
Phone: 323-965-9161	Title: Staff Pharmacist		
Description of Duties: Fill and verify prescriptions, manage inventory, inventory audits, record keeping, patient counseling,			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials DK

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liabillty company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4/28/22
Date

Applicant's initials DR

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dor Keyvani

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/29/22

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, Dor Keyvani, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/29/2022

Date

Subscribed and Sworn to before me this 29 day of April.

Notary Public Signature

ALEX ITKIS
COMM # 2378028
Los Angeles County
California Notary Public
Comm Exp Oct. 9, 2025

(Seal)

Applicant's initials DK

4EE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: COMPLETE CARE PHARMACY

Physical Address: 1050 IRON POINT ROAD

City: FOLSOM State: CA Zip: 95630

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 1-833-626-1480 Toll Free # (NAC 639.708, NRS 639.23286): 1-833-626-1480

Fax: 1-877-541-0229 Contact Email: CompleteCarePharmacy1@gmail.com

Website: NA

Nevada Business License # (if applicable) NA

Supervising/Managing Pharmacist Name (NRS 639.220): Linette Ching ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 18919 ✓

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Retail/Community	☐ Retail/Community
☐ Hospital (# beds _____)	■ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	■ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Name: Linette Ching	NV Pharmacist Registration #: 18919
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

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)?		✔
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 from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
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?		✔
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)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

State of Incorporation: NA

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

State of Incorporation/Organization: California

Parent Company (if any): NA

Corporation/Organization Name: Elevation Family Pharmacy, Inc

Mailing Address: 1050 Iron Point Road

City: Folsom State: CA Zip: 95630

Telephone: 1-833-626-1480 Email: CompleteCarePharmacy1@gmail.com

Contact Person Name: Ryan Duran

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ■ Yes ☐ No

Partnership Name: NA

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Owner's Name: NA

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

[redacted]

Statement of Responsibility

1. I am the President (title) for Complete Care Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Daniel S Fuchs, RPh/President

Print Name of Authorized Person

Daniel S. Fuchs, RPh/President

Original signature of Authorized Person (copies or stamps not accepted)

05/16/2022

Date

[redacted]

Affidavit for Pharmacy License

I, Daniel S Fuchs hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President (title) for Complete Care Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Daniel S. Fuchs, RPh/President
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 18 day of May, 2022

Lillian S. Gomez
Notary Public

LILLIAN S. GOMEZ
NOTARY PUBLIC - STATE OF IDAHO
COMMISSION NUMBER 23711
MY COMMISSION EXPIRES 3-2-2025

Managing Pharmacist Name: NA _____ Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

NA			

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
NA • **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded** - The top 4 shareholder/stockholders. b. **For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
NA • **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
NA • **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
NA • **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel S Fuchs, RPh/ President

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Daniel S. Fuchs, RPh / President

Original signature of Authorized Person (copies or stamps not accepted)

05/16/2022

Date

Board Use Only	Date Received: _____	Amount: 500	check # 1053 ✓

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

June 2, 2022

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

California State Board of Pharmacy License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

Licensee Name: COMPLETE CARE PHARMACY

License Type: PHARMACY

License Number: PHY 57891

Status: ACTIVE

Issue Date: 10/26/2020

Expiration Date: 10/01/2022

Address of Record: 1050 IRON POINT RD FOLSOM, CA 95603

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren
Executive Officer

By

Ann Altamirano
Public Inquiry Analyst
(916) 518-3045
Pharmacy.PublicRecords@dca.ca.gov

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

Retail Pharmacy Permit

Renewal Certificate

LICENSE NO. PHY 57891
RECEIPT NO. 12290497

VALID UNTIL OCTOBER 01, 2022

COMPLETE CARE PHARMACY
1050 IRON POINT RD
FOLSOM CA 95603

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.
This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) administrator or pharmacist-in-charge.
This permit is valid only at the address shown.

21

21 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

Nevada State Board of Pharmacy,

To Whom It May Concern,

Complete Care Pharmacy will not be mailing any controlled substances into the State of Nevada and would like to request an exemption from the requirement to Transmit Controlled Substance Prescription Data.

Thank You

Daniel S. Fuchs, RPh/President

Daniel S Fuchs, RPh/President
05/16/2022

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INSPECTION REPORT

Pharmacy X Hospital Pharmacy ___ Clinic ___ Exempt Hospital ___ Wholesaler ___ Hypodermic ___

Date: 3/10/2020 Inspector: Mojgan Mohammadzadeh

Firm: ELEVATION FAMILY PHARMACY INC DBA COMPLETE CARE Phone: (916) 365-8484

Address: 1050 IRON POINT RD City: FOLSOM Zip: 95630

Ownership: CORPORATION

Permit #: PHY55427 Permit Exp: 6/1/2020 DEA#: FE6830548 DEA Exp: 8/31/2020

Date of Self Assessment Form: ___ Other Permit #: N/A Date of DEA Inventory: ___

Hours M-F: 9AM-6PM Hours Saturday CLOSED Hours Sunday: CLOSED

PIC MINA S ESKANDAR RPH75011 Administrator ___

RPH Consultant ___

Staff RPH Name:	License #:	Staff Name:	License #:
HARISH SINGH	RPH77215	BEAU M PETERSON	TCH156889
		BRENDEN CYPRIANO	CLERK

Inspector Remarks:

Pharmacy is an **independent community pharmacy, opened in 1/2/2018, in a standalone building mostly furnishing to Dr. Jeffrey Hill that is adjacent to pharmacy**

Average number of Prescriptions 50-65 RX a day, 60%refill, 40%new

Services provided include: Immunization, compounding, prescription delivery, mailed prescriptions
Pharmacy compounds weight loss prescriptions

Routine inspection
Assisting pharmacy representative: Mina Eskandar PIC
Assisting inspector: Jessica Cudmore

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Reviewed:

Notices to the public: Pharmacy permit and renewal; DEA registration; Notice to Consumer Poster; Language notice/interpretive service; CAIR/VIS/Ride reporting

Facility: Security, Premise condition, sink with hot and cold water; Staff licensing, Pharmacy and Licensee emails registered with the board; 3 Refrigerators (manual, logged1- 2 times a day for the one with Shingrix in it); Using Pioneer software, Beacon Inventory system

Reports: Community Pharmacy Self-Assessment; Compounding Pharmacy Self-Assessment; Biennial Controlled Substances Inventory; Quarterly Controlled Substance Reconciliation (none); DEA 106 (none)

Policies and Procedures: Quality Assurance Policy and Incident Reports (none)
Impaired employee/Theft and diversion; Technician Job Description; Interpretive service

Drug Stock: Spot check of active stock for expired drugs; Drug acquisition and disposition procedures; Recalls, outdates, and hazardous waste quarantined
Wholesaler: McKesson, TopRX, API, Keysource, Parmed, and Northwest generics; **Reverse distributor:** RX Reverse Distributor

Records: CII (CSOS) and CIII-V invoices; PSE Logs and invoices; Electronic Prescription Records

Prescription dispensing and verification: CURES (Atlantic Association); Dispensing process; Sample of recent CII and CIII-V prescriptions; Patient centered labels

Will Call Area: Return to stock procedures

Consultation: No opportunity to observe

Compounding: Compounding facilities and equipment – Certification and Calibration; Cleaning log; Master Formula; Compounding record/worksheets; Policy and Procedures; Training; Quality Assurance Reports; Compounding prescription labels Please note correction issued and comply with 1735 in its entire content.

Immunization: Immunization Protocol; ACIP Training Certification; BLS Certificates; Reporting to CAIR/Ride

Education:

- Technicians can now renew their licenses online
- CCR 1732.5(b) requires 2 hours of board provided CE courses in Law and Ethics for renewal of licenses expiring on or after July 1,2019
- BPC 4125 requires a pharmacy, that participates in the Medi-Cal program, to charge Medicare beneficiaries a price that does not exceed the Medi-Cal reimbursement rate for prescription medicines
  - Upon presentation of a valid prescription for the patient
  - Upon presentation of the patient's Medicare card
  - Does not apply to OTC medications or compounded prescriptions
- BPC 4013 requires licensees to join the board's email notification list within 60 days of obtaining a license or at the time of renewal

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Discussion:

- **Pharmacy permit was not in its original frame. It was corrected at the time of inspection**
- **Policy & procedure not available for interpretive services, Clerk did not know where to call for translation**
- **CAIRS poster**
- **Quarterly Controlled Substance Reconciliation ccr1715.65**
- **P& P for Technician Job Description not available**
- **P&P for immunization not available**
- **Flavor Blend expired on 9/2019**
- **Label expired items totes**
- **Provide documents of legitimacy for Parmed and Keysource** /send me in 14 days
- mail/Delivery missing right to consult 1707.2(b)(2)

Email proof of correction for all items on the Order of Correction to Inspector Mojgan Mohammadzadeh, using the EMAIL information listed below, by close of business, 5pm on Tuesday, 03/24/2020

Mojgan Mohammadzadeh
Inspector, CA Board of Pharmacy
2720 Gateway Oaks Drive
Sacramento, CA 95833
Phone: 916-531-6246

Email: mojgan.mohammadzadeh@dca.ca.gov

For questions pertaining to pharmacy law, please contact the board Monday through Thursday from 9am to 1pm.
Email: ask.inspector@dca.ca.gov (Include name, organization, phone, and best call time)
Fax: (916) 574-8618
Phone: (916) 518-3100

Licensee Remarks:

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Department of Consumer Affairs
Gavin Newsom, Governor

I have reviewed, discussed, understand and received a copy of this form .

Pharmacist (sign) _____

Pharmacist (print) Mina ESKANDAR

Inspector (sign) _____

Inspector (print) Mojan M. Zadeh / Jessica Cudmore

Owner(sign) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

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Department of Consumer Affairs
Gavin Newsom, Governor

ORDER OF CORRECTION

Date: 3/10/2020
Time of Day: 5:13 PM

Permit #: PHY55427

Name as shown on permit: **ELEVATION FAMILY PHARMACY INC DBA COMPLETE CARE P**

Address: 1050 IRON POINT RD

City: FOLSOM

Please be advised it appears there is a failure to comply with the following laws governing the practice of pharmacy, and/or the rules and regulations of the Board of Pharmacy:

1. CCR 1735	Compounding in Licensed Pharmacies. In that, at the time of inspection no integrity & potency test available. Also some worksheets missing lot number and pharmacisit's final initials(1735.3.2d) & (1735.3) & (1735.8(b). Please make sure to comply with 1735"s entire content.
2. CCR 1714(b)	Operational Standards and Security. Each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured and distributed. The pharmacy shall be of sufficient size and unobstructed area to accommodate the safe practice of pharmacy. In that, at the time of inspection the refrigrator inside compounding room did not have any temperature logged for the month of March.
3. CFR 1304.11(b)	Inventory requirements. Initial inventory date. Every person required to keep records shall take an inventory of all stocks of controlled substances on hand on the date he/she first engages in the manufacture, distribution, or dispensing of controlled substances, in accordance with paragraph (e) of this section as applicable. In the event a person commences business with no controlled substances on hand, he/she shall record this fact as the initial inventory. In that, at the time of inspection there was no initial CII inventory upon opening of the business available.

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4.	CCR 1735.2(k)	Compounding Limitations and Requirements; Self-Assessment. Prior to allowing any drug product preparation to be compounded in a pharmacy, the pharmacist-in-charge shall complete a self-assessment for compounding pharmacies developed by the board (Incorporated by reference is "Community Pharmacy & Hospital Outpatient Pharmacy Compounding Self-Assessment" Form 17M-39 Rev. 02/12.) as required by Section 1715 of Title 16, Division 17, of the California Code of Regulations. That form contains a first section applicable to all compounding, and a second section applicable to sterile injectable compounding. The first section must be completed by the pharmacist-in-charge before any compounding is performed in the pharmacy. The second section must be completed by the pharmacist-in-charge before any sterile compounding is performed in the pharmacy. The applicable sections of the self-assessment shall subsequently be completed before July 1 of each odd-numbered year, within 30 days of the start date of a new pharmacist-in-charge or change of location, and within 30 days of the issuance of a new pharmacy license. The primary purpose of the self-assessment is to promote compliance through self-examination and education. In that, at the time of inspection a compounding Self Assessment was done on 1/2/18 per PIC Mina Eskandar however it was not signed. A community self assessment missing for 2019 to line up with odd year.
5.	CCR 1715(a)	Self-Assessment of a Pharmacy by the Pharmacist-in-Charge. The pharmacist-in-charge of each pharmacy as defined under section 4029 or section 4037 of the Business and Professions Code shall complete a self-assessment of the pharmacy's compliance with federal and state pharmacy law. The assessment shall be performed before July 1 of every odd-numbered year. The primary purpose of the self-assessment is to promote compliance through self-examination and education. In that, at the time of inspection the last community Self Assessment was conduscted on 1/2/2018. There should have been one done in 2019 to line up with odd year in 2019.
6.	CFR 1304.11(e)	Inventory requirements. Biennial inventory date. After the initial inventory is taken, the registrant shall take a new inventory of all stocks of controlled substances on hand at least every two years. The biennial inventory may be taken on any date which is within two years of the previous biennial inventory date. In that, at the time of inspection there was no Biennial Inventory available.
7.	CCR 1707.5(d)	Patient-Centered Labels for Prescription Drug Containers; Requirements. The pharmacy shall have policies and procedures in place to help patients with limited or no English proficiency understand the information on the label as specified in subdivision (a) in the patient's language. The pharmacy's policies and procedures shall be specified in writing and shall include, at minimum, the selected means to identify the patient's language and to provide interpretive services and translation services in the patient's language. The pharmacy shall, at minimum, provide interpretive services in the patient's language, if interpretive services in such language are available, during all hours that the pharmacy is open, either in person by pharmacy staff or by use of a third-party interpretive service available by telephone at or adjacent to the pharmacy counter. In that, at the time of inspection there was no P&P in place to provide interpretive services

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8.	BPC 4040	Prescription; Content Requirements. In that, at the time of inspection Rx#0618948 a telephone order prescription was missing pharmacist's initial
9.	H&SC 11164(b)(1)	Prescribing, Filling, Compounding or Dispensing Prescription for Controlled Substance; Requirements. Except as provided in Section 11167, no person shall prescribe a controlled substance, nor shall any person fill, compound, or dispense a prescription for a controlled substance, unless it complies with the requirements of this section. Notwithstanding paragraph (1) of subdivision (a) of Section 11162.1, any controlled substance classified in Schedule III, IV, or V may be dispensed upon an oral or electronically transmitted prescription, which shall be produced in hard copy form and signed and dated by the pharmacist filling the prescription or by any other person expressly authorized by provisions of the Business and Professions Code. Any person who transmits, maintains, or receives any electronically transmitted prescription shall ensure the security, integrity, authority, and confidentiality of the prescription. In that, at the time of inspection control RX#0609709 a verbal prescription was missing pharmacist's initial

I have reviewed, discussed, understand and received a copy of this form.

Inspector (sign) [signature] Signed X [signature]

Inspector (print) Mojgan M.Zadeh Print Name X Nina ESKANDAR

Date 3-10-20 Title P.I.C

Pursuant to Business and Professions Code §4083, a licensee of the California State Board of Pharmacy, may submit a written request within 30 days of service of the order of correction, for an office conference with the board's executive officer to contest the order of correction.

ELEVATION FAMILY PHARMACY, INC., Organizational Chart
1050 Iron Point Road, Folsom, CA 95630, Post Purchase
Shareholder LIST- Tax ID 81-4053987, Effective 09/21/2020

1) Andrew Cannon PharmD
P.O. Box [redacted]
Evanston, WY 82931
Work – 307-789-4000
Cell – [redacted]
DOB- [redacted]
SS- [redacted]
5% ownership
500 Shares

2) Daniel S Fuchs, RPh
[redacted] Shoup Ave W, Ste K
Twin Falls, ID 83301
Work- [redacted]
Cell – [redacted]
DOB [redacted]
SS – [redacted]
11% ownership
1100 Shares
President, Vice President, Secretary

3) Kenneth Fuchs, PharmD
[redacted] Shoup Ave W, Ste [redacted]
Twin Falls, ID 83301
Work- [redacted]
Cell – [redacted]
DOB – [redacted]
SS – [redacted]
11% ownership
1100 Shares

4) Douglas Fuchs, PharmD
[redacted] Shoup Ave W, Ste K
Twin Falls, ID 83301
Work- [redacted]
Cell – [redacted]
DOB - [redacted]
SS – [redacted]
11% ownership
1100 res

5) Andrew Harmon PharmD
[redacted] S Vista Ave
Boise, ID 83705
Work – [redacted]
Cell – [redacted]
DOB- [redacted]
SS – [redacted]
11% ownership
1100 Shares

6) Joshua Gehrke, PharmD
[redacted] S Vista Ave
Boise, ID 83705
Work- [redacted]
Cell – [redacted]
DOB - [redacted]
SS – [redacted]
11% ownership
1100 Shares

7) Ryan Fuchs, PharmD
[redacted] S Vista Ave
Boise, ID 83705
Work- [redacted]
Cell – [redacted]
DOB – [redacted]
SS – [redacted]
11% ownership
1100 Shares

8) Chelsea Fuchs, PharmD
[redacted] S Vista Ave
Boise, ID 83705
Work- [redacted]
Cell – [redacted]
DOB - [redacted]
SS – [redacted]
11% ownership
1100 Shares

9) Jacob Fuchs, PharmD
[redacted] S Vista Ave
Boise, ID 83705
Work- [redacted]
Cell – [redacted]
DOB - [redacted]
SS – [redacted]
18% ownership
1800 Shares

Pre-Purchase Shareholders Organizational Chart: 09/20/2020

Andrew Cannon 5100 Shares. President

Adam Cannon 4900 Shares. Vice President

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Complete Care Pharmacy

Physical Address: 1050 Iron Point Road

City: Folsom State: CA Zip: 95630

Mailing Address (If different from physical address): 526 Shoup Ave W, Ste K

City: Twin Fall State: ID Zip: 83301

Telephone: 833-626-1480 Website: n/a

Licensing Company Email: CompleteCarePharmacy1@gmail.com

Section 2: Personal Information

First: Joshua Middle: William Last: Gehrke

Alias(es, nicknames, name changes, etc.): Josh

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]N Laurel St

City: Boise State: ID Zip: 83706

Telephone: [redacted] Email: [redacted]@gmail.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's Initials: JG

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Idaho State University		08/01 - 05/09	
Address	**City**	**State**	**Zip**
921 S 8th Ave	Pocatello	ID	83209
Diploma/Degree obtained, if any			
Doctorate of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Boise High School		08/97 - 05/00	
Address	**City**	**State**	**Zip**
1010 W Washington St	Boise	ID	83702
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/2019 - Current	[redacted] N Laurel St	Boise	ID	83706
03/2016 - 03/2019	[redacted] S Barnside Ave	Boise	ID	83716
01/2014 - 03/2016	[redacted] N Senita Hills Ave	Meridian	ID	83646
04/2010 - 01/2014	[redacted] Sillwater Circle	Idaho Falls	ID	83404
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials JG

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
VIP Compounding, LLC			04/15 - present
Business Address	**City**	**State**	**Zip**
8188 LOMA LINDA RIDGE RD	Nampa	ID	83686
Phone	**Title**		
208-412-4017	Partner		
Description of Duties			
Passive investment business partner			

Business Name			From - To (MM/YY – MM/YY)
K2RED LLC			07/15 - present
Business Address	**City**	**State**	**Zip**
801 S Vista Ave	Boise	ID	83705
Phone	**Title**		
208-364-7777	Pharmacist (W2 employee)		
Description of Duties			
Perform retail pharmacy duties			

Business Name			From - To (MM/YY – MM/YY)
Titan Fitness LLC			07/21 - Present
Business Address	**City**	**State**	**Zip**
1818 N Laurel St	Boise	ID	83706
Phone	**Title**		
208-412-4017	Partner		
Description of Duties			
Passive investment business partner			

Business Name			From - To (MM/YY – MM/YY)
JGSG Consulting LLC			07/18 - Present
Business Address	**City**	**State**	**Zip**
1818 N Laurel St	Boise	ID	83706
Phone	**Title**		
208-412-4017	Owner		
Description of Duties			
Owner of consulting firm			

Business Name			From - To (MM/YY – MM/YY)
Elevation Family Pharmacy, Inc			09/20- current
Business Address	**City**	**State**	**Zip**
1050 Iron Point Rd	Folsom	CA	95630
Phone	**Title**		
833-626-1480	Member		
Description of Duties			
Shareholder - consult on pharmacy strategy			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Yada Yada LLC			06/21 - present
Business Address	**City**	**State**	**Zip**
1818 N Laurel St	Boise	ID	83706
Phone	**Title**		
208-412-4017	Partner		
Description of Duties			
Passive investment business partner			

Business Name			From - To (MM/YY – MM/YY)
Slingshots Idaho LLC			06/20 - present
Business Address	**City**	**State**	**Zip**
1818 N Laurel St	Boise	ID	83706
Phone	**Title**		
208-412-4017	Partner		
Description of Duties			
Passive investment business partner			

Business Name			From - To (MM/YY – MM/YY)
Fred Meyer Pharmacy			04/14 - 04/15
Business Address	**City**	**State**	**Zip**
50 2nd St S	Nampa	ID	83651
Phone	**Title**		
208-465-2830	Pharmacist		
Description of Duties			
Perform retail pharmacy duties			

Business Name			From - To (MM/YY – MM/YY)
Walgreens			05/09 - 04/14
Business Address	**City**	**State**	**Zip**
1323 S Maple Grove Rd	Boise	ID	83709
Phone	**Title**		
208-319-0967	Pharmacist		
Description of Duties			
Perform retail pharmacy duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials JG

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

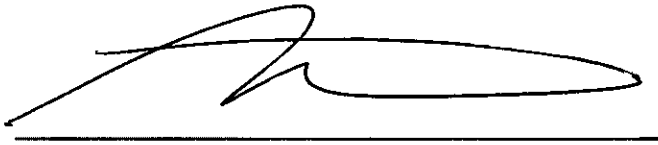
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*: N/A

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A



Original Signature (electronic, copies or stamps not accepted)

06/07/2022

Date

Applicant's Initials JG

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joshua Gehrke

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/07/2022

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

06/07/2022

Date

Subscribed and Sworn to before me this 1 day of June 2022

Notary Public Signature

LILIAN S. GOMEZ
NOTARY PUBLIC - STATE OF IDAHO
COMMISSION NUMBER 23711
MY COMMISSION EXPIRES 3-2-2025

Applicant's initials _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Complete Care Pharmacy

Physical Address 1050 Iron Point Road

City Folsom State CA Zip 95630

Mailing Address (if different from physical address) 526 Shoup Ave W, Ste K

City Twin Falls State ID Zip 83301

Telephone 833-626-1480 Website N/A

Licensing Company Email CompleteCarePharmacy1@gmail.com

Section 2: Personal Information

First Andrew Middle _____ Last Harmon

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] S Northbridge Way

City Boise State ID Zip 83706

Telephone [redacted] Email [redacted]@medsyncrx.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Applicant's initials AH 1

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Idaho State University			08/11 – 5/15	
Address	City		State	Zip
921 S 8th Ave	Pocatello		ID	83209
Diploma/Degree obtained, if any				
Doctor of Pharmacy				
School Name			From - To (MM/YY – MM/YY)	
College of Southern Idaho			08/09 – 05/11	
Address	City		State	Zip
315 Falls Ave	Twin Falls		ID	83301
Diploma/Degree obtained, if any				
Associate in Science				
School Name			From - To (MM/YY – MM/YY)	
Twin Falls High School			08/06 – 05/09	
Address	City		State	Zip
1615 Filer Ave E	Twin Falls		ID	83301
Diploma/Degree obtained, if any				
High School Diploma				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address	City		State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/17 – Pres	[redacted] S Northbridge Way	Boise	ID	83706
05/15 – 07/17	[redacted] S Riverstone Ln #304	Boise	ID	83706
05/14 – 05/15	[redacted] Selmi Dr G-206	Reno	NV	89512
08/11 – 05/14	[redacted] Filer Ave E	Twin Falls	ID	83301
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials AH 2

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: K2 Red LLC			From - To (MM/YY – MM/YY): 12/09 – Pres	
Business Address: 526 Shoup Ave W, Ste K	City: Twin Falls	State: ID	Zip: 83301	
Phone: 208-734-7373	Title: Technician and Pharmacist			
Description of Duties: Retail Pharmacy Duties				

Business Name: Elevation Family Pharmacy INC			From - To (MM/YY – MM/YY): 09/20 – Pres	
Business Address: 1050 Iron Point Road	City: Folsom	State: CA	Zip: 95630	
Phone: 833-626-1480	Title: Shareholder			
Description of Duties: Consult on Pharmacy Strategy				

Business Name: Rite Aid Pharmacy			From - To (MM/YY – MM/YY): 11/15 – 02/17	
Business Address: 1515 W State St	City: Boise	State: ID	Zip: 83702	
Phone: 208-345-7684	Title: Pharmacist			
Description of Duties: Retail Pharmacy Duties				

Business Name: Ladd Family Pharmacy			From - To (MM/YY – MM/YY):	
Business Address: 1109 S Broadway Ave	City: Boise	State: ID	Zip: 83706	
Phone: 208-947-0877	Title: Pharmacist			
Description of Duties: Retail Pharmacy Duties				

Business Name:			From - To (MM/YY – MM/YY):	
Business Address:	City:	State:	Zip:	
Phone:	Title:			
Description of Duties:				

Continue on next page if additional space is needed.

Applicant's initials AH

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials AH 4

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials AH 5

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below: N/A

Original Signature (electronic, copies or stamps not accepted)

6/7/22
Date

Applicant's initials AH

6

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andrew Harmon
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/7/22
Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/7/22
Date

Subscribed and Sworn to before me this 7 day of June 2022.

Lillian S. Gomez
Notary Public Signature

LILIAN S. GOMEZ
NOTARY PUBLIC - STATE OF IDAHO
COMMISSION NUMBER 23711
MY COMMISSION EXPIRES 3-2-2025

Applicant's initials AH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Complete Care Pharmacy

Physical Address 1050 Iron Point Road

City Folsom State CA Zip 95630

Mailing Address (if different from physical address) 526 Shoup Ave W, Ste K

City Twin Falls State ID Zip 83301

Telephone 833-626-1480 Website na

Licensing Company Email CompleteCarePharmacy1@gmail.com

Section 2: Personal Information

First Ryan Middle Scott Last Fuchs

Alias(es, nicknames, name changes, etc.) na

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] W. Hillcrestview Ct.

City Boise State ID Zip 83705

Telephone [redacted] Email [redacted]@isu.edu

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials RF

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Idaho State University		08/14 - 05/18	
Address	**City**	**State**	**Zip**
1311 E Central Dr	Meridian	ID	83642
Diploma/Degree obtained, if any			
Doctorate of Pharmacy			
School Name		**From - To (MM/YY – MM/YY)**	
Boise State University		08/11 - 05/14	
Address	**City**	**State**	**Zip**
1910 W University Dr	Boise	ID	83725
Diploma/Degree obtained, if any			
Associates of Science			
School Name		**From - To (MM/YY – MM/YY)**	
Twin Falls High School		08/07 - 05/11	
Address	**City**	**State**	**Zip**
1615 Filer Ave E	83301	ID	83301
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/19-current	[redacted]W. Hillcrestview Ct.	Boise	ID	83705
01/10 - 12/19	[redacted] Heatherwood Rd	Twin Falls	ID	83301
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials RF

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Elevation Family Pharmacy, Inc			09/20 - current
Business Address	**City**	**State**	**Zip**
1050 Iron Point Road	Folsom	CA	95630
Phone	**Title**		
833-626-1480	Shareholder		
Description of Duties			
Consult on pharmacy strategy			

Business Name			From - To (MM/YY – MM/YY)
K2RED LLC			07/09-current
Business Address	**City**	**State**	**Zip**
801 S Vista Ave	Boise	ID	83705
Phone	**Title**		
208-364-7777	Pharmacy Manager		
Description of Duties			
Pharmacist and Manager of Pharmacy			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*: NA

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below: NA

Original Signature (electronic, copies or stamps not accepted)

06/07/22
Date

Applicant's initials RF RF

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ryan Fuchs

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/7/22

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/7/22

Date

Subscribed and Sworn to before me this 7 day of June 2022.

Lillian S. Gomez

Notary Public Signature

(Seal)

LILLIAN S. GOMEZ
NOTARY PUBLIC - STATE OF IDAHO
COMMISSION NUMBER 23711
MY COMMISSION EXPIRES 3-2-2025

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Complete Care Pharmacy

Physical Address: 1050 Iron Point Road

City: Folsom State: CA Zip: 95630

Mailing Address (if different from physical address): 526 Shoup Ave W, Ste K

City: Twin Falls State: ID Zip: 83301

Telephone: 833-626-1480 Website: NA

Licensing Company Email: CompleteCarePharmacy1@gmail.com

Section 2: Personal Information

First: Chelsea Middle: Jane Last: Fuchs

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] S. Cole Rd

City: Boise State: ID Zip: 83709

Telephone: [redacted] Email: [redacted]@gmail.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials CJF CF

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Idaho State University		08/15-05/19	
Address	City	State	Zip
921 South 8th Avenue, Stop 8288	Pocatello	ID	83209
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
College of Southern Idaho		05/13-05/15	
Address	City	State	Zip
315 Falls Ave	Twin Falls	ID	83301
Diploma/Degree obtained, if any			
Associate of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Twin Falls High School		08/09-05/13	
Address	City	State	Zip
1615 Filer Ave E	Twin Falls	ID	83301
Diploma/Degree obtained, if any			
HIgh School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/20-Current	[redacted]S Cole Rd	Boise	ID	83709
06/95-02/20	[redacted]Heatherwood Rd	Twin Falls	ID	83301
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials CJF

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
K2RED LLC			07/09-Current
Business Address	**City**	**State**	**Zip**
801 S Vista	Boise	ID	83705
Phone	**Title**		
208-364-7777	Pharmacist		
Description of Duties			
Checking prescriptions			

Business Name			From - To (MM/YY – MM/YY)
Elevation Family Pharmacy, inc			09/20-Current
Business Address	**City**	**State**	**Zip**
1050 Iron Point Road	Folsom	CA	95630
Phone	**Title**		
833-626-1480	Shareholder		
Description of Duties			
Consult on pharmacy strategy			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials CJF

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

6/7/22
Date

Applicant's initials CJF

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Chelsea Fuchs

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/7/22

Date

Please have this section completed in the presence of a Notary Public.

State of Idaho, ss. County of Twin Falls

I, Liilian S Gomez, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/7/22

Date

Subscribed and Sworn to before me this 7 day of June 2022

Liilian S. Gomez

Notary Public Signature

LILLIAN S. GOMEZ
NOTARY PUBLIC - STATE OF IDAHO
COMMISSION NUMBER 23711
MY COMMISSION EXPIRES 3-2-2025

Applicant's initials CJF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Name of Pharmacy/Wholesaler Complete Care Pharmacy

Physical Address 1050 Iron Point Road

City Folsom State CA Zip 95630

Mailing Address (if different from physical address) 526 Shoup Ave W, Ste K

City Twin Falls State ID Zip 83301

Telephone 833-626-1480 Website N/A

Licensing Company Email CompleteCarePharmacy1@gmail.com

First Ryan Middle Michael Last Duran

Alias(es, nicknames, name changes, etc.) n/a

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Colner Circle

City Folsom State CA Zip 95630

Telephone [redacted] Email [redacted]@gmail.com

Are you a citizen of the United States? ☑ Yes ☐ No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials RMD

School Name		From - To (MM/YY – MM/YY)	
California Northstate University College of Pharmacy		08/11 - 05/15	
Address	**City**	**State**	**Zip**
9700 West Taron Drive	Elk Grove	CA	95757
Diploma/Degree obtained, if any			
PharmD.			

School Name		From - To (MM/YY – MM/YY)	
San Jose State University		08/06 - 05/09	
Address	**City**	**State**	**Zip**
1 Washington Square	San Jose	CA	95192
Diploma/Degree obtained, if any			
BA Psychology			

School Name		From - To (MM/YY – MM/YY)	
Ohlone College		08/03 - 05/06	
Address	**City**	**State**	**Zip**
43600 Mission Blvd	Fremont	CA	94539
Diploma/Degree obtained, if any			
AS Biology			

School Name		From - To (MM/YY – MM/YY)	
Washington High School		09/94 - 05/98	
Address	**City**	**State**	**Zip**
38422 Fremont Blvd	Fremont	CA	94536
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/19-present	[redacted] Colner Circle	Folsom	CA	95630
6/14 - 7/19	[redacted] Blacow Road	Fremont	CA	94536
8/11- 6/14	[redacted] Data Drive	Rancho Cordova	CA	95670

Business Name			From - To (MM/YY – MM/YY)	
Complete Care Pharmacy			02/22 - present	
Business Address		City	State	Zip
1050 Iron Point Road		Folsom	CA	95630
Phone	Title		Number of Employed Hours	
916-365-8485	Pharmacy Manager		680	
Description of Duties				
Maintain daily operations of compounding pharmacy and pharmacy staff.				

Business Name			From - To (MM/YY – MM/YY)	
PETNET Solutions			06/21-02/22	
Business Address		City	State	Zip
2921 Stockton Blvd		Sacramento	CA	95817
Phone	Title		Number of Employed Hours	
916-455-6073	Nuclear Pharmacist		1040	
Description of Duties				
Compounding of radioactive (F-18) injections				

Business Name			From - To (MM/YY – MM/YY)	
Safeway Pharmacy			07/19-05/21	
Business Address		City	State	Zip
1814 19th Street		Sacramento	CA	95811
Phone	Title		Number of Employed Hours	
916-492-9977	Pharmacy Manager		3,840	
Description of Duties				
Maintained pharmacy operations, managed workflow, and supervised pharmacy staff				

Business Name			From - To (MM/YY – MM/YY)	
Safeway Pharmacy			01/16-07/19	
Business Address		City	State	Zip
6790 Bernal Ave		Pleasanton	CA	94566
Phone	Title		Number of Employed Hours	
925-484-1960	Pharmacy Manager		8,320	
Description of Duties				
Maintained pharmacy operations, managed workflow, and supervised pharmacy staff.				

Business Name			From - To (MM/YY – MM/YY)	
Safeway Pharmacy			09/15 - 01/16	
Business Address		City	State	Zip
48648 Mission Blvd		Fremont	CA	94538
Phone	Title		Number of Employed Hours	
510-497-1015	Staff Pharmacist		640	
Description of Duties				
Aided in the maintenance of pharmacy workflow and supervision of staff				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials RMD

I, Ryan Michael Duran, **certify that as the designated representative for**

Complete Care Pharmacy,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Ryan Duran
Print Name (First, Last)

Ryan Duran
Original Signature (electronic, copies or stamps not accepted)

5/18/22
Date

Applicant's initials RMD

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ryan Duran
Print Name (First, Last)

Ryan Duran — 5/18/22
Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Sacramento

I, Ryan Duran, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Ryan Duran — 5/18/22
Original Signature — **Date**

Subscribed and Sworn to before me this 18 day of May 2022

Lilian S. Gomez
Notary Public Signature

LILIAN S. GOMEZ
NOTARY PUBLIC - STATE OF IDAHO
COMMISSION NUMBER 23711
MY COMMISSION EXPIRES 3-2-2025

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Complete Care Pharmacy

Physical Address 1050 Iron Point Rd

City Folsom State CA Zip 95630

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Jacob Middle Daniel Last Fuchs

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] W Carbon Ct

City Boise State ID Zip 83709

Telephone [redacted] Email [redacted]@premierpharma.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty Did not serve

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Twin Falls High School		2005 - 2009	
Address	City	State	Zip
1615 Filer Ave E	Twin Falls	ID	83301
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
College of Southern Idaho		2009 - 2011	
Address	City	State	Zip
315 Falls Ave	Twin Falls	ID	83301
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Idaho State University		2011 - 2015	
Address	City	State	Zip
1307 E Central Dr	Pocatello	ID	83201
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1991 - 2015	[redacted] Heatherwood Rd	Twin Falls	ID	83301
2015 - Current	[redacted] W Carbon Ct	Boise	ID	83709
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Dick's Pharmacy			From - To (MM/YY – MM/YY): 2005 – 2015	
Business Address: 526 Shoup Ave K	City: Twin Falls		State: ID	Zip: 83301
Phone: 208-734-7373	Title: Pharmacy Tech			
Description of Duties: independent pharmacy tech				

Business Name: Medsync Pharmacy			From - To (MM/YY – MM/YY): 2015 - 2019	
Business Address: 801 S Vista AVE	City: Boise		State: ID	Zip: 83705
Phone: 208-364-7777	Title: Pharmacy Manager			
Description of Duties: PIC at an independent Pharmacy				

NV WHO2946 33% ownership

Business Name: Premier Pharmaceuticals			From - To (MM/YY – MM/YY): 2019 - Current	
Business Address: 7259 W Franklin Rd	City: Boise		State: ID	Zip: 83709
Phone: 208-639-0241	Title: President			
Description of Duties: President of a pharmacy Wholesale				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5/18/22
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jacob Fuchs
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/18/22
Date

Please have this section completed in the presence of a Notary Public.

State of Idaho, ss. County of Ada

I, Chelsea Fuchs, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5/18/22
Date

Subscribed and Sworn to before me this 18 day of May.

Notary Public Signature

Chelsea Fuchs
LICENSE NO. 20192098
NOTARY PUBLIC
EXPIRES 10/07/2025
STATE OF IDAHO
(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Name of Pharmacy/MDEG/Wholesaler Complete Care Pharmacy

Physical Address 1050 Iron Point Road

City Folsom State CA Zip 95630

Mailing Address (if different from physical address) 526 Shoup Ave W, Ste K

City Twin Falls State ID Zip 83301

Telephone 833-626-1480 Website NA

Licensing Company Email CompleteCarePharmacy1@gmail.com

First Daniel Middle Scott Last Fuchs

Alias(es, nicknames, name changes, etc.) NA

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]Shoup Ave W, Ste[redacted]

City Twin Falls State ID Zip 83301

Telephone [redacted] Email [redacted]@gmail.com

Are you a citizen of the United States? ■ Yes ☐ No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials DSF

School Name		From - To (MM/YY – MM/YY)	
Idaho State University		08/82 -05/85	
Address	City	State	Zip
921 South 8th Ave	Pocatello	ID	83209
Diploma/Degree obtained, if any			
Bachelor of Pharmacy Degree			

School Name		From - To (MM/YY – MM/YY)	
College of Southern Idaho		08/80 - 05/82	
Address	City	State	Zip
315 Falls Ave	Twin Falls	ID	83301
Diploma/Degree obtained, if any			
Associates of Science Degree			

School Name		From - To (MM/YY – MM/YY)	
Twin Falls High School		08/77 -05/80	
Address	City	State	Zip
1615 Filer Ave E	Twin Falls	ID	83301
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/94 - current	[redacted]Heatherwood Road	Twin Falls	ID	83301
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials DSF

Business Name		From - To (MM/YY – MM/YY)
Elevation Family Pharmacy, Inc		09/20 - current
Business Address	**City**	**State** / **Zip**
1050 Iron Point Road	Folsom	CA / 95630
Phone	**Title**	
833-626-1480	President	
Description of Duties		
Corporate manager.		

Business Name		From - To (MM/YY – MM/YY)
K2RED LLC		04/94 - CURRENT
Business Address	**City**	**State** / **Zip**
526 Shoup Ave W, SteK	Twin Falls	ID / 83301
Phone	**Title**	
208-734-7373	Managing Member	
Description of Duties		
Company manager.		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State** / **Zip**
Phone	**Title**	
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State** / **Zip**
Phone	**Title**	
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State** / **Zip**
Phone	**Title**	
Description of Duties		

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel S Fuchs, RPh

Print Name (First, Last)

Daniel S. Fuchs, RPh

Original Signature (electronic, copies or stamps not accepted)

05/20/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Idaho, ss. County of Twin Falls

I, Liilian S Gomez, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Daniel S. Fuchs, RPh

Original Signature

05/20/2022

Date

Subscribed and Sworn to before me this 20 day of May,2022.

Liilian S. Gomez

Notary Public Signature

LILIAN S. GOMEZ
NOTARY PUBLIC - STATE OF IDAHO
COMMISSION NUMBER 23711
MY COMMISSION EXPIRES 3-2-2025

Applicant's initials DSF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Name of Pharmacy/MDEG/Wholesaler Complete Care Pharmacy

Physical Address 1050 Iron Point Road

City Folsom State CA Zip 95630

Mailing Address (if different from physical address) 526 Shoup Ave W, Ste K

City Twin Falls State ID Zip 83301

Telephone 833-626-1480 Website NA

Licensing Company Email CompleteCarePharmacy1@gmail.com

First Kenneth Middle Dean Last Fuchs

Alias(es, nicknames, name changes, etc.) NA

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]Shoup Ave W, Ste [redacted]

City Twin Falls State ID Zip 83301

Telephone [redacted] Email [redacted]@gmail.com

Are you a citizen of the United States? ■ Yes ☐ No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials KDF

School Name		From - To (MM/YY – MM/YY)	
Idaho State University		08/89 -05/93	
Address	City	State	Zip
921 South 8th Ave	Pocatello	ID	83209
Diploma/Degree obtained, if any			
Doctor of Pharmacy Degree			

School Name		From - To (MM/YY – MM/YY)	
College of Southern Idaho		08/87 - 05/89	
Address	City	State	Zip
315 Falls Ave	Twin Falls	ID	83301
Diploma/Degree obtained, if any			
Associates of Science Degree			

School Name		From - To (MM/YY – MM/YY)	
Twin Falls High School		08/84 -05/87	
Address	City	State	Zip
1615 Filer Ave E	Twin Falls	ID	83301
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/07 - current	[redacted]N 3540 E	Kimberly	ID	83341
12/94 - 03/07	[redacted]Grandview Drive	Twin Falls	ID	83301
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Business Name			From - To (MM/YY – MM/YY)
Elevation Family Pharmacy, Inc			09/20 - current
Business Address	**City**	**State**	**Zip**
1050 Iron Point Road	Folsom	CA	95630
Phone	**Title**		
833-626-1480	Shareholder		
Description of Duties			
Shareholder			

Business Name			From - To (MM/YY – MM/YY)
K2RED LLC			04/94 - CURRENT
Business Address	**City**	**State**	**Zip**
526 Shoup Ave W, SteK	Twin Falls	ID	83301
Phone	**Title**		
208-734-7373	Member		
Description of Duties			
Company member.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kenneth D Fuchs, PharmD

Print Name (First, Last)

Kenneth D. Fuchs PharmD.

Original Signature (electronic, copies or stamps not accepted)

05/20/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Idaho, ss. County of Twin Falls

I, Liilian S Gomez, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Kenneth D. Fuchs PharmD.

Original Signature

05/20/2022

Date

Subscribed and Sworn to before me this 20 day of May,2022.

Liilian S. Gomez

Notary Public Signature

LILIAN S. GOMEZ
NOTARY PUBLIC - STATE OF IDAHO
COMMISSION NUMBER 23711
MY COMMISSION EXPIRES 3-2-2025

Applicant's initials KDF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Name of Pharmacy/MDEG/Wholesaler Complete Care Pharmacy

Physical Address 1050 Iron Point Road

City Folsom State CA Zip 95630

Mailing Address (if different from physical address) 526 Shoup Ave W, Ste K

City Twin Falls State ID Zip 83301

Telephone 833-626-1480 Website NA

Licensing Company Email CompleteCarePharmacy1@gmail.com

First Douglas Middle Ray Last Fuchs

Alias(es, nicknames, name changes, etc.) NA

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Shoup Ave W, Ste [redacted]

City Twin Falls State ID Zip 83301

Telephone [redacted] Email [redacted]@gmail.com

Are you a citizen of the United States? ■ Yes ☐ No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials DRF

School Name		From - To (MM/YY – MM/YY)	
Idaho State University		08/93 -05/97	
Address	City	State	Zip
921 South 8th Ave	Pocatello	ID	83209
Diploma/Degree obtained, if any			
Doctor of Pharmacy Degree			

School Name		From - To (MM/YY – MM/YY)	
College of Southern Idaho		08/91 - 05/93	
Address	City	State	Zip
315 Falls Ave	Twin Falls	ID	83301
Diploma/Degree obtained, if any			
Associates of Science Degree			

School Name		From - To (MM/YY – MM/YY)	
Twin Falls High School		08/88 -05/91	
Address	City	State	Zip
1615 Filer Ave E	Twin Falls	ID	83301
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/15 - current	[redacted] Falls Ave E	Twin Falls	ID	83301
09/97 - 02/15	[redacted] Candleridge Drive	Twin Falls	ID	83301

Applicant's initials DRF

Business Name			From - To (MM/YY – MM/YY)
Elevation Family Pharmacy, Inc			09/20 - current
Business Address	**City**	**State**	**Zip**
1050 Iron Point Road	Folsom	CA	95630
Phone	**Title**		
833-626-1480	Shareholder		
Description of Duties			
Shareholder			

Business Name			From - To (MM/YY – MM/YY)
K2RED LLC			08/98 - CURRENT
Business Address	**City**	**State**	**Zip**
526 Shoup Ave W, Ste K	Twin Falls	ID	83301
Phone	**Title**		
208-734-7373	Member		
Description of Duties			
Company member.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Douglas R Fuchs, PharmD

Print Name (First, Last)

Douglas R Fuchs PharmD

Original Signature (electronic, copies or stamps not accepted)

05/20/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Idaho, ss. County of Twin Falls

I, Liilian S Gomez, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Douglas R Fuchs PharmD

Original Signature

05/20/2022

Date

Subscribed and Sworn to before me this 20 day of May,2022.

Liilian S. Gomez

Notary Public Signature

LILIAN S. GOMEZ
NOTARY PUBLIC - STATE OF IDAHO
COMMISSION NUMBER 23711
MY COMMISSION EXPIRES 3-2-2025

Applicant's initials DRF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440 Attn: Mark Sedor

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Complete Care Pharmacy

Physical Address: 1050 Iron Point Road

City: Folsom State: CA Zip: 95630

Mailing Address (if different from physical address): 526 Shoup Ave, STE K

City: Twin Falls State: ID Zip: 83301

Telephone: 8336261480 Website: N/A

Licensing Company Email: CompleteCarePharmacy1@gmail.com

Section 2: Personal Information

First: Andrew Middle: Whiteleather Last: Cannon

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] State HWY 150 S.

City: Evanston State: WY Zip: 82930

Telephone: [redacted] Email: [redacted]@gmail.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 439.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials AWC

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Roseman University of Health Sciences			08/2009-06/2012	
Address		City	State	Zip
10920 S River Front Pkwy, South Jordan, UT 84095		South Jordan	UT	84095
Diploma/Degree obtained, if any				
PharmD				
School Name			From - To (MM/YY – MM/YY)	
Brigham Young University			08/2005-04-2009	
Address		City	State	Zip
150 E 1230 N		Provo	UT	84602
Diploma/Degree obtained, if any				
None/ Pre-Pharmacy				
School Name			From - To (MM/YY – MM/YY)	
West Jordan High School			08/2002-06/05	
Address		City	State	Zip
8136 S 2700 W		West Jordan	UT	84084
Diploma/Degree obtained, if any				
Diploma				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/21-06/22	[redacted] HWY 150 S.	Evanston	WY	82930
From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/13-05/21	[redacted] Hayden Ave	Evanston	WY	82930
From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/12-04/13	[redacted] Westview Court	Evanston	WY	82930
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials AWC

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
City Drug			02/12-06/22	
Business Address		City	State	Zip
131 10th Street		Evanston	WY	82930
Phone	Title			
307-789-4000	Pharmacist			
Description of Duties				
Pharmacist Duties/ Business Owner				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

06/10/2022

Date

Applicant's initials AWC

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andrew, Cannon

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/10/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Wyoming, ss. County of Uinta

I, Andrew Cannon, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/10/2022

Date

Subscribed and Sworn to before me this 10 day of June.

Notary Public Signature

KAYANN SMITH - NOTARY PUBLIC
COUNTY OF UINTA
STATE OF WYOMING
MY COMMISSION EXPIRES AUGUST 6, 2023

(Seal)

Applicant's initials AWC

5

MATRIX GUIDELINE FOR DISCIPLINARY ACTIONS

	1st Action	2nd Action	3rd Action
Non ingested error	Letter	Letter	Hearing
No counseling	$750.00	Counseling CE + $1000.00	Hearing
Attorney Fees and Costs	Actual	Actual	Actual
Ingested no potential harm	$500.00	$1000.00	Hearing
Ingested with potential harm or adverse outcomes	$1000.00	Hearing	Hearing
Ingested with negative outcome or patient discomfort. No institution intervention	Hearing	Hearing	Hearing
Ingested with significant negative health circumstance. With institution admit	Hearing	Hearing	Hearing
Ingested with death related to inappropriate drug therapy	Hearing	Hearing	Hearing

The investigative committee will review each case individually and may recommend a board hearing, particularly with mitigating circumstances such as inappropriate technician involvement or pharmacist malfeasance.

In certain cases with ingested errors and significant negative health circumstances requiring institutional care, the investigative committee recommendation will be a board hearing.

In all death cases resulting from inappropriate drug therapy a board hearing will occur.

Attorney fees and costs may be added in contested disciplinary actions requiring extensive attorney preparation and presentation and are not described in the above matrix.

The board has directed that ownership may be charged in disciplinary cases. In non-ingested errors copies of admonition letters will be sent to management. Accumulative actions for ownership monitoring will be based upon a 3 year period. All actions including non-ingested errors will be given a case number and monitored.

The Board has the authority to fine from $0.00 to $10,000 for each Cause of Action.

Updated May 2019

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – June 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
SS: Failure to meet controlled substance reporting requirements; failure to maintain adequate or accurate controlled substance records; inappropriate or unauthorized dispensing of medication; inappropriate acquisition or diversion of controlled substances/dangerous drugs. Practicing as a wholesaler without a license.	N/A	SS voluntarily surrendered his Pharmacist Certificate of Registration on August 2, 2021. SS may not apply for reinstatement of his pharmacist registration for a period of two (2) years; fined $5,000 and $595 in attorney's fees and costs.	PR: $10,000 fine; $1,785.77 in attorney's fees and costs.
KMC: Reprimanded for engaging in the business of furnishing medical devices in Nevada without a license.	N/A	N/A	Licensed suspended.
DF: Disciplined in CA for diversion and use of controlled substances, specifically Oxycodone and Amphetamine-dextroamphetamine from the pharmacy where he was employed as the pharmacist-in-charge.	N/A	Revocation; the revocation is stayed, and DF is placed on probation until April 27, 2025, with conditions.	N/A
LH-S: Practicing without a valid CS registration; failure to maintain adequate or accurate controlled substance records.	N/A	CS registration is suspended; the suspension is stayed and LH-S is placed on probation for one year; fined $5,000.00; $500.00 in attorney's fees and recoverable costs; and shall successfully pass quarterly inspections; LH-S to reimburse the Board for quarterly inspection costs.	N/A
RW: Failure to comply with Board Order; failure to comply with PMP monitoring requirements.	N/A	CS registration is suspended immediately for a period of 180 days. RW shall be re-trained as a prescriber in the PMP and the previous probation period shall be extended to 48 months beginning immediately.	N/A
MC: Practicing without a valid CS registration.	N/A	Revocation; $715.87 in attorney's fees and recoverable costs. MC	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – June 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		may not petition the Board for reinstatement for a period of one year from the effective date of the Order.	
MD: Practicing without a valid CS registration.	N/A	Fined $5,000.00 and $750.00 in attorney's fees and recoverable costs. Required to appear before the Board if he applies for renewal of his CS registration.	N/A
LO-S: Practicing without a valid CS registration.	N/A	Revocation. LO-S may not petition the Board for reinstatement for a period of two years from the effective date of the Order. In the event Respondent petitions for reinstatement, or applies for any other certificate, license or permit with the Board, she shall submit to an evaluation completed by the Nevada Professional Assistant Program or Professional Recovery Network.	N/A
AC: Practicing with expired TD registrations for 7 dispensing practitioners.	N/A	Fined $5,000; $250 in recoverable attorney's fees and costs.	N/A
SR, VR, EG, SA, TS, AB, JC: Respondents' TD practiced with expired TD registration for 145 days.	N/A	Fined $5,000.00; $250 in recoverable attorney's fees and costs.	N/A
UG: Failed to disclose on his renewal application for the years 2019 and 2021, a criminal indictment and conviction for violation of Controlled Substances Act.	N/A	Revoked; $384.13 in recoverable attorney's fees and costs.	N/A
VCP: Compounding violations.	N/A	Fined $5,000; $1,500 in recoverable attorney's fees and costs; undergo Board inspection.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – June 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
ES: Dispensed clinical trial medications without a valid dispensing practitioner registration.	N/A	Fined $2,000.	N/A
SM: Practicing without a valid CS license; inadequate security for controlled substances; failure to properly secure expired drugs.	N/A	CS is suspended; the suspension is stayed and SM is placed on probation 1 year; fined $5,000; $500.00 in recoverable attorney's fees and costs; undergo quarterly Board inspections for one year.	N/A
JS: Unauthorized access to PMP. PH: Failed to log out of the pharmacy computer to prevent unlawful access to the PMP.	N/A	JS: revoked; revocation is stayed and JS is placed on 1 year probation. JS shall complete 2 additional hours of CE (ethics/HIPAA); attend in-person, the disciplinary component of two board meetings during the one-year probation period; fined $500; $793.89 in recoverable attorney's fees and costs. PH: $500 in recoverable attorney's fees and costs.	N/A
NZ: Failed to discontinue a medication which caused the erroneous dispensing of said prescription via auto-refill on 4 occasions	N/A	Fined $1,000; $500 in recoverable attorney's fees and costs; complete two additional hours of CE on error prevention.	WG: Fined $1,000; $500 in recoverable attorney's fees and costs.
AK: Surrendered his DEA Certificate of Registration No. FD2904793 for cause: license No. 6899 to practice medicine in Nevada revoked for cause.	N/A	Revoked.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – June 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
GD, IW, KG, MM: Practicing with an expired CS license.	N/A	Fined $5,000; $750 in recoverable attorney's fees and costs.	N/A
RH, RH: Practicing with an expired CS license.	N/A	Revoked; fined $5,000; $594.30 in recoverable attorney's fees and costs.	N/A
AG: Engaged in furnishing medical devices in Nevada without a license.	N/A	Fined $5,000; $500 in recoverable attorney's fees and costs.	N/A
AK: Practicing with an expired CS license.	N/A	Fined $5,000; $649.30 in recoverable attorney's fees and costs.	N/A
AM: Practicing with an expired CS license.	N/A	Fined $5,000; $750 in recoverable attorney's fees and costs.	N/A
KS & TS: Failure to keep complete and accurate records of nonsterile compounded drug products; failure to verify accuracy of dispensed compounded drug products; failure to establish policies and procedures for compounding/dispensing nonsterile drug products; failure to maintain accurate biennial inventories of controlled substances; KS: failure to report dispensing of controlled substances to the PMP.	N/A	KS placed on probation for 2 years fined $5000; $1,000 in recoverable attorney's fees and costs. KS shall not apply for the biennial renewal of Certificate of Registration No. PD00333, shall automatically forfeit that registration upon expiration on October 21, 2022. TS placed on probation for 2 years; fined $4000; $1,000 in recoverable attorney's fees and costs. TS shall not apply for the biennial renewal of Certificate of Registration No. TD01379, shall automatically forfeit that registration upon expiration on October 21, 2022.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – June 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
RB-R & AB: allowing and/or supervising the unlawful prescribing of controlled substances to two minor children without first establishing bona fide therapeutic relationships by a physician assistant under their supervision; failure to comply with PMP requirements.	N/A	RB-R & AB fined $10,000; $500 in recoverable attorney's fees and costs; 2 hours of CE regarding prescribing controlled substances.	N/A
JB: Prescribed controlled substances to two minor children without first establishing bona fide therapeutic relationships; failure to comply with PMP requirements.	N/A	Fined $5,000; $500 in recoverable attorney's fees and costs; 4 hours of CE regarding prescribing controlled substances.	N/A
RB-R & AB: Failure to comply with Board Order.	N/A	RB-R & AB controlled substance certificate of registrations revoked; the revocation is stayed and the previous probation period will be extended for an additional 24 months ending June 1, 2024. Both will be re-trained in the PMP.	N/A

5A

FILED
MAY 11 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **QUANG KHANH THAI, RPH** **Certificate of Registration No. 19893,** **Respondent.**	**CASE NO. 21-165-RPH-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes ("NRS") 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Quang Khanh Thai ("Thai"), Certificate of Registration No. 19893, was a pharmacist registered with the Board.

FACTUAL ALLEGATIONS

2. On or about September 2, 2018, the California Department of Consumer Affairs, through its Board of Pharmacy filed an accusation against Respondent Thai alleging, *inter alia*, unprofessional conduct in violation of state and federal law regulating controlled substances and dangerous drugs, Case No. AC201700637300. Specifically, the California accusation alleged that between October 21, 2014, and June 15, 2017, Respondent Thai was responsible for the loss of 173,113 ml of promethazine with codeine from the inventory at a California pharmacy at which Respondent Thai was the pharmacist in charge.

3. Promethazine HCl with Codeine Phosphate Oral Solution is a Schedule V Controlled Substance pursuant to NAC 453.550(2).

4. On or about December 24, 2019, the California Board of Pharmacy entered its Decision and Order in Case No. AC201700637300 accepting a Stipulated Settlement and Disciplinary Order wherein Respondent Thai admitted the truth of each and every charge and allegation in the California accusation.

5. Pursuant to the Stipulated Settlement and Disciplinary Order in Case No. AC201700637300, Respondent received a stay of revocation of his California Pharmacy License No. RPH 65617 and was placed on probation for three (3) years subject to terms and conditions set forth in the decision.

COUNT ONE

6. The Board may suspend or revoke a certificate, license, registration, or permit issued pursuant to NRS Chapter 639 if the holder has had a certificate, license or permit suspended or revoked in another state on grounds which would cause suspension or revocation of a certificate, license or permit in this State. NRS 639.210(14) and/or NAC 639.210(6).

7. Respondent Thai's conduct as set forth in the Stipulated Settlement and Disciplinary Order in Case No. AC201700637300, is conduct that would be grounds for the suspension or revocation of his Certificate of Registration No. 19893 pursuant to NRS 639.210(14) and/or NRS 639.210(6).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 11th day of May, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **QUANG KHANH THAI, RPH** **Certificate of Registration No. 19893,** **Respondent.**	**CASE NO. 21-165-RPH-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, July 13, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hyatt Place
1790 E. Plumb Lane
Reno, NV

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of MAY, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **QUANG KHANH THAI, RPH** **Certificate of Registration No. 19893,** **Respondent.**	**CASE NO. 21-165-RPH-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

QUANG KHANH THAI, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 18th day of May 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Quang Khanh Thai, RPH
[redacted] Solana Ct.
El Monte, CA 91731

SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **QUANG KHANH THAI, RPH** **Certificate of Registration No. 19893,** **Respondent**	**Case No. 22-013-CS-N** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through counsel, Peter Keegan, Esq., and Respondent Quant Khanh Thai, RPH, ("Respondent") Certificate of Registration No. 19893, **HEREBY STIPULATE AND AGREE AS FOLLOWS:**

1. The Board has jurisdiction over Respondent and this matter.

2. On or about May 18, 2022, Board Staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. Respondent is fully aware of his right to seek the advice of counsel in this matter prior to entering into this Stipulation.

4. Respondent is aware of his right to a hearing on the matters alleged in the Accusation, his right to reconsideration, his right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of paragraphs below, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him

by NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

6. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. Respondent stipulated to responsibility, and the California State Board of Pharmacy disciplined Respondent in its Decision and Order in Case No. AC201700637300, for the loss of approximately 173,113 ml of promethazine with codeine between October 21, 2014, and June 15, 2017, from the inventory the California pharmacy where Respondent was the pharmacist in charge, and which constitute a violation of NRS 639.210(6) and/or NRS 639.210(14); and

B. Respondent falsely certified to the Board on his 2019 pharmacist renewal application that since his last renewal, he had not been the subject of a board citation or an administrative action whether completed or pending in any state, which constitutes a violation of NRS 639.255, NRS 639.210(4), (9), and (10).

7 These violations are grounds for disciplinary action pursuant to NRS 639.210 and NRS 639.255.

8 In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties. Respondent Quang Khanh Thai, RPH, Certificate of Registration No. 19893, shall:

A. Pay a fine of Ten-Thousand Dollars ($10,000.00) for the violations;

B. Pay Seven Hundred and Fifty Dollars ($750.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

C. Respondent's Certificate of Registration No. 19893 is hereby revoked. The revocation is stayed, and Respondent is placed on probation until January 22, 2023, to run concurrent with Respondent's California probation. During Respondent's probationary period, he shall comply with all federal and state statutes and regulations regarding pharmacy, pharmacists, controlled

substances and dangerous drugs, and shall have no new charges or accusations filed against him while on probation; and

D. Upon successful completion of probation, Respondent's Certificate of Registration No. 19893 shall be fully restored.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

10. The Board's Assistant General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on July 13, 2022, in Reno, Nevada. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or his counsel are not present at the meeting.

11. The Board may accept this Stipulation but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

12. If the Board rejects any part or all this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *personal, cashiers,* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, in twelve (12) equal monthly installments of EIGHT HUNDRED THIRTY-THREE DOLLARS and 33/100 CENTS ($833.33), with the first installment

due within (30) days of the effective date of this Order and each of the eleven remaining payments due in thirty (30) day increments thereafter.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *personal, cashiers,* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 24 day of June 2022.

QUANG KRANH THAI, RPH
Certificate of Registration No. CS19893

Signed this 24th day of June 2022.

NEVADA STATE BOARD OF PHARMACY

Peter Keegan

PETER K. KEEGAN, ESQ.
Nevada State Bar No. 12237
Assistant General Counsel
985 Damonte Ranch Pkwy., Ste. 206
Reno, Nevada 89502
775-850-1440

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Quang Khanh Thai, RPH, Certificate of Registration No. 19893, in Case No. 21-165-RPH-N and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of July 2022.

_____

Helen Park, President
Nevada State Board of Pharmacy

5B

FILED
MAY 11 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SCOTT WRYE, M.D.,** **Certificate of Registration Nos. CS10093 and PD00656,** **Respondent.**	**CASE NO. 21-174-PD-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes ("NRS") 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Scott Wrye, M.D. ("Wrye"), held a controlled substance registration, Certificate of Registration No. CS10093, as well as an expired dispensing practitioner registration, Certificate of Registration No. PD00656.

FACTUAL ALLEGATIONS

2. Wrye failed to timely renew his Certificate of Registration No. PD00656, which expired on October 31, 2020. Wrye's dispensing practitioner registration expired.

3. While his Certificate of Registration No. PD00656 was expired, Wrye engaged in practice as a dispensing practitioner, and unlawfully dispensed dangerous drugs, specifically Latisse.

4. On or about October 20, 2021, the Board served Wrye with an Order to cease and desist from dispensing dangerous drugs or controlled substances.

5. On or about October 29, 2021, Wrye renewed his Certificate of Registration No. PD00656.

APPLICABLE LAW

6. No person may dispense a dangerous drug in Nevada except as authorized by law. NRS 454.215, NRS 454.321, NRS 454.356, NRS 639.100, NRS 639.23505, NRS 639.285, NRS 639.2895, and NAC 639.742.

7. Performing any act, task or operation for which licensure is required without the required license constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

8. Performing any duties as the holder of a dispensing practitioner registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

9. Violating, attempting to violate, assisting, or abetting in the violation of or conspiring to violate any law or regulation relating to drugs or distribution of drugs, is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

10. The Board may suspend or revoke a registration if the holder has failed to renew a certificate of registration by failing to timely submit the application for renewal. NRS 639.210(13).

11. The Board may suspend or revoke a registration to prescribe or dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

COUNT ONE
Violation of State Law/Unlicensed Dispensing

12. By dispensing dangerous drugs without a valid dispensing practitioner registration, Wrye violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate NRS 454.215, NRS 454.321, NRS 454.356, NRS 639.100, NRS 639.23505, NRS 639.285, NRS 639.2895 and/or NAC 639.742, NRS 639.210 (12).

COUNT TWO
Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

13. By dispensing dangerous drugs without a valid dispensing practitioner registration, Wrye has performed his duties, as the holder of a registration, in an incompetent, unskillful, or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and is subject to discipline pursuant to NRS 639.210(4).

COUNT THREE
Unprofessional Conduct – Performing Task Without Required Registration

14. By failing to timely renew his Certificate of Registration No. PD00656, Wrye unlawfully dispensed dangerous drugs without a valid dispensing practitioner registration, engaged in unprofessional conduct as defined in NAC 639.945(1)(k), and is subject to discipline pursuant to NRS 639.210(4).

COUNT FOUR
Failure to Timely Renew Dispensing Practitioner Registration

15. By failing to timely renew his Certificate of Registration No. PD00656, Wrye unlawfully dispensed dangerous drugs and is subject to discipline pursuant to NRS 639.210(13).

COUNT FIVE
Commission of Acts that Render Registration Inconsistent with the Public Interest

16. By failing to timely renew his Certificate of Registration No. PD00656 and unlawfully dispensing dangerous drugs without a valid dispensing practitioner registration, Wrye committed an act that would render registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and/or NRS 453.241(1).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 11th day of May, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SCOTT WRYE, M.D.,** **Certificate of Registration Nos. CS10093 and PD00656,** **Respondent.**	**CASE NO. 21-174-PD-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, July 13, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hyatt Place
1790 E. Plumb Lane
Reno, NV

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of May, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SCOTT WRYE, M.D.,** **Certificate of Registration Nos. CS10093 and PD00656,** **Respondent.**	**CASE NO. 21-174-PD-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

SCOTT WRYE, M.D.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 18th day of May 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Scott Wrye, MD
635 Sierra Rose Dr. Ste. A
Reno, NV 89511

SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SCOTT WRYE, M.D.,** **Certificate of Registration Nos. CS10093 and PD03064,** **Respondent.**	**Case No. 21-174-PD-N** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through counsel, Peter K. Keegan, Esq., and Respondent SCOTT WRYE, M.D., ("Respondent") Certificate of Registration No. CS10093 and PD03064, by and through his counsel, Edward J. Lemons, Esq., **HEREBY STIPULATE AND AGREE AS FOLLOWS:**

1. The Board has jurisdiction over Respondent and this matter.

2. On or about May 11, 2022, Board Staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. Respondent is fully aware of his right to seek the advice of counsel in this matter and has obtained counsel prior to entering into this Stipulation.

4. Respondent is aware of his right to a hearing on the matters alleged in the Accusation, his right to reconsideration, his right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of the paragraphs below, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal, and any and all other rights related to this action that may be accorded to him

by NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

6. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. Respondent neglected to timely renew his Certificate of Registration No. PD03064, which expired on October 31, 2020, in violation of NRS 639.210(13); and

B. While Respondent held an expired Nevada Dispensing Practitioner Registration, he continued to dispense Latisse, to Nevada patients after October 31, 2020, in violation of NRS 454.215(3), NRS 639.100, NRS 639.23505, NRS 639.2895(3) and/or NAC 639.742(1), NRS 639.210(4) pursuant to NAC 639.945(1)(k), and NRS 639.210(12). These violations are grounds for disciplinary action pursuant to NRS 639.210 and NRS 639.255.

7. The Board does not allege, and Respondent does not admit, that Respondent's failure to timely renew his Dispensing Practitioner Registration or the dispensing of Latisse while his Certificate was expired was willful, intentional, or fraudulent, or that Respondent had actual knowledge that he was dispensing Latisse without a valid registration.

8. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties. Respondent Scott Wrye, M.D., Certificate of Registration Nos. CS10093 and PD03064, shall:

A. Pay a fine of Five-Thousand Dollars ($5000.00) for the violations; and

B. Pay Five-Hundred and Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a

hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

10. The Board's Assistant General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on July 13, 2022, in Reno, Nevada. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or her counsel are not present at the meeting.

11. The Board has may accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

12. If the Board rejects any part or all this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *personal, cashiers,* or *certified check,* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein by *personal, cashiers,* or *certified check,* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of June 2022.

SCOTT W. WRYE, M.D.
Certificate of Registration Nos.
CS 10093 and PD03064

Signed this 27th day of June 2022.

NEVADA STATE BOARD OF PHARMACY

Peter Keegan

PETER K. KEEGAN, ESQ.
Assistant General Counsel
985 Damonte Ranch Pkwy., Ste. 206
Reno, Nevada 89502
775-850-1440

Approved as to Form and Content:
This 27th day of June 2022.

LEMONS, GRUNDY & EISENBERG

Edward Lemons

EDWARD LEMONS, ESQ.
Counsel for Scott W. Wrye, M.D.

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Scott Wrye, MD, Certificate of Registration Nos. CS10093 and PD03064, in Case No. 21-174-PD-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of July 2022.

_____
Helen Park, President
Nevada State Board of Pharmacy

5C

FILED 1227
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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KAYLEE ANN NELSON, PA** **Certificate of Registration No. CS26411,** **Respondent.**	**Case No. 20-235-CS-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Kaylee Ann Nelson, PA, ("Respondent"), held a Nevada controlled substance registration, Certificate of Registration No. CS26411, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent failed to timely renew her DEA Registration # MN4480276, which expired on October 31, 2020.

3. Respondent wrote one or more controlled substance prescriptions for Nevada patients after October 31, 2020, without a valid DEA registration.

4. Respondent renewed her Drug Enforcement Agency ("DEA") Registration # MN4480276 on November 5, 2020.

APPLICABLE LAW

5. It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a).

6. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction which issued his or her license to practice. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.236(1)(c); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

7. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.232; NRS 453.321(1)(a); NRS 639.2813(1).

8. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1)(c) and NRS 639.210(4).

9. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

10. The Board may suspend or revoke a registration if the holder has violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

11. The Board may suspend or revoke a registration if the holder has failed to renew a certificate of registration by failing to timely submit the application for renewal. NRS 639.210(13).

12. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

COUNT ONE
Failure to Timely Renew DEA Registration

13. By failing to timely renew her DEA Registration CS26411, Respondent is subject to discipline pursuant to NRS 453.236(1)(c) and/or NRS 639.210(13).

COUNT TWO
Violation of Federal Controlled Substances Act

14. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1)(c) and/or NRS 639.210(11).

COUNT THREE
Violation of State Controlled Substances Act

15. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12).

COUNT FOUR
Unprofessional Conduct – Prescribing without a Valid DEA Registration

16. By prescribing controlled substances without a valid DEA registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(l)(c) and/or NRS 639.210(4).

COUNT FIVE
Commission of Acts that Render Registration Inconsistent with the Public Interest

17. By prescribing controlled substances without a valid DEA registration as alleged herein, and by falsely representing herself as a practitioner entitled to write prescriptions in this state,

Respondent has committed acts that render her Nevada controlled substance registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 11th day of May 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KAYLEE ANN NELSON, PA** **Certificate of Registration No. CS26411,** **Respondent.**	**CASE NO. 20-235-CS-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, July 13, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hyatt Place
1790 E. Plumb Lane
Reno, NV 89502

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of May 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KAYLEE ANN NELSON, PA** **Certificate of Registration No. CS26411,** **Respondent.**	**CASE NO. 20-235-CS-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

KAYLEE ANN NELSON, PA

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 18th day of May 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Kaylee Ann Nelson, PA
605 Sierra Rose Dr. #4
Reno, NV 89511

SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KAYLEE ANN NELSON, PA** **Certificate of Registration No. CS26411,** **Respondent.**	**Case No. 20-235-CS-N** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through its Assistant General Counsel, Peter K. Keegan, Esq., and Respondent KAYLEE ANN NELSON, PA, ("Respondent") Certificate of Registration No. CS26411, **HEREBY STIPULATE AND AGREE AS FOLLOWS:**

1. The Board has jurisdiction over Respondent and this matter.

2. On or about May 18, 2022, Board Staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. Respondent is fully aware of her right to seek the advice of counsel in this matter prior to entering into this Stipulation.

4. Respondent is aware of her right to a hearing on the matters alleged in the Accusation, her right to reconsideration, her right to appeal and any and all other rights which may be accorded to her pursuant to NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of paragraphs below, Respondent hereby freely and voluntarily waives her rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her

by NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

6. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*, that:

A. Respondent failed to timely renew her DEA registration Certificate of Registration No. MN4480276 which expired on October 31, 2020;

B. Respondent continued to prescribe controlled substances to Nevada patients during the period while her DEA registration was expired from October 31, 2020, through November 5, 2020, in violation of 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.236(1)(c); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1); and

C. These violations are grounds for disciplinary action pursuant to NRS 453.236(1)(c); NRS 453.241(1); NRS 639.210(4), (11), (12), and (13); and NRS 639.255.

7. In order to resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent stipulate to the following penalties. Respondent Kaylee Nelson, PA, Certificate of Registration No. CS26411 shall:

A. Pay a fine of Five-Thousand Dollars ($5000.00) for the violations; and

B. Pay Five-Hundred and Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

8. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

9. The Board's Assistant General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on July 13, 2022, in Reno, Nevada. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or her counsel are not present at the meeting.

10. The Board may accept this Stipulation but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

11. If the Board rejects any part or all this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

12. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *personal, cashiers,* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

13. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *personal, cashiers,* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 27 day of June 2022.

KAYLEE ANN NELSON
Certificate of Registration No. CS26411

Signed this 27th day of June 2022.

NEVADA STATE BOARD OF PHARMACY

PETER K. KEEGAN, ESQ.
Assistant General Counsel
985 Damonte Ranch Pkwy., Ste. 206
Reno, Nevada 89502
775-850-1440

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Kaylee A. Nelson, PA, Certificate of Registration No. CS26411, in Case No. 20-235-CS-N and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of July 2022.

Helen Park, President
Nevada State Board of Pharmacy

DRAFT

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of June 2022.

KAYLEE ANN NELSON
Certificate of Registration No. CS26411

Signed this ____ day of June 2022.

NEVADA STATE BOARD OF PHARMACY

PETER K. KEEGAN, ESQ.
Assistant General Counsel
985 Damonte Ranch Pkwy., Ste. 206
Reno, Nevada 89502
775-850-1440

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Kaylee A. Nelson, PA, Certificate of Registration No. CS26411, in Case No. 20-235-CS-N and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of July 2022.

Helen Park, President
Nevada State Board of Pharmacy

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FILED
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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ASHLEY ALDEN STUCKY, DVM** **Certificate of Registration No. CS15018,** **Respondent.**	**Case No. 22-013-CS-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Ashley Alden Stucky, ("Respondent"), held an expired Nevada controlled substance registration, Certificate of Registration No. CS15018, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent failed to timely renew Certificate of Registration No. CS15018, which expired on October 31, 2020.

3. Respondent wrote one or more controlled substance prescriptions for Nevada patients after October 31, 2020, without a valid registration.

APPLICABLE LAW

4. It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a).

5. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by

the jurisdiction in which he or she is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

6. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

7. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

8. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

9. The Board may suspend or revoke a registration if the holder has violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

10. The Board may suspend or revoke a registration if the holder has failed to renew a certificate of registration by failing to timely submit the application for renewal. NRS 639.210(13).

11. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

FIRST COUNT
Failure to Timely Renew Controlled Substance Registration

12. By failing to timely renew Certificate of Registration CS06301, Respondent is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(13).

SECOND COUNT
Violation of Federal Controlled Substances Act

13. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(11).

THIRD COUNT
Violation of State Controlled Substances Act

14. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12).

FOURTH COUNT
Unprofessional Conduct – Prescribing without a Valid Registration

15. By prescribing controlled substances without a valid registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(l) and/or NRS 639.210(4).

FIFTH COUNT

Commission of Acts that Render Registration Inconsistent with the Public Interest

16. By prescribing controlled substances without a valid registration as alleged herein, and by falsely representing herself as a practitioner entitled to write prescriptions in this state, Respondent has committed acts that render her Nevada controlled substance registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 19th day of MAY 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ASHLEY ALDEN STUCKY, DVM** **Certificate of Registration No. CS15018,** **Respondent.**	**CASE NO. 22-013-CS-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, July 13, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hyatt Place
1790 E. Plumb Lane
Reno, NV 89502

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of May 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ASHLEY ALDEN STUCKY, DVM** **Certificate of Registration No. CS15018,** **Respondent.**	**CASE NO. 22-013-CS-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

ASHLEY ALDEN STUCKY, DVM

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 18th day of May 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Ashley Alden Stucky, DVM
6425 S. Virginia St.
Reno, NV 89511

SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ASHLEY ALDEN STUCKY, DVM** **Certificate of Registration Nos. CS15018,** **Respondent.**	**Case No. 22-013-CS-N** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and Respondent ASHLEY ALDEN STUCKY, DVM, ("Respondent") Certificate of Registration No. CS15018, **HEREBY STIPULATE AND AGREE AS FOLLOWS:**

1. The Board has jurisdiction over Respondent and this matter.

2. On or about May 18, 2022, Board Staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. Respondent is fully aware of her right to seek the advice of counsel in this matter and has obtained counsel prior to entering into this Stipulation.

4. Respondent is aware of her right to a hearing on the matters alleged in the Accusation, her right to reconsideration, her right to appeal and any and all other rights which may be accorded to her pursuant to NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of paragraphs below, Respondent hereby freely and voluntarily waives her rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A

("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

6. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*, that:

A. Respondent neglected to timely renew her Certificate of Registration No. CS15018 which expired on October 31, 2020, in violation of NRS 639.210(13); and

B. While Respondent held an expired Nevada Controlled Substance Registration, she continued to prescribe controlled substances to Nevada patients (animals) after October 31, 2020, in violation of 21 U.S.C. § 823(f), 21 CFR § 1306.03(a)(1), NRS 453.226(1), NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1), and NAC 639.945(1)(k). These violations are grounds for disciplinary action pursuant to NRS 639.210 and NRS 639.255.

7. The Board does not allege, and Respondent does not admit, that Respondent's failure to timely renew her Certificate of Registration and prescribing controlled substances while her Certificate was expired was willful, intentional, or fraudulent, or that Respondent had actual knowledge that she was prescribing controlled substances without a valid registration. The Board acknowledges that Respondent held a valid DEA registration at all times, including during the period her Nevada Certificate of Registration was expired, and that in the process of renewing her DEA registration Respondent became aware that her Nevada Certificate of Registration had expired. Respondent immediately self-reported her inadvertent failure to timely renew her Nevada Certificate of Registration to the Board and fully cooperated in the Board's investigation.

8. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties. Respondent Ashley Stucky, DVM, Certificate of Registration No. CS015018, shall:

A. Pay a fine of Five-Thousand Dollars ($5000.00) for the violations; and

B. Pay Five-Hundred and Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

10. The Board's Assistant General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on July 13, 2022, in Reno, Nevada. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or her counsel are not present at the meeting.

11. The Board may accept this Stipulation but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

12. If the Board rejects any part or all this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *personal, cashiers,* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *personal, cashiers,* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 14th day of June 2022.

ASHLEY ALDEN STUCKY, DVM
Certificate of Registration No. CS15018

Signed this 14th day of June 2022.

NEVADA STATE BOARD OF PHARMACY

PETER K. KEEGAN, ESQ.
Assistant General Counsel
985 Damonte Ranch Pkwy., Ste. 206
Reno, Nevada 89502
775-850-1440

Approved as to Form and Content:
This 14th day of June 2022.

LEMONS, GRUNDY & EISENBERG

ALICE CAMPOS MERCADO, ESQ.
Counsel for ASHLEY A. STUCKY, DVM

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Ashley A. Stucky, DVM, Certificate of Registration No. CS15018, in Case No. 22-013-CS-N and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of July 2022.

Helen Park, President
Nevada State Board of Pharmacy

5E

FILED
MAY 11 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ABIGAIL MARTINEZ, PTT** **Registration No. PT26018** **Respondent.**	**CASE NO. 22-079-PT-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Abigail Martinez ("Martinez"), held a Nevada Pharmaceutical Technician in Training Registration No. PT26018, issued by the Board.

FACTUAL ALLEGATIONS

2. On December 2, 2021, the Board approved Martinez's application for a Pharmaceutical Technician in Training on the condition that she provide a completed copy of the mental health/substance abuse counseling report, as ordered by the Court in Case No. 21-SCR-00468, to the Board's licensing staff not later than January 17, 2022, as well as a confirmation that Martinez had tested negative on her most recent drug and alcohol assessment.

3. Martinez failed to submit the required documentation to the Board's licensing staff by January 17, 2022.

APPLICABLE LAW

4. Violating any term of condition of a subpoena or order issued by the Board or the staff of the Board constitutes unprofessional conduct and conduct contrary to the public interest

and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4) and (12).

5. Failing to provide any document, data or information that is required to be made and maintained pursuant to chapters 453, 454, 585 and 639 of NRS and chapters 453, 454, 585 and 639 of NAC to a member of the Board or a member of the staff of the Board upon his or her request pursuant to NAC 639.945(1)(m) constitutes unprofessional conduct and conduct contrary to the public interest and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

6. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

FIRST CAUSE OF ACTION

Unprofessional Conduct/Violations of State Law

7. By failing to comply with the Board's order conditionally approving Martinez's application for a Pharmaceutical Technician in Training, Martinez violated NAC 639.945(1)(l) and NAC 639.945(1)(m), performed her duties as the holder of a registration in an incompetent, unskillful, or negligent manner, engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i) and is subject to disciplinary action pursuant to NRS 639.210(4) and (12).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 11th day of MAY 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ABIGAIL MARTINEZ, PTT** **Registration No. PT26018,** **Respondent.**	**CASE NO. 22-079-PT-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, July 13, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hyatt Place
1790 E. Plumb Lane
Reno, NV 89502

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of May 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ABIGAIL MARTINEZ, PTT** **Registration No. PT26018,** **Respondent.**	**CASE NO. 22-079-PT-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

ABIGAIL MARTINEZ

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 18th day of May 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Abigail Martinez, PTT
[redacted] Flower St.
Reno, NV 89506

SHIRLEY HUNTING

5F

FILED
MAY 11 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **VITALCARE HEALTH SERVICES, License No. MP00060,** **Respondent.**	**CASE NO. 21-210-MDEG-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent VitalCare Health Services ("Respondent"), held a Nevada Medical Products Provider License No. MP00060, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about December 7, 2021, the Board conducted an inspection of Respondent's facility located at 1360 Greg St. #103 & 104, Sparks, Nevada 89431 where it was discovered that Respondent was operating without an approved administrator for its Medical Products Provider facility.

3. Respondent's previous facility administrator ceased employment in November of 2021.

4. Respondent failed to notify the Board of the departure of its facility administrator within 3 business days.

5. Respondent continued its operations for more than 10 business days without an approved facility administrator.

FIRST COUNT

Failure to Employ Facility Administrator - Violations of State Law

6. Respondent failed to comply with NAC 639.694(3-4) and NAC 639.6946(1)(a-b) when it neglected to timely notify the Board of the departure of its facility administrator and continued its operations as a Medical Products Provider without identifying timely obtaining approval of a qualified facility administrator from the Board; therefore, Respondent is subject to discipline pursuant to NRS 639.210(12).

SECOND COUNT

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

7. By violating NAC 639.694(3-4) and NAC 639.6946(1)(a-b), as detailed above, Respondent engaged in unprofessional conduct and conduct contrary to the public interest, as set forth in NAC 639.6941(1)(a), and performed its duties as the holder of a Medical Products Provider license in an incompetent, unskillful, or negligent manner in violation of NAC 639.945(1)(i); therefore, Respondent is subject to discipline pursuant NRS 639.210(4).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 11th day of MAY, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **VITALCARE HEALTH SERVICES,** **License No. MP00060,** **Respondent.**	**CASE NO. 21-210-MDEG-N** **STATEMENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, July 13, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hyatt Place
1790 E. Plumb Lane
Reno, NV 89502

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of MAY, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **VITALCARE HEALTH SERVICES, License No. MP00060,** **Respondent.**	**CASE NO. 21-210-MDEG-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR VITALCARE HEALTH SERVICES

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11th day of May, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

STEVEN B. BURNES
3600 VINELAND RD., SUITE 114
ORLANDO, FL 32811

Darlene Nases
DARLENE NASES

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
Web Page: bop.nv.gov

February 10, 2022

VIA CERTIFIED U.S. MAIL AND E-MAIL
VitalCare Health Services
1360 Greg Street, Suite 103 & 104
Sparks, Nevada 89431
DEBBIE.STROUD@ROTECH.COM

CEASE AND DESIST ORDER: License No. MP00060

Case No. 21-210-MDEG-N

To Whom It May Concern:

The Nevada State Board of Pharmacy ("Board") has determined that that Vital Care Health Services ("Vitalcare") violated NAC 639.694(1) and NAC 639.6946(1)(a-b) by operating without an approved medical products provider facility administrator. Specifically, Vitalcare failed to notify the Board staff of the cessation of employment of its prior facility administrator *and* the employment of its new facility administrator within the requisite three (3) business days. NAC 639.694(3).

Please keep in mind that "a medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator." NAC 639.694(4). "The Board may summarily suspend the operation of a business or facility that operates without an administrator." NAC 639.694(4) and NAC 639.6958(1)(c).

THEREFORE, VITALCARE IS HEREBY ORDERED PURSUANT TO NAC 639.694(4) and NAC 639.6958(1)(c) TO CEASE-AND-DESIST ITS OPERATIONS AS A MEDICAL PRODUCTS PROVIDER, until such time as Vitalcare can demonstrate to Board staff its compliance with NAC 639.694 and NAC 639.6946 and all applicable standards for medical products providers. If Vitalcare has already submitted its facility administrator application and received Board approval, please disregard this CEASE-and-DESIST Order.

Please be aware that the forgoing does not preclude further investigation or the filing of an accusation pursuant to NRS 639.241. If you have any questions, please do not hesitate to contact me at 775-850-1440 or p.keegan@pharmacy.nv.gov.

Best regards,

Peter Keegan
Assistant General Counsel
Nevada State Board of Pharmacy

9171 9690 0935 0265 8777 03

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **VITALCARE HEALTH SERVICES,** **License No. MP00060,** **Respondent.**	**CASE NOS. 21-210-MDEG-N** **STIPULATION AND ORDER**

Peter Keegan, General Counsel for Petitioner the Nevada State Board of Pharmacy ("Board"), Respondent VitalCare Health Services ("Respondent"), License No. MP00060, through its counsel, Steven Burres, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent and this matter.

2. On or about May 11, 2022, Board Staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. Respondent is fully aware of its right to seek the advice of counsel in this matter and have obtained the advice of counsel prior to entering into this Stipulation.

4. Respondent is aware of its right to a hearing on the matters alleged in the Accusation, its right to reconsideration, its right to appeal and any and all other rights which may be accorded to it pursuant to NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent, has failed to comply with the provisions below, Respondent hereby freely and voluntarily waives its rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to it by NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A

("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

6. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit,* that:

A. Respondent failed to comply with NAC 639.694(3-4) and NAC 639.6946(1)(a-b) when it failed to timely notify the Board of the departure of its facility administrator and continued its operations as a Medical Products Provider without identifying and timely obtaining approval of a qualified facility administrator from the Board.

B. Respondent's failure to comply with NAC 639.694(3-4) and NAC 639.6946(1)(a-b), constitutes a violation of NAC 639.6941(1)(a) and NAC 639.945(1)(i).

7. The above cited violations of law are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210, NRS 639.230(5), and NRS 639.255.

8. Based upon the Accusation and the foregoing admissions, the Board and Respondent stipulate to the below listed penalties. Respondent VitalCare Health Services License No. MP00060, shall:

A. Pay a fine of One Thousand Dollars ($1,000.00);

B. Pay administrative costs of Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

9. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

10. The Board's Assistant General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on July

13-14, 2022. Respondent and its authorized representative(s) will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or its counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *personal, cashier's,* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein by *personal, cashier's,* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondent, agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents, and each of them, have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

Signed this 26th day of May 2022.

VitalCare Health Services, MP00060

By: _____

Its: General Counsel

Signed this 25 day of May 2022.

Peter Keegan

PETER KEEGAN, ESQ.
Assistant General Counsel
Nevada State Board of Pharmacy

Approved as to Form and Content
This 26th day of May 2020.

_____

Steven Burres, Esq.
Counsel for VitalCare Health Services

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent VitalCare Health Services, License No. MP00060, in Case No. 21-210-MDEG-N, and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of July 2022.

_____
Helen Park, President
Nevada State Board of Pharmacy

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FILED
MAY 11 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **3M MEDICAL SOLUTIONS,** **License No. MP00120,** **Respondent.**	**CASE NO. 21-211-MDEG-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent 3M Medical Solutions ("Respondent"), held a Nevada Medical Products Provider License No. MP00120, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about December 9, 2021, the Board conducted an inspection of Respondent's facility located at 1380 Greg St. #238, Sparks, Nevada 89431, where it was discovered that Respondent was operating without an approved administrator for its Medical Products Provider facility.

3. Respondent's previous facility administrator ceased employment in June of 2021.

4. Respondent failed to notify the Board of the departure of its facility administrator within 3 business days.

5. Respondent continued its operations for more than 10 business days without an approved facility administrator.

FIRST COUNT

Failure to Employ Facility Administrator - Violations of State Law

6. Respondent failed to comply with NAC 639.694(3-4) and NAC 639.6946(1)(a-b) when it neglected to timely notify the Board of the departure of its facility administrator and continued its operations as a Medical Products Provider without identifying timely obtaining approval of a qualified facility administrator from the Board; therefore, Respondent is subject to discipline pursuant to NRS 639.210(12).

SECOND COUNT

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

7. By violating NAC 639.694(3-4) and NAC 639.6946(1)(a-b), as detailed above, Respondent engaged in unprofessional conduct and conduct contrary to the public interest, as set forth in NAC 639.6941(1)(a), and performed its duties as the holder of a Medical Products Provider license in an incompetent, unskillful, or negligent manner in violation of NAC 639.945(1)(i); therefore, Respondent is subject to discipline pursuant NRS 639.210(4).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 11th day of MAY, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **3M MEDICAL SOLUTIONS,** **License No. MP00120,** **Respondent.**	**CASE NO. 21-211-MDEG-N** **STATEMENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, July 13, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hyatt Place
1790 E. Plumb Lane
Reno, NV 89502

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of MAY, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **3M MEDICAL SOLUTIONS,** **License No. MP00120,** **Respondent.**	**CASE NO. 21-211-MDEG-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR 3M MEDICAL SOLUTIONS

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11th day of May, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

3M MEDICAL SOLUTIONS
1380 GREG ST #238
SPARKS, NV 89431

Darlene Nases

DARLENE NASES

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
Web Page: bop.nv.gov

February 10, 2022

VIA CERTIFIED U.S. MAIL AND E-MAIL
3M Medical Solutions
1380 Greg St. #238
Sparks, Nevada 89431
Kalouthen@mmm.com

CEASE AND DESIST ORDER: License No. MP00120

Case No. 21-211-MDEG-N

To Whom It May Concern:

The Nevada State Board of Pharmacy ("Board") has determined that 3M Medical Solutions ("3M") violated NAC 639.694(1) and NAC 639.6946(1)(a-b) by operating without an approved medical products provider facility administrator. Specifically, 3M failed to notify the Board staff of the cessation of employment of its prior facility administrator *and* the employment of its new facility administrator within the requisite three (3) business days. NAC 639.694(3).

Please keep in mind that "a medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator." NAC 639.694(4). "The Board may summarily suspend the operation of a business or facility that operates without an administrator." NAC 639.694(4) and NAC 639.6958(1)(c).

THEREFORE, 3M IS HEREBY ORDERED PURSUANT TO NAC 639.694(4) and NAC 639.6958(1)(c) TO CEASE-AND-DESIST ITS OPERATIONS AS A MEDICAL PRODUCTS PROVIDER, until such time as 3M can demonstrate to Board staff its compliance with NAC 639.694 and NAC 639.6946 and all applicable standards for medical products providers. If 3M has already submitted its facility administrator application and received Board approval, please disregard this CEASE-and-DESIST Order.

Please be aware that the forgoing does not preclude further investigation or the filing of an accusation pursuant to NRS 639.241. If you have any questions, please do not hesitate to contact me at 775-850-1440 or p.keegan@pharmacy.nv.gov.

Best regards,

Peter Keegan
Assistant General Counsel
Nevada State Board of Pharmacy

9171 9690 0935 0265 8777 10

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **3M MEDICAL SOLUTIONS,** **License No. MP00120,** **Respondent.**	**CASE NOS. 21-211-MDEG-N** **STIPULATION AND ORDER**

Peter Keegan, General Counsel for Petitioner the Nevada State Board of Pharmacy ("Board"), Respondent 3M Medical Solutions ("Respondent"), License No. MP00120, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about May 11, 2022, Board Staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. Respondent is fully aware of its right to seek the advice of counsel in this matter and have obtained the advice of counsel prior to entering into this Stipulation.

4. Respondent is aware of its right to a hearing on the matters alleged in the Accusation, its right to reconsideration, its right to appeal and any and all other rights which may be accorded to it pursuant to NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent, has failed to comply with the provisions below, Respondent hereby freely and voluntarily waives its rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to it by NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A

("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

6. Without prior notice, Respondent's facility administrator ceased employment June 16, 2021, during the COVID-19 pandemic. At that time, the now-approved facility administrator for the location in question was already working onsite, but Respondent was delayed in filing for appropriate approval. The now-approved facility administrator had been with the company for ten (10) years, was licensed in California in a similar capacity as a Designated Representative since 2013 and worked in various roles within the Field Service department, which manages and operates Respondent's brick-and-mortar locations. The facility administrator's prior experience and licensure demonstrate his knowledge and expertise in administering Respondent's facility, which is subject to this Stipulation.

7. While this matter is disputed, Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit,* that:

A. Respondent failed to comply with NAC 639.694(3-4) and NAC 639.6946(1)(a-b) when it neglected to timely notify the Board of the departure of its facility administrator within three (3) business days and continued its operations as a Medical Products Provider without identifying and/or timely obtaining approval of a qualified facility administrator from the Board; therefore, Respondent is subject to discipline pursuant to NRS 639.210(12).

B. Respondent failed to comply with NAC 639.694(3-4) and NAC 639. 6946(1)(a-b) and engaged in unprofessional conduct and conduct contrary to the public interest, as set forth in NAC 639.6941(1)(a), by its untimely notification and approval regarding its qualified facility administrator and performed its duties as the holder of a Medical Products Provider license in violation of NAC 639.945(1)(i); therefore, Respondent is subject to discipline pursuant NRS 639.210(4).

8. The above cited violations of law are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210, NRS 639.230(5), and NRS 639.255.

9. Based upon the Accusation and the foregoing admissions, the Board and Respondent stipulate to the below listed penalties. Respondent 3M Medical Solutions License No. MP00120, shall:

A. Pay a fine of One Thousand Dollars ($1,000.00) for the violations; and

B. Pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

10. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

11. The Board's Assistant General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on July 13, 2022. Respondent and its authorized representative(s) will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or its counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *personal, cashier's,* or *certified check* or *money order* made payable to "State

of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

15. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein by *personal, cashier's,* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondent, agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents, and each of them, have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

Signed this 24th day of June 2022.

C M Kothmann

CALLY KOTHMANN
Counsel
3M Medical Solutions, MP00120

Signed this 24th day of June 2022.

Peter Keegan

PETER KEEGAN, ESQ.
Assistant General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent 3M Medical Solutions License No. MP00120, in Case No. 21-211-MDEG-N, and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of July 2022.

_____
Helen Park, President
Nevada State Board of Pharmacy

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FILED 1297
MAY 11 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **3M MEDICAL SOLUTIONS,** **License No. MW00770,** **Respondent.**	**CASE NO. 21-228-MDEG-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent 3M Medical Solutions ("Respondent"), held a Nevada Medical Products Wholesaler License No. MP00770, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about December 9, 2021, the Board conducted an inspection of Respondent's facility located at 1380 Greg St. #238, Sparks, Nevada 89431, where it was discovered that Respondent was operating without an approved administrator for its Medical Products Wholesaler facility.

3. Respondent's previous facility administrator ceased employment in June of 2021.

4. Respondent failed to notify the Board of the departure of its facility administrator within 3 business days.

5. Respondent continued its Medical Products Wholesaler operations for more than 10 business days without an approved facility administrator.

FIRST COUNT

Failure to Employ Facility Administrator - Violations of State Law

6. Respondent failed to comply with NAC 639.694(3) and (4) as well as NAC 639.6957(1)(a) when it neglected to timely notify the Board of the departure of its facility administrator and continued its operations as a Medical Products Wholesaler without timely obtaining approval of a qualified facility administrator; therefore, Respondent is subject to discipline pursuant to NRS 639.210(12).

SECOND COUNT

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

7. By violating NAC 639.694(3) and (4) and NAC 639.6957(1)(a), as detailed above, Respondent engaged in unprofessional conduct and conduct contrary to the public interest, as set forth in NAC 639.6941(1)(a), and performed its duties as the holder of a Medical Products Wholesale license in an incompetent, unskillful, or negligent manner in violation of NAC 639.945(1)(i); therefore, Respondent subject to discipline pursuant NRS 639.210(4).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 11th day of MAY, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **3M MEDICAL SOLUTIONS,** **License No. MW00770,** **Respondent.**	**CASE NO. 21-228-MDEG-N** **STATEMENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, July 13, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hyatt Place
1790 E. Plumb Lane
Reno, NV 89502

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of MAY, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **3M MEDICAL SOLUTIONS,** **License No. MW00770,** **Respondent.**	**CASE NO. 21-228-MDEG-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR 3M MEDICAL SOLUTIONS

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11th day of May, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

3M MEDCIAL SOLUTIONS
1380 GREG ST #238
SPARKS, NV 89431

Darlene Nases
DARLENE NASES

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
Web Page: bop.nv.gov

February 10, 2022

VIA CERTIFIED U.S. MAIL AND E-MAIL
3M Medical Solutions
1380 Greg St. #238
Sparks, Nevada 89431
Kalouthen@mmm.com

CEASE AND DESIST ORDER: License No. MW00770

Case No. 21-228-MDEG-N

To Whom It May Concern:

The Nevada State Board of Pharmacy ("Board") has determined that 3M Medical Solutions ("3M") violated NAC 639.694(1) and NAC 639.6957(1)(a) by operating without an approved medical products wholesaler facility administrator. Specifically, 3M failed to notify the Board staff of the cessation of employment of its prior facility administrator *and* the employment of its new facility administrator within the requisite three (3) business days. NAC 639.694(3).

Please keep in mind that "a medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator." NAC 639.694(4). "The Board may summarily suspend the operation of a business or facility that operates without an administrator." NAC 639.694(4) and NAC 639.6958(1)(c).

THEREFORE, 3M IS HEREBY ORDERED PURSUANT TO NAC 639.694(4) and NAC 639.6958(1)(c) TO CEASE-AND-DESIST ITS OPERATIONS AS A MEDICAL PRODUCTS WHOLESALER, until such time as 3M can demonstrate to Board staff its compliance with NAC 639.694 and NAC 639.6957 and all applicable standards for medical products wholesalers. If 3M has already submitted its facility administrator application and received Board approval, please disregard this CEASE-and-DESIST Order.

Please be aware that the forgoing does not preclude further investigation or the filing of an accusation pursuant to NRS 639.241. If you have any questions, please do not hesitate to contact me at 775-850-1440 or p.keegan@pharmacy.nv.gov.

Best regards,

Peter Keegan
Assistant General Counsel
Nevada State Board of Pharmacy

9171 9690 0935 0265 8777 34

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **3M MEDICAL SOLUTIONS,** **License No. MW00770,** **Respondent.**	**CASE NOS. 21-228-MDEG-N** **STIPULATION AND ORDER**

Peter Keegan, General Counsel for Petitioner the Nevada State Board of Pharmacy ("Board"), Respondent 3M Medical Solutions ("Respondent"), License No. MW0770, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about May 11, 2022, Board Staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. Respondent is fully aware of its right to seek the advice of counsel in this matter and have obtained the advice of counsel prior to entering into this Stipulation.

4. Respondent is aware of its right to a hearing on the matters alleged in the Accusation, its right to reconsideration, its right to appeal and any and all other rights which may be accorded to it pursuant to NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent, has failed to comply with the provisions below, Respondent hereby freely and voluntarily waives its rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to it by NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A

("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

6. Without prior notice, Respondent's facility administrator ceased employment June 16, 2021, during the COVID-19 pandemic. At that time, the now-approved facility administrator for the location in question was already working onsite, but Respondent was delayed in filing for appropriate approval. The now-approved facility administrator had been with the company for ten (10) years, was licensed in California in a similar capacity as a Designated Representative since 2013 and worked in various roles within the Field Service department, which manages and operates Respondent's brick-and-mortar locations. The facility administrator's prior experience and licensure demonstrate his knowledge and expertise in administering Respondent's facility, which is subject to this Stipulation.

7. While this matter is disputed, Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit,* that:

A. Respondent failed to comply with NAC 639.694(3-4) and NAC 639.6957(1)(a) when it neglected to timely notify the Board of the departure of its facility administrator within three (3) business days and continued its operations as a Medical Products Wholesaler without identifying and/or timely obtaining approval of a qualified facility administrator from the Board; therefore, Respondent is subject to discipline pursuant to NRS 639.210(12).

B. Respondent failed to comply with NAC 639.694(3-4) and NAC 639.6957(1)(a) and engaged in unprofessional conduct and conduct contrary to the public interest, as set forth in NAC 639.6941(1)(a), by its untimely notification and approval regarding its qualified facility administrator and performed its duties as the holder of a Medical Products Wholesaler license in violation of NAC 639.945(1)(i); therefore, Respondent is subject to discipline pursuant NRS 639.210(4).

8. The above cited violations of law are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210, NRS 639.230(5), and NRS 639.255.

9. Based upon the Accusation and the foregoing admissions, the Board and Respondent stipulate to the below listed penalties. Respondent 3M Medical Solutions License No. MW00770, shall:

A. Pay a fine of One Thousand Dollars ($1,000.00) for the violations;

B. Pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

C. Submit an application for a Nevada Wholesaler's license, pursuant to NRS 639.500-639.515, within ten (10) days of the effective date of this Order.

10. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

11. The Board's Assistant General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on July 13-14, 2022. Respondent and its authorized representative(s) will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or its counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *personal, cashier's,* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

15. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein by *personal, cashier's,* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondent, agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents, and each of them, have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

Signed this 24th day of June 2022.

C M Kothmann

CALLY KOTHMANN
Counsel
3M Medical Solutions, MP00120

Signed this 24th day of June 2022.

Peter Keegan

PETER KEEGAN, ESQ.
Assistant General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent 3M Medical Solutions License No. MW00770, in Case No. 21-228-MDEG-N, and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of July 2022.

_____
Helen Park, President
Nevada State Board of Pharmacy

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FILED
MAY 11 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PULMONARY SOLUTIONS LLC,** **License No. MP02951,** **Respondent.**	**CASE NO. 21-212-MDEG-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Pulmonary Solutions LLC ("Respondent"), held a Nevada Medical Products Provider License No. MP02951, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about December 9, 2021, the Board conducted an inspection of Respondent's facility located at 50 Freeport Blvd. #24, Sparks, Nevada 89431, where it was discovered that Respondent was operating without an approved administrator for its Medical Products Provider facility.

3. Respondent's previous facility administrator ceased employment in September of 2021.

4. Respondent failed to notify the Board of the departure of its facility administrator within 3 business days.

5. Respondent continued its operations for more than 10 business days without an approved facility administrator.

FIRST COUNT

Failure to Employ Facility Administrator - Violations of State Law

6. Respondent failed to comply with NAC 639.694(3-4) and NAC 639.6946(1)(a-b) when it neglected to timely notify the Board of the departure of its facility administrator and continued its operations as a Medical Products Provider without identifying timely obtaining approval of a qualified facility administrator from the Board; therefore, Respondent is subject to discipline pursuant to NRS 639.210(12).

SECOND COUNT

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

7. By violating NAC 639.694(3-4) and NAC 639.6946(1)(a-b), as detailed above, Respondent engaged in unprofessional conduct and conduct contrary to the public interest, as set forth in NAC 639.6941(1)(a), and performed its duties as the holder of a Medical Products Provider license in an incompetent, unskillful, or negligent manner in violation of NAC 639.945(1)(i); therefore, Respondent is subject to discipline pursuant NRS 639.210(4).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 11th day of May, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PULMONARY SOLUTIONS LLC,** **License No. MP02951,** **Respondent.**	**CASE NO. 21-212-MDEG-N** **STATEMENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, July 13, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hyatt Place
1790 E. Plumb Lane
Reno, NV 89502

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of MAY, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PULMONARY SOLUTIONS LLC,** **License No. MP02951,** **Respondent.**	**CASE NO. 21-212-MDEG-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR PULMONARY SOLUTIONS LLC

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11th day of May, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

PULMONARY SOLUTIONS LLC
50 FREEPORT BLVD #24
SPARKS, NV 89431

Darlene Nases
DARLENE NASES

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
Web Page: bop.nv.gov

February 10, 2022

VIA CERTIFIED U.S. MAIL AND E-MAIL
Pulmonary Solutions LLC
50 Freeport Blvd. #24
Sparks, Nevada 89431
hr@pulmonarysolutions.net

CEASE AND DESIST ORDER: License No. MP02951

Case No. 21-212-MDEG-N

To Whom It May Concern:

The Nevada State Board of Pharmacy ("Board") has determined that that Pulmonary Services LLC ("Pulmonary") violated NAC 639.694(1) and NAC 639.6946(1)(a-b) by operating without an approved medical products provider facility administrator. Specifically, Pulmonary failed to notify the Board staff of the cessation of employment of its prior facility administrator *and* the employment of its new facility administrator within the requisite three (3) business days. NAC 639.694(3).

Please keep in mind that "a medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator." NAC 639.694(4). "The Board may summarily suspend the operation of a business or facility that operates without an administrator." NAC 639.694(4) and NAC 639.6958(1)(c).

THEREFORE, PULMONARY IS HEREBY ORDERED PURSUANT TO NAC 639.694(4) and NAC 639.6958(1)(c) TO CEASE-AND-DESIST ITS OPERATIONS AS A MEDICAL PRODUCTS PROVIDER, until such time as Pulmonary can demonstrate to Board staff its compliance with NAC 639.694 and NAC 639.6946 and all applicable standards for medical products providers. If Pulmonary has already submitted its facility administrator application and received Board approval, please disregard this CEASE-and-DESIST Order.

Please be aware that the forgoing does not preclude further investigation or the filing of an accusation pursuant to NRS 639.241. If you have any questions, please do not hesitate to contact me at 775-850-1440 or p.keegan@pharmacy.nv.gov.

Best regards,

Peter Keegan
Assistant General Counsel
Nevada State Board of Pharmacy

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PULMONARY SOLUTIONS LLC,** **License No. MP02951,** **Respondent.**	**CASE NOS. 21-212-MDEG-N** **STIPULATION AND ORDER**

Peter Keegan, General Counsel for Petitioner the Nevada State Board of Pharmacy ("Board"), Respondent Pulmonary Solutions LLC ("Respondent"), License No. MP02951, **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent and this matter.

2. On or about May 11, 2022, Board Staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. Respondent is fully aware of its right to seek the advice of counsel in this matter and have obtained the advice of counsel prior to entering into this Stipulation.

4. Respondent is aware of its right to a hearing on the matters alleged in the Accusation, its right to reconsideration, its right to appeal and any and all other rights which may be accorded to it pursuant to NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions below, Respondent hereby freely and voluntarily waives its rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to it by NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A

("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

6. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit,* that:

A. Respondent failed to comply with NAC 639.694(3-4) and NAC 639.6946(1)(a-b) when it neglected to timely notify the Board of the departure of its facility administrator and continued its operations as a Medical Products Provider without identifying timely obtaining approval of a qualified facility administrator from the Board; therefore, Respondent is subject to discipline pursuant to NRS 639.210(12).

B. Respondent failed to comply with NAC 639.694(3-4) and NAC 639.6946(1)(a-b), and engaged in unprofessional conduct and conduct contrary to the public interest, as set forth in NAC 639.6941(1)(a), and performed its duties as the holder of a Medical Products Provider license in an incompetent, unskillful, or negligent manner in violation of NAC 639.945(1)(i); therefore, Respondent is subject to discipline pursuant NRS 639.210(4).

7. The above cited violations of law are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210, NRS 639.230(5), and NRS 639.255.

8. Based upon the Accusation and the foregoing admissions, the Board and Respondent stipulate to the below listed penalties. Respondent Pulmonary Solutions LLC License No. MP02951, shall:

A. Pay a fine of One Thousand Dollars ($1,000.00) for the violations; and

B. Pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

9. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by

Respondent, the Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 639.

10. The Board's Assistant General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on July 13, 2022, in Reno, Nevada. Respondent and its authorized representative(s) will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or its counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *personal, cashier's,* or *certified check,* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein by *personal, cashier's,* or *certified check,* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondent, agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents, and each of them, have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

Signed this 15 day of June 2022.

Pulmonary Solutions LLC, MP02951

By: Josette Sonekeo

Its: CEO

Signed this 15th day of June 2022.

PETER KEEGAN, ESQ.
Assistant General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Pulmonary Solutions LLC, License No. MP02951, in Case No. 21-212-MDEG-N, and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of July 2022.

Helen Park, President
Nevada State Board of Pharmacy

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JAN 21 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WILLIAM C. TORCH, MD,** **Certificate of Registration No. CS02202,** **Respondent.**	**Case No. 21-227-CS-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent William C. Torch, MD, ("Respondent"), held an expired Nevada controlled substance registration, Certificate of Registration No. CS02202, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent failed to timely renew Certificate of Registration No. CS02202, which expired on October 31, 2018.

3. Respondent wrote one or more controlled substance prescriptions for Nevada patients after October 31, 2018, without a valid registration.

APPLICABLE LAW

4. It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a).

5. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in

which he or she is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

6. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

7. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

8. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

9. The Board may suspend or revoke a registration if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

10. The Board may suspend or revoke a registration if the holder has failed to renew a certificate of registration by failing to timely submit the application for renewal. NRS 639.210(13).

11. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

FIRST COUNT

Failure to Time Renew Controlled Substance Registration

12. By failing to timely renew Certificate of Registration CS02202, Respondent is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(13).

SECOND COUNT
Violation of Federal Controlled Substances Act

13. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(11).

THIRD COUNT
Violation of State Controlled Substances Act

14. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12).

FOURTH COUNT
Unprofessional Conduct – Prescribing without a Valid Registration

15. By prescribing controlled substances without a valid registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(l) and/or NRS 639.210(4).

FIFTH COUNT
Commission of Acts that Render Registration Inconsistent with the Public Interest

16. By prescribing controlled substances without a valid registration as alleged herein, and by falsely representing herself as a practitioner entitled to write prescriptions in this state, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 21st day of January, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WILLIAM C. TORCH, MD** **Certificate of Registration No. CS02202,** **Respondent.**	**CASE NO. 21-227-CS-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 2, 2022, at 9:00 AM PST or soon thereafter. Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:**

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 21st day of January, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WILLIAM C. TORCH, MD** **Certificate of Registration No. CS02202,** **Respondent.**	**CASE NO. 21-227-CS-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____
WILLIAM C. TORCH, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of February, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

William Torch
[redacted] Ramrod Circle
Reno, NV 89519

Darlene Nases

DARLENE NASES

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
Web Page: bop.nv.gov

January 27, 2022

VIA CERTIFIED U.S. MAIL
Dr. William C. Torch
75 Pringle Way #701
Reno, Nevada 89502

CEASE AND DESIST ORDER: Case No. 21-227-CS-N

Controlled Substance Registration CS 02202 – Expired 10/31/2018

Dr. William C. Torch:

The Nevada State Board of Pharmacy ("Board") has determined that you wrote and/or authorized controlled substance prescriptions for Nevada patients after the expiration of your controlled substance registration.

This constitutes a violation of federal and state law, including, without limitation, NRS 453.226(1), NRS 453.321(1)(a), NRS 453.331(1)(e), NRS 629.515, NRS 639.100(1), NRS 639.235(1), NRS 639.281(1), NRS 639.2813(1), 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and 21 CFR § 1306.03. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

You are hereby ordered pursuant to NRS 639.2895(1) to immediately CEASE and DESIST prescribing controlled substances for Nevada patients until you hold the requisite controlled substance registration.

Please be aware that the forgoing cease and desist order does not preclude further investigation or the filing of administrative or criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or p.keegan@pharmacy.nv.gov.

Best regards,

Peter Keegan
Assistant General Counsel
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WILLIAM TORCH, MD,** **Certificate of Registration No. CS02202,** **Respondent.**	**Case No. 21-227-CS-N** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through counsel, Peter K. Keegan, Esq., and Respondent WILLIAM TORCH, MD, ("Respondent") Certificate of Registration No. CS02202, through his counsel, Edward J. Lemons, Esq., **HEREBY STIPULATED AND AGREE AS FOLLOWS:**

1. The Board has jurisdiction over Respondent and this matter.

2. On or about January 26, 2022, Board Staff properly served Respondent at his last known address with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing. This attempted service of process was unsuccessful. On February 23, 2022, Assistant General Counsel for the Board contacted Respondent via telephone and emailed Respondent a copy of the Accusation.

3. On or about February 24, 2022, Board staff properly served Respondent as his current address with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

4. Respondent is fully aware of his right to seek the advice of counsel in this matter and has obtained the advice of counsel prior to entering into this Stipulation

5. Respondent is aware of his right to a hearing on the matters alleged in the Accusation, his right to reconsideration, his right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A

(Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of paragraphs below, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

7. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. Respondent failed to timely renew his Certificate of Registration No. CS02202, which expired on October 31, 2018, in violation of NRS 639.210(13), and

B. While Respondent held an expired Nevada Controlled Substance Registration, he authorized one or more prescriptions for controlled substances for Nevada patients after October 31, 2018, in violation of NRS 453.226(1), NRS 453.236(l), NRS 453.321(1)(a), NRS 639.100(1), NRS 639.2813(1) and/or 21 CFR § 1306.03.

8. Those violations are plead with particularity in the Accusation and are grounds for disciplinary action pursuant to NRS 639.210 and NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties. Respondent William Torch, M.D., Certificate of Registration No. CS02202, shall:

A. Pay a fine of Five-Thousand Dollars ($5000.00) for the alleged violations;

B. Pay Seven-Hundred and Fifty Dollars ($750.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

C. In the event Respondent applies for renewal of his Certificate of Registration No. CS02202, or for any other certificate, license, or permit with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

10. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

11. The Board's Assistant General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on July 13, 2022, in Reno, Nevada. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or his counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the $5,000.00 in agreed upon fines by *personal, business, certified or cashier's check or money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

15. Upon approval of this Stipulation by the Board, Respondent shall pay the $750.00 in agreed upon attorney's fees and costs by *personal, business, certified or cashier's check or money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 28th day of June 2022.

WILLIAM TORCH, MD
Certificate of Registration No. CS02202

Signed this 29th day of June 2022.

Peter Keegan

PETER K. KEEGAN, ESQ.
Assistant General Counsel
Nevada State Board of Pharmacy

Approved as to Form and Content:
This 29th day of June 2022.

LEMONS, GRUNDY & EISENBERG

EDWARD LEMONS, ESQ.
Counsel for William Torch, M.D.

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent William Torch, MD, Certificate of Registration No. CS02202, in Case No. 21-227-CS-N and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of July 2022.

Helen Park, President
Nevada State Board of Pharmacy

5K

FILED
MAY 24 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **HRX PHARMACY, LLC,** **Certificate of Registration No. PH03651,** **Respondent.**	**CASE NO. 22-018-PH-O** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes ("NRS") 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent HRX Pharmacy, LLC ("HRX"), Certificate of Registration No. PH03651, was a pharmacy registered with the Board.

FACTUAL ALLEGATIONS

2. HRX operates a pharmacy located at 4227 S. Highland, Dr. #6, Holladay, Utah, 84124 and holds Certificate of Registration No. PH03651 issued by the Board on December 12, 2016.

3. On or about October 4, 2020, as part of its 2020 renewal application, HRX falsely certified to the Board that since its last renewal or recent licensure, no owner, shareholder, partner with any interest or the corporation had been the subject of a board citation or an administrative action, whether completed or pending in any state. HRX also falsely certified on its 2020 renewal application that since its last renewal or recent licensure, no owner, shareholder, partner with any

interest or the corporation had their license subjected to any discipline for violation of pharmacy or drug laws in any state.

4. On February 18, 2020, the Utah Division of Occupational and Professional Licensing approved a Stipulation for disciplinary action against HRX in Case No. 2020-48. In the Stipulation HRX admitted to unprofessional conduct violations as defined by the Utah Administrative Code which were discovered during an inspection of its pharmacy. HRX agreed to pay a fine in the amount of $20,700.00, of which $10,350.00 was stayed to allow for correction of deficiencies.

APPLICABLE LAW

5. Before issuing a license to a pharmacy located outside Nevada, the Board shall consider the qualifications and credentials of the applicant and any suspension or revocation of a license or restriction on a license held by the applicant. NRS 639.23282.

6. It is unlawful for any person to secure registration by making, or causing to be made, any false representation. NRS 639.281(1).

7. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any registration issued by the Board. NRS 639.210(4).

8. The Board may suspend or revoke a registration issued pursuant to NRS Chapter 639 if the holder has been convicted of a violation of any law or regulation of the Federal Government or of this or any other state related to controlled substances. NRS 639.210(6).

9. Willfully making to the Board any false statement which is material to the administration or enforcement of any of the provisions of NRS Chapter 639 is grounds for suspension or revocation of any registration issued by the Board. NRS 639.210(9).

10. The Board may suspend or revoke a registration issued pursuant to NRS Chapter 639 if the holder has obtained that registration by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent. NRS 639.210(10).

11. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

12. Violating, attempting to violate, assisting, or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

COUNT ONE
Securing License by False Representation

13. By falsely certifying to the Board on its 2020 renewal application for Certificate of Registration No. PH03651 that HRX had not been the subject of a board citation or an administrative action and that its license had not been subjected to any discipline for violation of pharmacy or drug laws in any state, HRX violated NRS 639.281(1) and is subject to discipline pursuant to NRS 639.210(9) and (10).

COUNT TWO
Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

14. By falsely certifying to the Board on its 2020 renewal application for Certificate of Registration No. PH03651 that HRX had not been the subject of a board citation or an administrative action and that its license had not been subjected to any discipline for violation of pharmacy or drug laws in any state, HRX was a party to a fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 24th day of MAY 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **HRX PHARMACY, LLC,** **Certificate of Registration No. PH03651,** **Respondent.**	**CASE NO. 22-018-PH-O** **STATEMENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, July 13, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hyatt Place
1790 E. Plumb Lane
Reno, NV 89502

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 24th day of MAY, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of May, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

HRX PHARMACY, LLC
4227 S. Highlands Dr. #6
Holladay, UT 84124

Darlene Nases
DARLENE NASES

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **HRX Pharmacy, LLC,** **Certificate of Registration No. PH03651,** **Respondent.**	**CASE NO. 22-018-PH-O** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR HRX PHARMACY, LLC

To whom it may concern, 06/07/2022

In response to the Notice of Intended Action and Accusation towards HRx Pharmacy and its violation of NAC 639.945(1)(h) Performing or in any way being a party to any fraudulent or deceitful practice or transaction.

It was never my intention to falsely represent my pharmacy upon renewing HRx Pharmacy's license in Nevada in 2020. During the renewal application I must have mistakenly misunderstood the question as it pertained to HRx Pharmacy the company rather then me personally. I selected no because my personal license has never been subject to any disciplinary actions that would violate pharmacy law. I understand this merits unprofessional conduct and conduct contrary to the public interest. I can assure you that in my violation of NAC 639.945(1)(h) was there never any jeopardy to the public of Nevada.

The violations cited to HRx Pharmacy in 2019 were corrected within days of the inspection and approved by the board in May 2020. I sincerely apologize for the misrepresentation of HRx Pharmacy to the Nevada Board of Pharmacy on my renewal application in October 2020. I had no intention whatsoever to answer the question incorrectly.

If at all possible I would appreciate the opportunity to resolve this matter without having to attend the scheduled hearing July 13, 2022. In March of 2013 I broke my neck in a Lake Tahoe snowboarding accident, coincidentally I had spinal surgery in Reno at Renown Medical Center. I am unfortunately a quadriplegic because of the injury and traveling is difficult for me.

Regards,
Cody Walker, PharmD
HRx Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **HRX PHARMACY LLC,** **Certificate of Registration No. PH03651** **Respondent.**	**Case No. 22-018-PH-O** **STIPULATION AND ORDER**

Peter Keegan, Assistant General Counsel for Petitioner the Nevada State Board of Pharmacy ("Board"), Respondent HRX Pharmacy, LLC ("HRX"), Certificate of Registration No. PH03651, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about May 25, 2022, Board Staff properly served HRX with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. HRX is fully aware of its right to seek the advice of counsel in this matter and has obtained the advice of counsel prior to entering into this Stipulation.

4. HRX is aware of its right to a hearing on the matters alleged in the Accusation, its right to reconsideration, its right to appeal and any and all other rights which may be accorded to it pursuant to NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent failed to comply with the provisions below, HRX hereby freely and voluntarily waives its right to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to it by NRS Chapter 233B ("Nevada

Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

6. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit,* that:

A. In violation of NRS 639.281(1) and NAC 639.945(1)(h), HRX falsely certified to the Board on its 2020 renewal application for that HRX had not been subject to a board citation or an administrative action and that its license had not been subjected to any discipline for violation of pharmacy or drug laws in any state and is therefore subject to discipline pursuant to NRS 639.210(4), (9) and (10).

7. The above cited violations of law are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210(4), (9), and/or (10), as well as NRS 639.255.

8. Based upon the Accusation and the foregoing admissions, the Board and HRX stipulate to the below listed penalties. Respondent HRX Pharmacy, LLC, Certificate of Registration No. PH03651, shall:

A. Pay a fine of Five Thousand Dollars ($5,000.00) for the violations; and

B. Pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

9. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by that Respondent, the Board may impose additional discipline upon that Respondent consistent with the provisions of NRS Chapter 639.

10. The Board's Assistant General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on July 13, 2022, in Reno, Nevada. Respondent may appear at the meeting via remote technology to answer questions

from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent and/or its counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *personal, business, certified, or cashier's check, or money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *personal, business, certified, or cashier's check, or money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondent, agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

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Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 24 day of June 2022.

HRX PHARMACY LLC
Certificate of Registration No. PH03651

Cody Walker, RPH
Managing Pharmacist/ Owner

Signed this 24th day of June 2022.

NEVADA STATE BOARD OF PHARMACY

Peter Keegan

PETER K. KEEGAN, ESQ.
Assistant General Counsel
985 Damonte Ranch Pkwy., Ste. 206
Reno, Nevada 89502
775-850-1440

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent HRX Pharmacy LLC, Certificate of Registration No. PH03651, in Case No. 22-018-PH-N and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of July 2022.

Helen Park, President
Nevada State Board of Pharmacy

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FILED
MAY 11 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WILLIAM CLARK, DO,** **Certificate of Registration No. CS18697,** **Respondent.**	**CASE NO. 21-048-CS-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent William Clark, DO, held a Nevada controlled substance registration, Certificate of Registration No. CS18697, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent owned and operated Holistic Health Center of Reno at the time of the events alleged herein.

3. Respondent in the course of operating Holistic Health Center of Reno regularly prescribed Oxycodone to patients and then diverted for his personal use Oxycodone pills from prescriptions that were surrendered by patients for destruction.

4. On October 20, 2021, Respondent surrendered his DEA Certificate of Registration No. BC8772647 to the U.S. Drug Enforcement Administration by executing a DEA Form 104, entitled "Surrender for Cause" (DEA Surrender for Cause).

5. By executing the DEA Surrender for Cause, Respondent acknowledged in pertinent part the following:

> In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list 1 chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certification of Registration.

6. On or about October 28, 2021, Board staff served Respondent with notice that his surrender of his DEA Certificate of Registration No. BC8772647 for cause operated as an immediate suspension of his Certificate of Registration No. CS18697 with the Board pursuant to NRS 639.2107.

APPLICABLE LAW

7. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); 21 CFR § 1306.04(a); NRS 453.381(1).

8. It is a felony offense to acquire, possess or use a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 843(a)(3); 21 U.S.C. § 844; 42 U.S.C. § 12210; NRS 453.331(1)(d); NRS 453.336(1); NRS 453.391(1); NRS 453.411(1).

9. Diverting a controlled substance constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

10. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

11. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

12. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

13. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

COUNT ONE

Violations of Federal Controlled Substances Act

14. By diverting, acquiring, possessing and using controlled substances as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 841(a), 21 U.S.C. § 843(a)(3), 21 U.S.C. § 844 42 U.S.C. § 12210 and/or 21 CFR § 1306.04(a), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(11).

COUNT TWO

Violations of State Controlled Substances Act

15. By diverting, acquiring, possessing and using controlled substances as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.336(1), NRS 453.381(1), NRS 453.391(1) and/or NRS 453.411(1), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(12).

COUNT THREE
Unprofessional Conduct - Diversion

16. By diverting, acquiring, possessing and using controlled substances as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is subject to discipline pursuant to NRS 639.210(4).

COUNT FOUR
Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

17. By diverting, acquiring, possessing and using controlled substances as alleged herein, Respondent was a party to a fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4).

COUNT FIVE
Surrender of DEA Registration for Cause

18. By surrendering his DEA Certificate of Registration No. BC8772647 for cause, Respondent has admitted to failing to comply with federal requirements pertaining to controlled substances, is no longer authorized by federal law to dispense controlled substances [21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1)], and his Certificate of Registration No. CS18697 is subject to revocation pursuant to NRS 453.236(1) and NRS 453.241(1).

19. The suspension of Respondent's Certificate of Registration No. CS18697 pursuant to NRS 639.2107 is subject to review by the Board pursuant to NRS 453.236(1) and NRS 639.255(1)(c).

COUNT SIX
Commission of Acts that Render Registration Inconsistent with the Public Interest

20. By his actions as alleged in Counts One through Five, Respondent has committed acts that render his registration to dispense controlled substances inconsistent with the public interest pursuant to NRS 453.231, and his Certificate of Registration No. CS18697 is subject to revocation pursuant to NRS 453.236(1) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 11th day of MAY, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WILLIAM CLARK, DO,** **Certificate of Registration No. CS18697,** **Respondent.**	**CASE NO. 21-048-CS-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, July 13, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hyatt Place
1790 E. Plumb Lane
Reno, NV 89502

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of MAY, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 20th day of May 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

William Clark, DO
Holistic Health Center
975 Roberta Lane, Ste 101B
Sparks, NV 89431

SHIRLEY HUNTING

FILED
JUN 27 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WILLIAM CLARK, D.O.** **Certificate of Registration No. CS18697** **Respondent.**	**Case Nos. 21-048-CS-N** **ANSWER AND NOTICE OF DEFENSE OF WILLIAM CLARK, D.O.**

Respondent William Clark, D.O., hereby files with the Nevada State Board of Pharmacy ("Board"), his Answer and Notice of Defense to the Notice of Intended Action and Accusation ("Accusation") filed on May 11, 2022.

ANSWER TO ACCUSATION

Jurisdiction

Dr. Clark agrees that the Board has jurisdiction in this matter as set forth in Paragraph 1. Dr. Clark further answers the Factual Allegations set forth in the Accusation as follows:

Factual Allegations: Paragraphs 2-5

Paragraph 2: Dr. Clark agrees and acknowledges the factual assertions set forth in Paragraph 2.

Paragraph 3: Dr. Clark agrees and acknowledges that he prescribed Oxycodone, as well as other controlled substances, to patients who were seen for chronic pain management. Dr. Clark denies the remaining allegations contained in Paragraph 3 that he diverted Oxycodone from

prescriptions surrender by patients for destruction. Dr. Clark did require patients who were not responding well to a particular pain medication to return to the practice with their unused medication for a pill count, which was performed in front of patients, before the pills were destroyed.

Paragraph 4: Dr. Clark agrees and acknowledges that the factual assertions set forth in Paragraph 4 are accurate.

Paragraph 5: Dr. Clark agrees and acknowledges that he surrendered his DEA registration for cause, believing that the "cause", as more fully described below, was that he had failed to register as a collector with the DEA in order to legally collect and disposed of unused controlled substances from his patients.

Paragraph 6: Dr. Clark agree and acknowledges that the factual assertions set forth in Paragraph 6 are accurate.

Applicable Law: Paragraphs 7-13

Dr. Clark agrees that Paragraphs 7-13 of the Accusation accurately reflect current Nevada and federal law.

Causes of Action: Paragraphs 14-20

First cause of action (paragraphs 14): Dr. Clark denies that he diverted, acquired, or used controlled substances as alleged in violation of the laws cited in paragraph 14.

Second cause of action (paragraphs 15): Dr. Clark denies that he diverted, acquired, or used controlled substances as alleged in violation of the laws cited in paragraph 15.

Third cause of action (paragraph 16): Dr. Clark denies that he diverted, acquired, possessed or used controlled substances as alleged in violation of the laws cited in paragraph 16.

Fourth cause of action (paragraph 17): Dr. Clark denies that he diverted, acquired, possessed or used controlled substances as alleged and denies that he was party to any fraudulent or deceitful practice or transaction or engaged in any unprofessional conduct or conduct contrary to the public interest.

Fifth cause of action (paragraphs 18-19): Dr. Clark admits that he surrendered his DEA registration for cause, but as noted above, believed the surrender to be predicated on the fact that he was not registered with the DEA to collect and dispose of unused medications from his patients.

Sixth cause of action (paragraph 20): Dr. Clark disagrees to the extent that NRS 453.231 and NRS 453.236(1) refer to a suspension or revocation of a federal registration; Dr. Clark's federal registration was surrendered, not revoked or suspended. Dr. Clark further denies that he has engaged in conduct that is contrary to the public interest.

NOTICE OF DEFENSE/MITIGATING INFORMATION

Mitigating Information

Dr. Clark was first licensed as a physician in the state of Nevada by the Nevada State Board of Osteopathic Medicine in 2008. Dr. Clark, trained in the specialty of anesthesiology, opened his own practice in 2014 after working at Nevada Pain and Spine. Dr. Clark's practice included a component of pain medicine and patients were treated with both with injections and prescribed controlled substances as appropriate in addition to other modalities. Dr. Clark prescribed all controlled substances in compliance with the requirements for the prescribing of opioids for chronic pain which were enacted after the 2017 and 2019 Nevada Legislative sessions.

It had been Dr. Clark's practice that if a pain patient was not responding well to a prescribed medication, especially a controlled substance, prior to issuing a different prescription for a patient, he would require the patient to return to the practice with their unused medication so that the patient

would not be in possession of two controlled substances (unless prescribed purposefully) at any one time. Pursuant to Dr. Clark's protocol, a pill count of the patient's remaining medication would be conducted in the presence of the patient and the medication would be logged prior to properly disposing of the medication. Unfortunately, Dr. Clark was unaware of the requirement to be registered with the DEA as a collector in order to collect and disposed of unused controlled substances from a patient.

On October 20, 2021, investigators from the DEA and the Nevada State Board of Pharmacy met with him at his practice location. He was notified by the DEA investigator that there were concerns about his collection of controlled substances from his patients. Dr. Clark was never advised that he was alleged to have diverted any controlled substances for his personal use or the use of others. He was in essence informed that if he did not immediately surrender his DEA registration, he would be subject to potential criminal charges without further explanation as to what conduct potential criminal charges would be based. Accordingly, Dr. Clark, without the advice of counsel, signed the surrender document provided by the DEA investigator.

Dr. Clark has no desire to engage in the practice of pain management in the future.

Respectfully submitted this 27th day of June, 2022.



Lyn E. Beggs, Esq.
Attorney for Respondent William Clark, D.co.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WILLIAM CLARK, DO,** **Certificate of Registration No. CS18697,** **Respondent.**	**CASE NO. 21-048-CS-N** **STIPULATION AND ORDER**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent William Clark, DO, Certificate of Registration No. CS18697, by and through counsel**,** Lyn E. Beggs, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about May 11, 2022, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights to a

hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent does not admit or deny the allegations contained in the Accusation, however, Respondent agrees that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*:

A. By diverting controlled substances, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 841(a), 21 U.S.C. § 843(a)(3), 21 U.S.C. § 844 42 U.S.C. § 12210 21 CFR § 1306.04(a), NRS 453.336(1), NRS 453.381(1), NRS 453.391(1) and/or NRS 453.411(1), and engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and (h);

B. On October 20, 2021, Respondent surrendered his DEA Certificate of Registration No. BC8772647 to the U.S. Drug Enforcement Administration by executing a DEA Form 104, entitled "Surrender for Cause";

C. On or about October 28, 2021, Board staff served Respondent with notice that his surrender of his DEA Certificate of Registration No. BC8772647 for cause operated as an immediate suspension of his Certificate of Registration No. CS18697 with the Board pursuant to NRS 639.2107; and

D. By surrendering his DEA Certificate of Registration No. BC8772647 for cause, Respondent has admitted to failing to comply with the Federal requirements pertaining to controlled substances, has committed an act that would render his registration inconsistent with the public interest, is no longer authorized by Federal law to dispense controlled substances, and

his Certificate of Registration No. CS18697 is subject to revocation pursuant to NRS 453.236(1) and NRS 453.241(1).

7. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties:

A. The certificate of registration of Respondent William Clark, DO, Certificate of Registration No. CS18697, is hereby revoked pursuant to NRS 453.241(l)(b);

B. Respondent may not possess (except pursuant to the lawful order of a practitioner), administer, prescribe or dispense a controlled substance until he has petitioned the Board for reinstatement pursuant to NRS 639.257 and the Board reinstates his certificate of registration;

C. Pursuant to NRS 622A.410(1) and 639.257(1), Respondent may not petition for reinstatement of his certificate of registration for a period of one (1) year from the effective date of this Order; and

D. In the event Respondent applies for reinstatement of his certificate of registration, or applies for any other certificate, license or permit with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

8. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

9. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on July 13-14, 2022.

Respondent or his counsel will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

10. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

11. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

12. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of June, 2022

WILLIAM CLARK, DO,
Certificate of Registration No. CS18697

Signed this ___ day of June, 2022

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ___ day of June, 2022

LYN E. BEGGS, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent William Clark, DO, Certificate of Registration No. CS18697, in Case No. 21-048-CS-N and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of July, 2022.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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FILED
MAY 11 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NORCO, INC.,** **License No. MP00047,** **Respondent.**	**CASE NO. 21-176-MP-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Norco, Inc., License No. MP00047, was licensed as a medical products provider by the Board.

FACTUAL ALLEGATIONS

2. Respondent is licensed to operate and engage in the business of furnishing medical devices in Nevada at 440 30th Street in Elko, Nevada.

3. On or about October 21, 2021, Board staff determined that Respondent is engaged in the business of furnishing medical devices in Nevada, specifically medical oxygen, from a second location at 740 Fairgrounds Road in Winnemucca, Nevada.

4. On or about November 2, 2021, Respondent was served with notice pursuant to NRS 639.2895 to cease and desist engaging in the business of furnishing medical devices in Nevada, specifically medical oxygen, from 740 Fairgrounds Road in Winnemucca, Nevada, without a license.

APPLICABLE LAW

5. Any person, including a wholesaler or manufacturer, who engages in the business of wholesale distribution or furnishing medical devices that are restricted by federal law to sale by or on the order of a physician to any person located within this State shall obtain a license pursuant to the provisions of this chapter. NRS 639.233(1).

6. It is unlawful for any wholesaler or manufacturer to furnish, sell, offer for sale, or deliver any medical devices, other than those referred to in NRS 639.270, to any person not authorized by the laws of this state to handle, sell, possess or deal in such devices. NRS 639.288.

7. If a medical products provider sells, leases or otherwise provides medical products at more than one location, it must obtain a license for each location where medical products are sold, leased or otherwise provided. NAC 639.6942(2).

8. Any person who is located outside of this State and who intends to sell medical products to any consumer or medical products provider in this State on a regular basis must apply for an appropriate license pursuant to the provisions of NAC 639.693 to 639.6958, *inclusive*. Any medical products provider or medical products wholesaler that is located outside of this State must comply with the provisions of NAC 639.693 to 639.6958, *inclusive*, for any sale, lease or other disposition of medical products to any person in this State other than a medical products wholesaler or manufacturer that is licensed by the Board. NAC 639.6944(1).

9. Performing any duties as the owner of a business or an entity licensed by the Board or as the employee of any such business in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

10. Aiding or abetting a person not licensed in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

11. Performing any act, task or operation for which licensure is required without the required license constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

12. Violating any law or regulation relating to the practices of a medical products provider constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.6941(1)(a) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

13. The Board may suspend or revoke a license if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any provision of Chapter 639 of the Nevada Revised Statutes. NRS 639.210(12).

14. The owner of a medical products provider is responsible for the acts of his or her business administrator and employees. NAC 639.6941(2); NAC 639.945(2).

COUNT ONE
Violations of State Law

15. By engaging in the business of furnishing medical devices in Nevada from 740 Fairgrounds Road in Winnemucca, Nevada, as alleged herein, Respondent and/or Respondent's employees violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.233(1), NRS 639.288, NAC 639.6942(2) and/or NAC 639.6944(1), and Respondent is therefore subject to discipline pursuant to NAC 639.6941(2), NAC 639.945(2) and NRS 639.210(12).

COUNT TWO
Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

16. By engaging in the business of furnishing medical devices in Nevada from 740 Fairgrounds Road in Winnemucca, Nevada, as alleged herein, Respondent and/or Respondent's employees performed the duties of a licensed medical products provider in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.6941(1)(a) and NAC 639.945(1)(i), and Respondent is therefore subject to discipline pursuant to NAC 639.6941(2), NAC 639.945(2) and NRS 639.210(4).

COUNT THREE

Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

17. By engaging in the business of furnishing medical devices in Nevada from 740 Fairgrounds Road in Winnemucca, Nevada, as alleged herein, Respondent and/or Respondent's employees aided and abetted unlicensed activity and engaged in unprofessional conduct as defined in NAC 639.6941(1)(a) and NAC 639.945(1) (j), and Respondent is therefore subject to discipline pursuant to NAC 639.6941(2), NAC 639.945(2) and NRS 639.210(4).

COUNT FOUR

Unprofessional Conduct –
Operating as Medical Products Provider Without the Required License

18. By engaging in the business of furnishing medical devices in Nevada from 740 Fairgrounds Road in Winnemucca, Nevada, as alleged herein, Respondent and/or Respondent's employees performed acts, tasks and/or operations for which licensure is required without the required license and engaged in unprofessional conduct as defined in NAC 639.6941(1)(a) and/or NAC 639.945(1)(k), and Respondent is therefore subject to discipline pursuant to NAC 639.6941(2), NAC 639.945(2) and NRS 639.210(4).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to license of this Respondent.

Signed this 11th day of May, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NORCO, INC.,** **License No. MP00047,** **Respondent.**	**CASE NO. 21-176-MP-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, July 13, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hyatt Place
1790 E. Plumb Lane
Reno, NV

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of MAY, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 20th day of May 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Thomas Kruse, Branch Manager
Norco Industrial
740 Fairgrounds Rd.
Winnemucca, NV 89445

SHIRLEY HUNTING

FILED
JUN 9 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NORCO, INC.,** **License No. MP00047,** **Respondent.**	**CASE NO. 21-176-MP-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

Please attached document

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR NORCO, INC.,

Norco
WELDING • SAFETY • MEDICAL
Supplies and Gases
1125
WEST AMITY ROAD
BOISE, ID
83705

THE JOINT COMMISSION ACCREDITED
ISO 9001-2015 - TÜV CERTIFIED
QUALITY SYSTEM REGISTERED

(208) 336-1643 •TEL
(208) 433-6160 •FAX

TO: Nevada Board of Pharmacy
985 Damonte Ranch Parkway Suite 206
Reno, NV 89521
Case No. 21-176-MP-N

Norco acknowledges the lack of the proper MDEG license with regards to furnishing medical oxygen at our 740 Fairgrounds Rd location in Winnemucca Nevada prior to the Notice from the Nevada State Board of Pharmacy in November of 2021. Norco has a long history of providing medical gases in the Northwest and is aware of the importance of proper licensure and quality measures with regards to medical oxygen. Regarding the missing licensure for our Winnemucca location, this was purely an oversite on Norco's part. Norco prides itself on being a responsible member of the communities we operate in and as such we intend to secure the proper licensure and abide by the Board's rules regarding medical oxygen.

Once the notice was received, Norco immediately complied with the cease-and-desist order and halted all medical oxygen sales from our Winnemucca location. Norco has applied for the required MDEG licensure to meet with Nevada State Board of Pharmacy requirements. Additionally, through this process, it was determined that Norco should apply for a Wholesale license at our Winnemucca location, in addition to the MDEG licensure noted in the cease-and-desist order. This Wholesale application is also being submitted for approval.

Norco, sincerely regrets the oversight that led to the lack of proper licensure at our Winnemucca NV location and looks forward to working with the Nevada State Board of Pharmacy to ensure compliance with licensure requirements and continue to serve the needs of the Winnemucca community and healthcare providers.

Sincerely,

Roger Hudgens
Director of Risk Management, Norco Inc.

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
PHONE (775) 850-1440 • FAX (775) 850-1444
E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

November 2, 2021

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO: tomk@norco-inc.com

Thomas Kruse, Branch Manager
Norco Industrial
740 Fairgrounds Rd.
Winnemucca, NV 89445

Re: CEASE and DESIST: Unlicensed Activity (Case No. 21-176-N)

Dear Mr. Kruse:

The Nevada State Board of Pharmacy (Board) has determined that Norco Industrial is engaged in the business of furnishing medical devices in Nevada, specifically medical oxygen, from 740 Fairgrounds Road in Winnemucca. This constitutes a violation of Nevada law, including, without limitation, NRS 639.233(1), NRS 639.288, NAC 639.6942(2) and/or NAC 639.6944(1).

Norco Industrial are hereby ordered pursuant to NRS 639.2895(1) to immediately CEASE and DESIST engaging in the business of furnishing medical devices from 740 Fairgrounds Road in Winnemucca. This does not preclude Norco Industrial from furnishing medical oxygen to facilities in Winnemucca directly from its licensed operation located at 440 30th Street in Elko, Nevada License No. MP00047.

If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

9171 9690 0935 0271 8395 11

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NORCO, INC.,** **License No. MP00047,** **Respondent.**	**CASE NO. 21-176-MP-N** **STIPULATION AND ORDER**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Norco, Inc., License No. MP00047, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about May 11, 2022, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about June 9, 2022, Respondent filed an Answer and Notice of Defense to the Accusation.

4. Respondent is fully aware of the right to seek the advice of counsel in this matter prior to entering into this Stipulation.

5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives the rights to a

hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. Respondent does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit,* that:

A. Respondent is licensed to operate and engage in the business of furnishing medical devices in Nevada at 440 30th Street in Elko;

B. On or about November 2, 2021, Respondent was served with notice pursuant to NRS 639.2895 to cease and desist engaging in the business of furnishing medical devices in Nevada, specifically medical oxygen, from a second location at 740 Fairgrounds Road in Winnemucca without a license; and

C. By engaging in the business of furnishing medical devices in Nevada from 740 Fairgrounds Road in Winnemucca, Respondent and/or Respondent's employees violated NRS 639.233(1), NRS 639.288, NAC 639.6942(2) and/or NAC 639.6944(1), and engaged in unprofessional conduct as defined in NAC 639.6941(1)(a) and NAC 639.945(1)(i), (j) and (k).

8. Respondent timely complied with the November 2, 2021, cease and desist order and immediately applied for a medical products provider license for the location at 740 Fairgrounds Road in Winnemucca.

9. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties. Respondent Norco, Inc., License No. MP00047, shall:

A. Pay a fine of Five Thousand Dollars ($5000.00) for the violations by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order; and

B. Pay Five Hundred Dollars ($500.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

10. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on July 13, 2022. Respondent or his counsel may appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts

set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 28 day of June, 2022

Roger Hudgens, Director of Risk Management

NORCO, INC.,
License No. MP00047

Signed this 30th day of June, 2022

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Norco, Inc., License No. MP00047, in Case No. 21-176-MP-N and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of July, 2022.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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FILED
MAY 11 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY **Petitioner,** **v.** **NATHAN DAHL, RPH,** **Certificate of Registration No. 17735,** **Respondent.**	**CASE NO. 20-170-RPH-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Nathan Dahl, R.Ph., Certificate of Registration No. 17735, was a pharmacist registered by the Board.

FACTUAL ALLEGATIONS

2. Respondent owned and operated Dahl's Pharmacy of Fernley, License No. PHN03516, at the time of the events alleged herein.

3. On or about August 3, 2020, D.J.G. was prescribed Abilify (Generic Name: Aripiprazole) 2mg, 30 tablets. The prescription was transmitted to Dahl's Pharmacy of Fernley and designated as prescription no. 1612501.

4. Respondent erroneously filled and dispensed 20mg tablets for prescription no. 1612501.

5. On or about July 21, 2021, Dahl's Pharmacy of Fernley, License No. PHN03516, ceased to do business and permanently closed.

6. On December 1, 2021, Respondent's Certificate of Registration No. 17735 was revoked pursuant to NRS 639.255(1)(d), the revocation was stayed, and Respondent was placed a probation for five (5) years with conditions in Case No. 21-069-RPH-N.

COUNT ONE
Failure to Verify Dispensed Medication/Unprofessional Conduct

7. Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). It also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

8. Respondent violated NAC 639.252(2) and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when he verified the final product on prescription no. 1612501 as accurate when it was an incorrect dosage, and is therefore subject to discipline pursuant to NRS 639.210(4).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the registration of this Respondent.

Signed this 11th day of May 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NATHAN DAHL, RPH,** **Certificate of Registration No. 17735,** **Respondent.**	**CASE NO. 20-170-RPH-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, July 13, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hyatt Place
1790 E. Plumb Lane
Reno, NV 89502

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of MAY 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NATHAN DAHL, RPH,** **Certificate of Registration No. 17735,** **Respondent.**	**CASE NO. 20-170-RPH-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

NATHAN DAHL, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 20th day of May 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Nathan Dahl, RPH
[redacted]Whitaker Lane
Fallon, NV 89406

William Stilling, Esq.
222 South Main Street, Suite 500
Salt Lake City, Utah 84101

SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NATHAN DAHL, RPH,** **Certificate of Registration No. 17735,** **Respondent.**	**CASE NO. 20-170-RPH-N** **STIPULATION AND ORDER**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Nathan Dahl, R.Ph., Certificate of Registration No. 17735, by and through counsel, William J. Stilling, Esq. **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about May 11, 2022, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be

accorded by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit,* that:

A. On or about August 3, 2020, D.J.G. was prescribed Abilify (Generic Name: Aripiprazole) 2mg, 30 tablets. The prescription was transmitted to Dahl's Pharmacy of Fernley and designated as prescription no. 1612501;

B. Respondent erroneously filled and dispensed 20mg tablets for prescription no. 1612501, and engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when he verified the final product on the refill of prescription no. 1612501 as accurate and erroneously dispensed the medication; and

C. Dahl's Pharmacy of Fernley identified the error for prescription no. 1612501 prior to refilling the prescription and promptly reported the error to the prescribing practitioner.

7. Those violations are pled with particularity in the Accusation, and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties. Respondent Nathan Dahl, R.Ph., Certificate of Registration No. 17735, shall:

A. Pay a fine of Five Hundred Dollars ($500.00) for the violations by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order; and

B. Pay Five Hundred Dollars ($500.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on July 13, 2022. Respondent or his counsel may appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

10. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

11. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

12. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 30th day of June, 2022

NATHAN DAHL, RPH,
Certificate of Registration No. 17735

Signed this __ day of June, 2022

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this 30th day of June, 2022

WILLIAM J. STILLING, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Nathan Dahl, R.Ph., Certificate of Registration No. 17735, in Case No. 20-170-RPH-N and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of July, 2022.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RONALD SMITH, MD,** **Certificate of Registration No. CS13980,** **Respondent.**	**CASE NO. 20-212-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes ("NRS") 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Ronald Smith, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS13980, issued by the Board.

FACTUAL ALLEGATIONS

2. On June 20, 2019, Respondent surrendered his DEA Certificate of Registration No. BS9687116 to the U.S. Drug Enforcement Administration by executing a DEA Form 104, entitled "Surrender for Cause" (DEA Surrender for Cause).

3. By executing the DEA Surrender for Cause, Respondent acknowledged in pertinent part the following:

> In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list 1 chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certification of Registration.

4. On or about July 22, 2019, Board staff served Respondent with notice that his surrender of his DEA Certificate of Registration No. BS9687116 for cause operated as an

immediate suspension of his Certificate of Registration No. CS13980 with the Board pursuant to NRS 639.2107.

FIRST CAUSE OF ACTION

Surrender of DEA Registration for Cause

5. By surrendering his DEA Certificate of Registration No. BS9687116 for cause, Respondent has admitted to failing to comply with the Federal requirements pertaining to controlled substances, has committed an act that would render his registration to dispense controlled substances inconsistent with the public interest, is no longer authorized by Federal law to dispense controlled substances, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

6. By surrendering his DEA Certificate of Registration No. BS9687116 for cause, the suspension of Respondent's Certificate of Registration No. CS13980 pursuant to NRS 639.2107 is subject to review by the Board pursuant to NRS 453.236(1) and NRS 639.255(1)(c).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 23rd day of October, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RONALD SMITH, MD,** **Certificate of Registration No. CS13980,** **Respondent.**	**CASE NO. 20-212-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, December 2, 2020, 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 23rd day of October, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RONALD SMITH, MD,** **Certificate of Registration No. CS13980,** **Respondent.**	**CASE NO. 20-212-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2020.

_____

RONALD SMITH, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 23rd day of October, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Ronald Smith, MD
401 N. Buffalo Street, #200
Las Vegas, NV 89145

SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RONALD SMITH, MD,** **Certificate of Registration No. CS13980,** **Respondent.**	**CASE NO. 20-212-CS-S** **STIPULATION AND ORDER**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Ronald Smith, MD, Certificate of Registration No. CS13980, by and through counsel**,** Mark H. Hutchings, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about October 23, 2020, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing, and Respondent filed an Answer and Notice of Defense to the Accusation.

3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights to a

hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*:

A. On June 20, 2019, Respondent surrendered his DEA Certificate of Registration No. BS9687116 to the U.S. Drug Enforcement Administration by executing a DEA Form 104, entitled "Surrender for Cause";

B. On or about July 22, 2019, Respondent was served with notice that his surrender for cause operated as an immediate suspension of his Certificate of Registration No. CS13980 with the Board pursuant to NRS 639.2107; and

C. By surrendering his DEA Certificate of Registration No. BS9687116 for cause, Respondent has admitted to failing to comply with the Federal requirements pertaining to controlled substances, has committed an act that would render his registration inconsistent with the public interest, is no longer authorized by Federal law to dispense controlled substances, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

7. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties:

A. The certificate of registration of Respondent Ronald Smith, MD, Certificate of Registration No. CS13980, is hereby revoked pursuant to NRS 453.241(l)(b);

B. Respondent may not possess (except pursuant to the lawful order of a practitioner), administer, prescribe or dispense a controlled substance until he has petitioned the Board for reinstatement pursuant to NRS 639.257 and the Board reinstates his certificate of registration;

C. Pursuant to NRS 622A.410(1) and 639.257(1), Respondent may not petition for reinstatement of his certificate of registration for a period of one (1) year from the effective date of this Order; and

D. In the event Respondent applies for reinstatement of his certificate of registration, or applies for any other certificate, license or permit with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

8. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

9. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on July 13, 2022. Respondent or his counsel will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

10. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

11. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

12. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 6th day of June, 2022

RONALD SMITH, MD,
Certificate of Registration No. CS13980

Signed this ___ day of June, 2022

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this 6th day of June, 2022

MARK H. HUTCHINGS, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Ronald Smith, MD, Certificate of Registration No. CS13980, in Case No. 20-212-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of July, 2022.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

NEVADA STATE BOARD OF PHARMACY
OFFICE OF THE GENERAL COUNSEL
WRITER'S DIRECT DIAL: (775) 850-1440 • E-MAIL: bkandt@pharmacy.nv.gov • FAX: (775) 850-1444

July 22, 2019

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO:
BuckeyeMD121@yahoo.com

Ronald Smith, M.D.
401 N Buffalo Street #200
Las Vegas NV 89145

Re: Suspension of Certificate of Registration No. CS13980

Dear Dr. Smith:

The Nevada State Board of Pharmacy (Board) has been notified by the U.S. Drug Enforcement Administration that you surrendered your DEA Certificate of Registration No. BS9687116 on June 20, 2019 (documentation enclosed).

Please be advised that pursuant to NRS 639.2107 your surrender of your DEA registration operates as an immediate suspension of your Certificate of Registration No. CS CS13980 with the Board. Furthermore, your access to the Nevada Prescription Monitoring Program (PMP) database is terminated effective immediately since you are no longer authorized to access the PMP pursuant to NRS 453.221.

You may request a hearing before the Board to contest the suspension of your registration by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Please be aware that the forgoing does not preclude a formal investigation or filing of an accusation pursuant to NRS 639.241. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

U. S. Department of Justice - Drug Enforcement Administration

DEA USE ONLY

File No.

SURRENDER FOR CAUSE OF DEA CERTIFICATE OF REGISTRATION

In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list 1 chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certificate of Registration.

I understand that submission of this document to DEA, including any employee of DEA, shall result in the immediate termination of my registration.

I understand that I am not entitled to a refund of any payments made by me in connection with my registration.

I understand that, beginning on the date that I sign below, I am not authorized to order, manufacture, distribute, possess, dispense, administer, prescribe, or engage in any other activities with controlled substances or list I chemicals.

With the understanding that I am not required to surrender my DEA Certificate of Registration, I freely and under no duress, implied or expressed, execute this document and choose to take the action described herein.

NAME OF REGISTRANT *(Print)*	ADDRESS OF REGISTRANT
RONALD SMITH	1701 N. GREEN VALLEY PKWY, SUITE A HENDERSON, NV 89074
DEA REGISTRATION NO. BS9687116	

SIGNATURE OF REGISTRANT OR AUTHORIZED INDIVIDUAL	DATE
Ronald Smith	6/20/19

WITNESSES TO REGISTRANT'S SIGNATURE

NAME AND DATE	TITLE
Jayne Tomko Griffin 6/20/2019 Jayne Tomko Griffin	Diversion US
NAME AND DATE	TITLE
SA Courtney Collins 6/20/2019	FBI Special Agent

PRIVACY ACT

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (21 U.S.C 821).
PURPOSE: Permit surrender for cause of DEA Certificate of Registration.
ROUTINE USES: The Controlled Substances Act Registration Records produce special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:
A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
C. Persons registered under the Controlled Substances Act (21 U.S.C. 822 and 957) for the purpose of verifying the registration of customers and practitioners.
EFFECT: Submission of this information is voluntary. There is no effect on the individual if not provided.

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FILED 1422
APR - 7 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SHERMAN WASHINGTON, MD,** **Certificate of Registration No. CS24310,** **Respondent.**	**Case No. 21-104-CS-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Sherman Washington, MD, held a controlled substance registration, Certificate of Registration No. CS24310, issued by the Board.

FACTUAL ALLEGATIONS

2. While Respondent was the medical director of Revenge MD, located at 10605 Double R Blvd. in Reno, Script #1287 from Respondent's prescription pad for Revenge MD was pre-signed by Respondent, photocopied and used repeatedly by Respondent and/or Revenge MD staff not licensed as practitioners in Nevada to fraudulently issue the following controlled substance prescriptions for patients with whom Respondent had not established a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor determined that a controlled substance was medically necessary:

A. Patient D.S. - DOB 10/13/1977
Rx#171143 37.5 MG Phentermine
Rx#171144 500 MG Metformin
Issued and dispensed on 6/25/2021

B. Patient J.A.B. - DOB 5/24/1981
Rx#171806 37.5 MG Phentermine
Rx#171807 500 MG Metformin
Issued and dispensed on 7/02/2021

C. Patient M.G. - DOB 9/02/1992
Rx#171460 37.5 MG Phentermine
Issued on 6/29/2021 - not dispensed

D. Patient J.W. - DOB 3/9/1989
Rx#170879 37.5 MG Phentermine
Rx#170880 500 MG Metformin
Issued and dispensed on 6/21/2021

E. Patient J.H. - DOB 11/23/1996
Rx#170482 37.5 MG Phentermine
Rx#170483 500 MG Metformin
Issued and dispensed on 6/18/2021

F. Patient T.S. - DOB 11/19/1978
Rx#171145 37.5 MG Phentermine
Rx#171146 500 MG Metformin
Issued and dispensed on 6/25/2021

G. Patient L.B. - DOB 4/17/1967
Rx#170711 37.5 MG Phentermine
Rx#170712 500 MG Metformin
Issued and dispensed on 6/21/2021

H. Patient M.Z. - DOB 1/27/1980
Rx#171101 37.5 MG Phentermine
Rx#171102 500 MG Metformin
Issued and dispensed on 6/25/2021

I. Patient S.M. - DOB 3/29/1988
Rx#170480 37.5 MG Phentermine
Rx#170481 500 MG Metformin
Issued and dispensed on 6/18/2021

J. Patient E.L. - DOB 6/1/1976 or 6/7/1976
Rx#172773 37.5 MG Phentermine
Rx#172774 500 MG Metformin
Issued and dispensed on 07/16/2021

K. Patient J.C. - DOB 6/23/1982
Rx#172318 37.5 MG Phentermine
Rx#172323 500 MG Metformin
Issued and dispensed on 7/09/2021

L. Patient L.Y. - DOB 1/04/1967
Rx#172283 37.5 MG Phentermine
Rx#172284 500 MG Metformin
Issued and dispensed on 7/9/2021

M. Patient N.K. - DOB 12/13/1973
Rx#171068 37.5 MG Phentermine
Rx#171070 500 MG Metformin
Issued and dispensed on 6/25/2021

N. Patient M.M. - DOB 6/21/1988
37.5 MG Phentermine
500 MG Metformin
Pharmacy declined to fill

3. Respondent failed to query the Prescription Monitoring Program (PMP) database between November 16, 2020, and January 19, 2022.

4. On his 2020 biennial renewal application for Certificate of Registration No. CS24310, Respondent failed to disclose to the Board recent administrative actions against him, including, without limitation:

- Arizona Medical Board – Case No. MD-19-1137-A (reprimand/probation)
- State Medical Board of Ohio – Case No. 35.123613 (license revocation)
- Colorado Medical Board – Case No. 2019-8449-B (letter of admonition)
- Georgia Composite Medical Board – Case No. 20220043 (fine)
- Virginia Board of Medicine – Case No. 187506 (license suspension)
- Pennsylvania State Board of Medicine – Case No. 19-49-017073 (reprimand)
- Washington Medical Commission – Case No. W2019-234 (license suspension)
- North Dakota Board of Medicine – Case No. 11222019 (conditions placed on license)

5. On or about December 3, 2021, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 21-41427-1, and placed Respondent's License No. 15168 to practice medicine on probation for engaging in conduct in violation of the standards of practice established by the NSBME, specifically for violation of NRS 630.306(1)((b)(3)) related to engaging in conduct that violates Board regulations, and violation of NRS 630.3062(1)(h), related to the fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV, while Respondent was the medical director of Vida Spa, located at 3225 S Rainbow Blvd. #107 and or #206 in Las Vegas.

6. As detailed in the NSBME's order in Case No. 21-41427-1, Respondent permitted persons not licensed as practitioners in Nevada to act under his authority to operate Vida Spa, to provide on-site medical treatment to patients, and to purchase, access, store, possess, administer, furnish and/or dispense controlled substances, dangerous drugs and hypodermic devices to patients with whom Respondent had not established a bona fide therapeutic relationship, before Respondent had examined the patients and without his direct supervision, and for whom Respondent had neither diagnosed or determined that a prescription drug was medically necessary.

APPLICABLE LAW

7. No person may possess, administer, furnish, prescribe or dispense a controlled substance except as authorized by law. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.232; NRS 453.321(1)(a); NRS 453.377; NRS 453.381(1); NRS 639.100(1); NRS 639.235(1); NRS 639.23505; NAC 639.742.

8. No person may possess, administer furnish, prescribe or dispense a dangerous drug except as authorized by law. NRS 454.213(1); NRS 454.221; NRS 454.311; NRS 454.316; NRS 454.321; NRS 454.356; NRS 639.100(1); NRS 639.235(1); NRS 639.23505; NAC 639.742.

9. No person may possess, administer furnish, prescribe or dispense a hypodermic device except as authorized by law. NRS 454.480; NRS 454.510; NRS 454.530.

10. It is unlawful for a practitioner to prescribe a controlled substance except as authorized by law. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 453.381(1); NRS 639.100(1); NRS 639.235(1).

11. A prescription for a controlled substance may be issued only for a legitimate medical purpose and after review of a patient's utilization report in the Prescription Monitoring Program (PMP) database in conformance with NRS 639.23507. 21 CFR § 1306.04(a); NRS 453.381(1).

12. It is a felony offense to falsify a prescription for a controlled substance, falsely representing oneself as a practitioner entitled to write prescriptions, or otherwise purchase or possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.331(1)(c), (d), (f), (h) and (i); NRS 639.281(1); NRS 639.2813(1).

13. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(l)(a).

14. A licensed practitioner who wishes to dispense controlled substances or dangerous drugs must register with the Board. NRS 453.226(1); NRS 454.215(3); NRS 454.356; NRS 639.100(1); NRS 639.23505; NAC 639.742.

15. All controlled substances and dangerous drugs in the possession of a practitioner must be kept in a locked storage area with access restricted to authorized persons. 21 CFR § 1301.71; NAC 453.400; NAC 453.410(1)(d).

16. It is unlawful for a person knowingly or intentionally to furnish false or fraudulent material information in, or omit any material information from, any application for registration under NRS Chapter 453. NRS 453.331(1)(e); NRS 639.281(1).

17. NRS 453.164(7) requires each practitioner to review his or her prescriber activity in the Prescription Monitoring Program (PMP) database at least once every 6 months.

18. Supplying or diverting drugs or devices which are legally sold in pharmacies so that unqualified persons can circumvent any law pertaining to the legal sale of such articles constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

19. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

20. Performing any duties as the holder of a controlled substance registration or a dispensing practitioner registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

21. Aiding or abetting a person not licensed to practice in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

22. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

23. Prescribing or dispensing a drug to any patient with whom the prescribing or dispensing practitioner does not have a bona fide therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n) and (o) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

24. Willfully making to the Board any false statement which is material to the administration or enforcement of Nevada law is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(9).

25. Obtaining any registration by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(10).

26. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

27. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

28. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

COUNT ONE

Violation of Federal Controlled Substances Act – Issuing Fraudulent Controlled Substance Prescriptions

29. By fraudulently issuing controlled substance prescriptions as alleged in Paragraph 2 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, 21 CFR § 1306.03(a)(1) and/or 21 CFR § 1306.04(a), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(11).

COUNT TWO

Violations of State Law – Issuing Fraudulent Controlled Substance Prescriptions

30. By fraudulently issuing controlled substance prescriptions as alleged in Paragraph 2 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.321(1)(a), NRS 453.331(1) (f) and (i), NRS 453.381(1), NRS 453.401(l)(a), NRS 639.100(1) and/or NRS 639.235(1), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(12).

COUNT THREE

Violations of State Law - Prescription Monitoring Program

31. By failing to query the Prescription Monitoring Program (PMP) database between November 16, 2020, and January 19, 2022, to review a patient's utilization report prior to issuing a prescription for a controlled substance and to review his prescriber activity, as

alleged in Paragraph 3 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.164(7) and NRS 639.23507, and is subject to discipline pursuant to NRS 453.236(1)(d) and (e), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b).

COUNT FOUR

Furnishing False Material Information to Board

32. By failing to disclose the administrative actions to the Board on his 2020 biennial renewal application as alleged in Paragraph 4 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.331(1)(e), and is subject to discipline pursuant to NRS 453.236(1)(a) and (e), NRS 453.241(1), NRS 639.210(9) and/or NRS 639.210(12).

COUNT FIVE

Obtaining Registration by False or Fraudulent Application

33. By failing to disclose the administrative actions to the Board on his 2020 biennial renewal application as alleged in Paragraph 4 herein, Respondent is subject to discipline pursuant to NRS 453.236(1)(a) and (e), NRS 453.241(1), and/or NRS 639.210(10).

COUNT SIX

Violation of Federal Controlled Substances Act – Unlawful Operation of Vida Spa

34. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-41427-1, and permitting persons not licensed as practitioners in Nevada to act under Respondent's authority to operate Vida Spa, to provide on-site medical treatment to patients, and to purchase, access, store, possess, administer, furnish and/or dispense controlled substances to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without his direct supervision, and for whom Respondent had neither diagnosed or determined that a controlled substance was medically necessary, Respondent violated, attempted to violate, assisted or abetted in the violation of or

conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, 21 CFR § 1306.03(a)(1) and/or 21 CFR § 1306.04(a), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(11).

COUNT SEVEN

Violation of State Law – Unlawful Operation of Vida Spa

35. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-41427-1, and permitting persons not licensed as practitioners in Nevada to act under Respondent's authority to operate Vida Spa, to provide on-site medical treatment to patients, and to purchase, access, store, possess, administer, furnish and/or dispense controlled substances, dangerous drugs and hypodermic devices to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without his direct supervision, and for whom Respondent had neither diagnosed or determined that a prescription drug was medically necessary, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 453.377, NRS 453.381(1), NRS 454.213(1), NRS 454.215(3); NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356, NRS 454.480, NRS 454.510, NRS 454.530, NRS 639.100(1), NRS 639.235(1), NRS 639.23505 and/or NAC 639.742, and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(12).

COUNT EIGHT

Violation of State Law – Dispensing Without a Valid Registration

36. By dispensing controlled substances and dangerous drugs in the course of operating Vida Spa without a valid dispensing practitioner registration as detailed in the NSBME's order in Case No. 21-41427-1, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.266(1); NRS 453.321(1)(a); NRS 454.215(3), NRS 454.221, NRS 454.356, NRS 639.100(1), NRS 639.23505 and/or NAC

639.742, and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(12).

COUNT NINE

Permitting Unrestricted Access to Drug Inventory

37. By permitting persons not licensed as practitioners in Nevada to have unrestricted access to the inventory of controlled substances and dangerous drugs in the course of operating Vida Spa, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR § 1301.71, NAC 453.400 and/or NAC 453.410(1)(d), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(11) and/or (12).

COUNT TEN

Unprofessional Conduct – Diversion

38. By permitting Revenge MD staff not licensed as practitioners in Nevada to fraudulently issue controlled substance prescriptions as alleged in paragraph 2 herein, and by permitting persons not licensed as practitioners in Nevada to act under Respondent's authority to operate Vida Spa as detailed in the NSBME's order in Case No. 21-41427-1, Respondent supplied and/or diverted drugs or devices which are legally sold in pharmacies so that unqualified persons can circumvent any law pertaining to the legal sale of such articles and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(g), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT ELEVEN

Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

39. By fraudulently issuing controlled substance prescriptions as alleged in paragraph 2 herein, by failing to disclose the administrative actions to the Board on his 2020 biennial renewal application as alleged in Paragraph 4 herein, and by permitting persons not licensed as

practitioners in Nevada to act under Respondent's authority to operate Vida Spa as detailed in the NSBME's order in Case No. 21-41427-1, Respondent was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT TWELVE

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

40. By his acts as alleged herein, Respondent has performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), and/or NRS 639.210(4).

COUNT THIRTEEN

Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

41. By permitting Revenge MD staff not licensed as practitioners in Nevada to fraudulently issue controlled substance prescriptions as alleged in paragraph 2 herein, and by permitting persons not licensed as practitioners in Nevada to act under Respondent's authority to operate Vida Spa as detailed in the NSBME's order in Case No. 21-41427-1, Respondent aided and abetted unlicensed practice and engaged in unprofessional conduct as defined in NAC 639.945(1)(j), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT FOURTEEN

Unprofessional Conduct – Dispensing without a Valid Registration

42. By dispensing controlled substances and dangerous drugs in the course of operating Vida Spa without a valid dispensing practitioner registration as detailed in the NSBME's order in Case No. 21-41427-1, Respondent engaged in unprofessional conduct and

conduct contrary to the public interest as defined in NAC 639.945(1)(k), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT FIFTEEN

Unprofessional Conduct – Prescribing/Dispensing Without Bona Fide Therapeutic Relationship

43. By unlawfully prescribing and dispensing controlled substances and dangerous drugs to patients with whom he did not have a bona fide therapeutic relationship as alleged in paragraph 2 herein and as detailed in the NSBME's order in Case No. 21-41427-1, Respondent engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(n) and (o), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT SIXTEEN

Commission of Acts that Render Registration Inconsistent with the Public Interest

44. By his acts as alleged herein, Respondent has committed acts that render his registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 7th day of March 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SHERMAN WASHINGTON, MD,** **Certificate of Registration No. CS24310,** **Respondent.**	**CASE NO. 21-104-CS-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, June 1, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 7th day of APRIL, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SHERMAN WASHINGTON, MD,** **Certificate of Registration No. CS24310,** **Respondent.**	**CASE NO. 21-104-CS-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

SHERMAN WASHINGTON, MD,

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of April, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Sherman Washington, MD
4966 S. Rainbow Blvd. Suite 100
Las Vegas, NV 89118

Sherman Washington, MD
Transforming Arts
2906 N. Green Valley Pkwy., Suite 114
Henderson, NV 89014

Sherman Washington, MD
1820 E Lake Mead Blvd Ste M
North Las Vegas, NV 89030

SHIRLEY HUNTING

Back To Dashboard

Renewal Application
Controlled Substance

Application Fee : $200.00
Convenience Fee : $10 00
License Number : CS24310
License Type : Controlled Substance
New Expiration Date : 10/31/2022

Personal Information

First Name : SHERMAN
Middle (initial only) :
Last Name : WASHINGTON
License # : CS24310

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA : Transformation Medispa
Military Address :
Street : 2900 N. Green Valley Parkway #114
Country : United States
City : Henderson
State : Nevada
Zip : 89014
Practice Phone : (818) 424-9276
Practice Fax : (XXX) XXX-XXXX
Email Address : [redacted]
Sex : Male
Practice License Number: 15168
Specialty: Emergency Medicine

Child Support Information – Check appropriate answer

- (●) I am **NOT SUBJECT** to a court order for the support of a child.
- ( ) I am **SUBJECT** to a court order for the support of one or more children and am in compliance with the order or am in compliance wi h a plan approved by the district attorney or other public agency enforcing the order for the repayment of he amount owed pursuant to the order.
- ( ) I am **SUBJECT** to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for he repayment of he amount pursuant to he order.

Military Service Information

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under condition o her han dishonorable — ( ) Yes (●) No

Have you ever been assigned to duty for minimum of 6 continuous years in National Guard or a reserve component of the Armed Forces of he United States and separated from such service under conditions other than dishonorable — ( ) Yes (●) No

Have you ever served the Commissioned Corp of the United States Public Service or the Commissioned Corp of the National Oceanic and Atmospheric Administra ion of the United States in the capacity of the commissioned officer while on active duty in defense of he United States and separated from such service under conditions other than dishonorable? — ( ) Yes (●) No

Legal Information

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition hat would impair your ability to perform the essential func ions of your license? — ( ) Yes (●) No

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? — ( ) Yes (●) No

3. Since your last renewal or recent licensure have you been he subject of a board cita ion or an administrative action whether completed or pending in any state? — ( ) Yes (●) No

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? — ( ) Yes (●) No

Acknowledgement and Declaration

By signing and submitting this renewal applica ion, I cer ify that: 1. My DEA certificate is CURRENT and reflects my current NV prac icing address, and 2. I hold an active and current Nevada license with my professional licensing board

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

Signature : Sherman Washington

Date Of Application : 10/13/2020

Please type only he First and Last Name that are listed at he top of the page.

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2020 to 10/31/2022	License Renewal Fee	$200.00
	Convenience Fee	$10.00
	Late Fee	$0.00
	Total :	**$210.00**

Fee and Payment

Payment Method : Credit / Debit Card

Application Fees : 200

Reinstatement Fee : 0

Transaction Fee : 10

Late Fees : 0

Reference Number : 62610233682

InvoiceDate : 10/13/2020

Paid

Pay & Submit

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * *

In the Matter of Charges and Complaint Against: SHERMAN WASHINGTON, M.D., Respondent.	**Case No. 21-41427-1**

FILED
AUG 30 2021
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, J.D., General Counsel and attorney for the IC, having a reasonable basis to believe that Sherman Washington, M.D., (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. Respondent was at all times relevant to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 15168). Respondent was originally licensed by the Board on February 7, 2014.

I. STATEMENT OF LAW

A. "Medical Directors," Medical Assistants, and the Unlicensed Practice of Medicine

2. NRS 630.305(1)(e) provides that aiding, assisting, employing or advising, directly or indirectly, any unlicensed person to engage in the practice of medicine, contrary to the provisions of NRS Chapter 630 or the regulations of the Board, is grounds for disciplinary action or denying licensure.

[1] The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board Members Victor M. Muro, M.D., Chair, Weldon Havins, M.D., J.D., and Ms. Maggie Arias-Petrel.

3. Pursuant to NRS 630.020(1)-(4), the "Practice of medicine" means:

> 1. To diagnose, treat, correct, prevent or prescribe for any human disease, ailment, injury, infirmity, deformity or other condition, physical or mental, by any means or instrumentality, including, but not limited to, the performance of an autopsy.
>
> 2. To apply principles or techniques of medical science in the diagnosis or the prevention of any such conditions.
>
> 3. To perform any of the acts described in subsections 1 and 2 by using equipment that transfers information concerning the medical condition of the patient electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside this State or the United States.
>
> 4. To offer, undertake, attempt to do or hold oneself out as able to do any of the acts described in subsections 1 and 2.

4. NRS 630.400(1)(d) provides that it is unlawful to practice medicine without being licensed under NRS Chapter 630.

5. Pursuant to NRS 630.400(2) and NRS 193.130(c) and (d), the unlawful practice of medicine is a felony, punishable by imprisonment in the state prison for a minimum term of not less than one (1) year and a maximum term of not more than five (5) years.

6. Pursuant to the Medical Practice Act, the only means by which a practitioner may lawfully aid, assist, employ or advise, directly or indirectly, an unlicensed person to engage in the practice of medicine, is by delegating specific tasks to an adequately supervised and trained "medical assistant."

7. Pursuant to NRS 630.0129, a "medical assistant" means a person who:

> (a) performs clinical tasks under the supervision of a practitioner, and
>
> (b) does not hold a license, certificate or registration issued by a professional licensing or regulatory board in this State to perform such clinical tasks; the term does not include a person who performs only administrative, clerical, executive or other nonclinical tasks.

8. Pursuant to NRS 630.306(1)(r), a practitioner must adequately supervise his or her medical assistants, and failing to do so is grounds for initiating disciplinary action or denying licensure.

9. Pursuant to NAC 630.830, a delegating practitioner is professionally responsible for the safety and performance of each task which is delegated to a medical assistant. Pursuant to NAC 630.810, a delegating practitioner may not delegate tasks to a medical assistant unless: (a) the

delegating practitioner knows that the medical assistant possesses the knowledge, skill and training to perform the task safely and properly; (b) the medical assistant is not required to be certified or licensed to perform that task; and (c) the medical assistant is employed by the delegating practitioner or the medical assistant and the delegating practitioner are employed by the same employer.

10. Pursuant to NAC 630.830(4), a delegating practitioner shall not delegate or otherwise allow a medical assistant to administer an anesthetic agent which renders a patient unconscious or semiconscious.

11. Pursuant to NAC 630.820, a delegating practitioner may not remotely supervise a medical assistant, except in a specific case of emergency in a rural area.[2]

12. Except as otherwise provided in NAC 630.820, pursuant to NAC 630.810, if a medical assistant is delegated a task which involves an "invasive procedure," [3] the delegating practitioner must be immediately available to exercise oversight in-person while the medical assistant performs the task.

13. The term "medical director" is not recognized or defined under the Medical Practice Act, and no law authorizes a licensee of the Board to, by calling himself or herself a "medical director," violate or circumvent the aforementioned statutes and regulations of the Medical Practice Act.

14. Accordingly, pursuant to NRS 630.400(1)(d), 630.305(1)(e), and 630.0129, and NAC 630.800-830:

a. A practitioner who, whether by serving as a so-called "medical director" or by some other relationship or circumstance, aids, assists, employs or advises, directly or indirectly, any unlicensed person to engage in the practice of medicine, may lawfully do so only by delegating tasks

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[2] Remote supervision of a medical assistant is prohibited unless: (a) the patient is located in a rural area; (b) the delegating practitioner is physically located a significant distance from the location where the task is to be performed; (c) the delegating practitioner determines that the exigent needs of the patient require immediate attention; (d) the patient and the delegating practitioner previously established a practitioner-patient relationship; and (e) the delegating practitioner is immediately available by telephone or other means of instant communication during the performance of the task by the medical assistant. As used in NAC 630.820, "rural area" means any area in this State other than Carson City or the City of Elko, Henderson, Reno, Sparks, Las Vegas or North Las Vegas.

[3] The Medical Practice Act does not define "invasive procedure," however, NAC 449.9733 pertaining to Medical Facilities defines "invasive procedure" as "a medical procedure involving entry into the human body by puncture or incision or by insertion of an instrument."

to an adequately supervised and properly trained medical assistant, who the delegating practitioner knows possesses the knowledge, skill and training to perform the task safely and properly, and the delegating practitioner is professionally responsible for the safety and performance of each task which is delegated to that medical assistant.

b. A practitioner who, whether by serving as a so-called "medical director" or by some other relationship or circumstance, aids, assists, employs or advises, directly or indirectly, any unlicensed person to engage in the practice of medicine, but who has not done so by delegating specific tasks to an adequately supervised and properly trained medical assistant, has violated NRS 630.305(1)(e), and is subject to discipline for aiding and abetting the unlicensed practice of medicine. In addition, the unlicensed person engaged in the practice of medicine has violated NRS 630.400(1)(d), by practicing medicine without a license.

c. A practitioner who delegates a medical task to a medical assistant, whether by serving as a so-called "medical director" or by some other relationship or circumstance, remains professionally responsible for, among other requirements, ensuring the following:

i. The safety and performance of each task delegated;

ii. The proper employment relationships between themselves and the medical assistant or their common employer;

iii. The medical assistant is sufficiently knowledgeable, trained and skilled to perform the tasks delegated to them;

iv. The medical assistant is adequately supervised, and the practitioner must be nearby to supervise the specific medical tasks delegated, and, if it is an invasive medical task, then the delegating practitioner must be immediately available to exercise oversight in-person while the medical assistant performs the task; and

v. The medical assistant does not administer an anesthetic agent which renders a patient unconscious or semiconscious.

d. A practitioner who delegates a medical task to a medical assistant, whether by serving as a so-called "medical director" or by some other relationship or circumstance, and who violates the aforementioned provisions of the NRS or NAC pertaining to medical assistants, and

who fails to adequately supervise that medical assistant as required under the circumstances, has violated NRS 630.306(1)(r), and is subject to discipline for failing to adequately supervise a medical assistant.

B. Cosmetologists, "Medical Spas" and "Medical Aestheticians," and the Unlicensed Practice of Medicine

15. Pursuant to NRS 644A.030 a licensed "cosmetologist" is not authorized by such license to practice medicine in any way. Rather, a licensed cosmetologist is authorized to perform only non-medical, cosmetology services, such as cleansing, stimulating or massaging the scalp or cleansing or beautifying the hair by the use of cosmetic preparations, antiseptics, tonics, lotions or creams, cutting, trimming or shaping the hair, removing hair by the use of depilatories, waxing, tweezing or sugaring, except for the permanent removal of hair with needles, manicuring nails, massaging the skin, giving facials, and other miscellaneous non-medical, cosmetological services.

16. Pursuant to NAC 644A.790 a cosmetologist is further explicitly prohibited from performing "invasive procedures," which mean, for the purposes of professional licensing of cosmetologists, "an act that affects the structure or function of the skin other than the uppermost layers of the skin," and which, for the sake of regulating the practice of cosmetologists, includes, without limitation, (a) the application of electricity for the sole purpose of contracting a muscle, (b) the application of a topical lotion, cream or other substance which affects anything other than the uppermost layers of the skin, (c) the penetration of the skin by needles, and (d) the abrasion of the skin below the uppermost layers of the skin.

17. Further, there is no such license as "medical aesthetician" or "medical cosmetologist" authorized by any Nevada law or issued by any Nevada sanctioned professional licensing body. On the contrary, NAC 644A.870 specifically prohibits cosmetologists and aestheticians from using the terms "expert," "advanced" or "medical" in connection with any description of their practice in any branch of cosmetology or otherwise holding the licensee out to the public as an expert, advanced or medical practitioner of any branch of cosmetology.

18. Accordingly, a Nevada licensed cosmetologist or aesthetician may not refer to himself or herself as a "medical cosmetologist" or "medical aesthetician" in connection with any

description of their practice, and may not, in fact, practice medicine in any way or perform invasive medical procedures or medical services of any kind, unless they do so as a "medical assistant" to a Nevada licensed medical professional, i.e., either as medical assistant to a Nevada licensed physician or physician assistant pursuant to NRS 630.0129, et. seq., and NAC 630.800-830, as described above, or similarly as another type of professional "assistant," "hygienist," "technician," or other such designation, who is delegated tasks by and under the direct supervision of a medical professional who is duly licensed pursuant to chapters 631 to 637, inclusive, 639 or 640 of NRS, and who remains professionally responsible for their conduct.

19. If a cosmetologist or aesthetician practices medicine in any way, unless he or she acts as a medical assistant and is delegated tasks and is properly supervised by a professional medical practitioner, then he or she is violating NRS 630.400(1)(d) by practicing medicine without a license.

C. Nevada Pharmacy Laws Regarding Controlled Substances, Dangerous Drugs and Hypodermic Devices

20. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation adopted by the Nevada State Board of Pharmacy (Pharmacy Board) is grounds for initiating disciplinary action against a licensee.

21. Pursuant to NRS 630.3062(1)(h), fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV is grounds for initiating disciplinary action or denying licensure.

22. Pursuant to 21 Code of Federal Regulations (CFR) §1306.04(a)-(b) and NRS 453.381, a physician or physician assistant may prescribe or administer controlled substances only for a legitimate medical purpose and in the usual course of his or her professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, and a prescription may not be issued in order for an individual practitioner to obtain controlled substances for supplying the individual practitioner for the purpose of general dispensing to patients. *See* 21 CFR §1306.04(a)-(b).

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23. Pursuant to NRS 454.201, a "dangerous drug" is any drug, other than a controlled substance, unsafe for self-medication or unsupervised use, and includes, among other things, (1) any drug which has been approved by the Food and Drug Administration for general distribution and bears the legend: "Caution: Federal law prohibits dispensing without prescription," and (2) any drug which, pursuant to the Board's regulations, may be sold only by prescription because the Board has found those drugs to be dangerous to public health or safety.

24. Pursuant to NRS 454.316 and NRS 454.321, it is unlawful to possess, dispense or furnish a dangerous drug except when furnished to the person by a pharmacist pursuant to a legal prescription from a practitioner.

25. Pursuant to NRS 454.009, a "hypodermic" device is any syringe, needle, instrument, device or implement intended or capable of being adapted for the purpose of administering drugs by subcutaneous, intramuscular or intravenous injection.

26. Pursuant to NRS 454.510, it is unlawful for any person to have in his or her possession or under his or her control any hypodermic device that is restricted by federal law to sale by or on the order of a physician, unless the person has acquired possession of such device in accordance with the provisions of NRS 454.480 to 454.530, inclusive, that is, by sale from a licensed pharmacist, on the prescription of a physician or other practitioner, which prescription is filled as required by NRS 639.236, and may be refilled as authorized by the prescriber.

27. Accordingly, pursuant to NRS 454.009, 454.201, 454.316, 454.321 and 454.510, any person who is not a practitioner as defined in NRS 639.0125 is not permitted by Nevada law to possess, control, access, prescribe, administer, and/or dispense dangerous drugs or hypodermic devices, except as a medical assistant under the direct supervision of a Nevada licensed physician, physician assistant, or other licensed medical professional, and then, only if otherwise permitted and in compliance with laws of regulating pharmacies and pharmaceuticals.

28. NAC 639.742(1) provides that a practitioner who wishes to dispense controlled substances or dangerous drugs must apply to the Pharmacy Board for a certificate of registration to dispense controlled substances or dangerous drugs. A practitioner must submit a separate application for each site of practice, including, without limitation, any remote site or satellite

consultation site, from which the practitioner wishes to dispense controlled substances or dangerous drugs.

29. NAC 639.742(2) provides that if a facility from which the practitioner intends to dispense dangerous drugs or controlled substances is not wholly owned and operated by the practitioner, the owner or owners of the facility must also submit an application to the Pharmacy Board for a license to do so.

30. NAC 639.742(3) provides in pertinent part that a dispensing practitioner and, if applicable, the owner or owners of the facility, shall ensure that:

> . . . (b) All drugs are received and accounted for by the dispensing practitioner;
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> (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;
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> (d) All drugs are dispensed in accordance with NAC 639.745[4];

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[4] NAC 639.745 Duties of certain practitioners concerning dispensing of controlled substances and dangerous drugs. (NRS 639.070, 639.0727)

1. Each practitioner who is registered with the Board to dispense controlled substances and dangerous drugs, including, without limitation, a dispensing practitioner, and who dispenses such products for use by the practitioner's patients outside his or her presence shall:

(a) Keep complete, accurate and readily retrievable records of each controlled substance and dangerous drug purchased and dispensed. The record for each such product dispensed to a patient must include:

(1) The name of the patient and, if not readily available from the practitioner's records, the patient's address;

(2) The name, strength and quantity of the prescribed controlled substance or dangerous drug;

(3) The directions for use;

(4) The date the prescription was issued; and

(5) A unique identifying number.

(b) Maintain a separate file for the records concerning the purchase of each controlled substance listed in schedule II and a separate file for the records concerning the dispensing of each controlled substance listed in schedule II. Each prescription for a controlled substance or dangerous drug must be maintained in a separate file pursuant to the requirements set forth in NAC 453.480.

(c) Keep all controlled substances and dangerous drugs in a locked storage area. Access to the storage area must be restricted to the persons described in NRS 453.375.

(d) Ensure that each package or container in which a controlled substance is dispensed, except samples in the manufacturer's packages, is clearly labeled pursuant to the requirements set forth in NRS 639.2801.

(e) Ensure that the package or container in which a controlled substance or dangerous drug is dispensed complies with all state and federal packaging requirements.

(f) Be deemed to be a pharmacy as that term is used in NAC 639.926 and shall comply with that section.

2. A practitioner may dispense dangerous drugs or controlled substances only after the patient has been informed by the practitioner that the patient may request a written prescription and have it filled at another location of the patient's choosing.

3. A record regarding the dispensing of a controlled substance or dangerous drug made and kept pursuant to this section must be maintained on paper or in a computer. If the record is:

(a) Maintained on paper, the record must:

(1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440;

> (e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;
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> (f) All drugs are dispensed only to the patient personally at the facility;
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> . . . (h) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and
>
> (i) The certificate for each dispensing technician employed at the facility is displayed in the room or cabinet in which drugs are stored.

31. NAC 639.742(4)(a)-(b) provide, in-part, with regard to the filling and dispensing of prescriptions at a facility, only the dispensing practitioner or a dispensing technician may enter the locked room or cabinet in which drugs are stored and/or remove drugs from stock.

32. NAC 639.945(1) provides in pertinent part that the following acts or practices by a holder of any license, certificate or registration issued by the Pharmacy Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

> ...(g) Supplying or diverting drugs, biologicals, medicines, substances or devices which are legally sold in pharmacies or by wholesalers, so that unqualified persons can circumvent any law pertaining to the legal sale of such articles.
>
> . . . (i) Performing any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.
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> . . . (n) Dispensing a drug as a dispensing practitioner to a patient with whom the dispensing practitioner does not have a bona fide therapeutic relationship.
>
> (o) Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship.

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(2) Set forth on the front of the prescription a certification initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and

(3) Be serially numbered and kept in numerical order in a single file for all dispensing practitioners, including, without limitation, physician assistants and advanced practice registered nurses, practicing at the same location.

(b) Maintained in a computer, the record must:

(1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440;

(2) Contain a certification, either in the computer or a separate paper document, initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and

(3) Be searchable for any item required by paragraph (a) of subsection 1 to be included in the record.

33. NAC 639.945(2) provides that the owner of any business or facility licensed, certified or registered by the Pharmacy Board is responsible for the acts of all personnel in his or her employ.

34. NAC 639.945(3) provides that, for purposes of applying Pharmacy Board regulations:

> [A] bona fide therapeutic relationship between the patient and practitioner shall be deemed to exist if the patient was examined in person, electronically or telephonically by the practitioner within the 6 months immediately preceding the date the practitioner dispenses or prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed.

35. Accordingly, any physician or physician assistant who—whether by serving as a so-called "medical director" of, or by furnishing dangerous drugs or hypodermic devices to, or by some other relationship or circumstance with any "medical spa" wherein dangerous drugs or hypodermic devices are possessed, controlled, accessed, prescribed, administered, and/or dispensed—engages in conduct that violates any regulation adopted by the Pharmacy Board, including but not limited to NAC 639.742(1)-(3), (4)(a)-(b), or 639.945(1)-(3), has violated the Nevada Medical Practice Act and is subject to discipline by the Board.

II. THE PERTINENT HISTORY OF CRIMINAL AND UNPROFESSIONAL CONDUCT OF TAMMY LYNN HANKINS, PA-C

36. On or about March 1, 2012, in the Superior Court of the State of Arizona, in and for the County of Mohave (Arizona Court), in Case No. CR-2012-00287, a Grand Jury indicted Tammy Lynn Hankins (Hankins), a physician assistant who at that time held a license to practice medicine in the State of Arizona, on five (5) criminal counts of violations of Arizona law, including COUNT 1: FRAUDULENT SCHEMES AND ARTIFICES, CLASS 2 FELONY; COUNT 2: OBTAIN OR PROCURE THE ADMINISTRATION OF A NARCOTIC DRUG BY FRAUD, CLASS 3 FELONY; COUNT 3: OBTAINING A DANGEROUS DRUG BY FRAUD, CLASS 3 FELONY; COUNT 4: ATTEMPTED OBTAINING A DANGEROUS DRUG BY FRAUD, CLASS 4 FELONY; COUNT 5: ATTEMPTED OBTAINING A DANGEROUS DRUG BY FRAUD, CLASS 4 FELONY.

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Hankins' Arizona Case History

37. On or about November 28, 2012, the Arizona Regulatory Board of Physician Assistants ("Arizona Board"), in Case No. PA-11-0127A, found Hankins, who had been the holder of a license to practice medicine as a physician assistant in the State of Arizona (License No. 2228), guilty of unprofessional conduct. Specifically, the Arizona Board found Hankins guilty with respect to two (2) patients, Patient JC and Patient MW, determining that Hankins deviated from the standard of care by inappropriately and excessively prescribing controlled substances to patients, risking addiction or overdose with a possible fatal outcome.

38. For the foregoing misconduct, the Arizona Board found Hankins guilty of unprofessional conduct pursuant to Arizona Revised Statute (ARS) §32-2501(18)(i) ("prescribing or dispensing controlled substances or prescription-only drugs for which the physician assistant is not approved or in excess of the amount authorized pursuant to this chapter"); ARS §32-2501(18)(j) ("any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public"); ARS § 32-2501 (18)(p) ("failing or refusing to maintain adequate records on a patient"), and ARS § 32-2501(18)(z) ("failing to furnish legally requested information to the [Arizona Board] or its Investigator in a timely manner."). The Arizona Board also found that a practice restriction was needed in order to protect the public, and ordered that Hankins be issued a Letter of Reprimand, placed on probation for one (1) year with additional conditions and restrictions.

Expiration of Hankins's Arizona License

39. Hankins's license to practice medicine as a physician assistant in the State of Arizona (License No. 2228) was due for renewal by June 1, 2013; Hankins did not renew, and her Arizona license expired by operation of law on May 20, 2014.

Arizona Criminal Conduct by Hankins

40. On or about September 14, 2013, the Arizona Court found that Hankins had knowingly, intelligently and voluntarily pled guilty to the offense of: COUNT 3: OBTAINING A DANGEROUS DRUG BY FRAUD, CLASS 3 FELONY. On or about October 2, 2013, the Arizona Court entered its judgment finding Hankins guilty of the foregoing charge, and sentenced Hankins to a suspended

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imposition of sentence and placing the Defendant on probation for a period of four years commencing October 2, 2013, among other conditions of probation.

41. On or about January 17, 2014, pursuant to a Petition to Revoke Probation, the Arizona Court ordered that Hankins be held without bond pending hearing on said petition.

42. On or about August 11, 2014, the Arizona Court found Hankins guilty of violating her probation for the following crimes: OBTAINING A DANGEROUS DRUG BY FRAUD, CLASS 3 FELONY, and SEXUAL CONDUCT WITH A MINOR, CLASS 6 FELONY. For the first crime, Hankins was sentenced to two and one-half (2.5) years with the Arizona Department of Corrections, as a minimum sentence, to date from August 11, 2014, and was given credit for two hundred eight (208) days served prior to sentencing. For the second crime, Hankins was sentenced to one (1) additional year of incarceration, that sentence to run consecutive to the other.

43. Hankins was not licensed to practice medicine as a physician assistant in the State of Nevada before March 6, 2020.

44. Hankins does not hold an active Drug Enforcement Agency (DEA) registration, and has not held a valid registration since 2016. Hankins also does not hold and has never held an active license or registration with the Pharmacy Board.

III. RESPONDENT'S AIDING AND ABETTING THE UNLICENSED PRACTICE OF MEDICINE AT VIDA SPA, AND RELATED VIOLATIONS OF NEVADA PHARMACY LAWS

45. Vida Spa LLC, a Nevada Limited Liability Company, formed July 22, 2016, managed by Gisselle Platfoot ("Vida Spa"), and also doing business as "Vida Spa" and "Vita Medical Spa Las Vegas," is a self-described "medical spa" located at 3225 S Rainbow Blvd #107 and/or #206, Las Vegas, NV 89146.

46. At all times relevant to this Complaint, Vida Spa was licensed in Clark County, Nevada, under Clark County Business License No. 2003447.081-172, under the business category of "Cosmetology Establishment - Other Services." The owners listed under this license are Art Matrix, Inc. and Gisselle Platfoot.

47. At all times relevant to this Complaint, Vida Spa had no other business licenses except for the Clark County Business License No. 2003447.081-172.

48. Gisselle Platfoot, manager of Vida Spa, at all times relevant to this Complaint, did not hold a license to practice medicine or any healing art as a "provider of health care," as defined in NRS 629.031, from any occupational licensing board in the State of Nevada, and was not otherwise a practitioner as defined in NRS 639.0125.

49. Vida Spa is "a facility that provides health care, other than a medical facility". *See* NRS 449.442. At all times relevant to this Complaint, neither Respondent, Hankins, Vida Spa, nor Gisselle Platfoot held a permit pursuant to NRS 449.442 to perform general anesthesia, conscious sedation or deep sedation. Additionally, neither Respondent, Hankins, Vida Spa, nor Gisselle Platfoot held a current accreditation by a nationally recognized organization approved by the State Board of Nevada Bureau of Healthcare Quality and Compliance.

50. At all times relevant to this Complaint, Vida Spa was not a "medical facility," as defined in NRS 449.0151, and not "the office" of a physician or physician assistant licensed pursuant to NRS chapter 630 or 633, qualified dentist, advanced practice registered nurse or podiatric physician, as provided in NRS 454.217.

51. On March 24, 2021, the Pharmacy Board issued a Citation and Order to Cease and Desist (Platfoot Citation) to Vida Spa and Gisselle Platfoot, whereby the Pharmacy Board determined that Vida Spa and Gisselle Platfoot were possessing, administering, prescribing and/or dispensing controlled substances and/or dangerous drugs for Nevada patients from Vida Spa in violation of federal and state law. Specifically, the Platfoot Citation states that Vida Spa and Gisselle Platfoot did not have a dispensing registration and are therefore prohibited from possessing, dispensing and/or administering controlled substances and/or dangerous drugs. The Platfoot Citation finds that Vida Spa and Gisselle Platfoot violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, without limitation, NRS 453.226, NRS 453.316, NRS 453.321(1)(a), NRS 453.331 (l)(c)(d)(t)&(i), NRS 453.381(1), NRS 453.40l(l)(a), NRS 639.0727, NRS 639.100(1), NRS 639.23505, NRS 639.281, NRS 639.2813, NRS 639.310, NAC 639.742, 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 84l(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03-1306.05. The Platfoot Citation orders Vida Spa and Gisselle Platfoot, pursuant to NRS 639.2895(1), to immediately cease and desist possessing, administering,

prescribing and/or dispensing controlled substances for Nevada patients, and also assessed an administrative fine of five thousand dollars ($5,000.00) pursuant to NRS 639.2895(3).

52. Respondent was the so-called "medical director" of Vida Spa, from on or about September 9, 2019, through on or about November 1, 2019.

53. During Respondent's service as "medical director" of Vida Spa, which was licensed only as a "cosmetology establishment," Hankins, Gisselle Platfoot, and Vida Spa's employees and agents provided medical treatment and/or prescriptions and/or administered dangerous drugs and hypodermic devices and/or dispensed dangerous drugs and hypodermic devices to at least seven (7) patients, as set forth below, which conduct by Hankins, Gisselle Platfoot and Vida Spa's employees and agents constitutes the practice of medicine in Nevada:

PATIENT A

54. Patient A[5] was a fifty-seven (57) year-old female at the time of the events at issue.

55. At all times relevant to Hankins's treatment of Patient A, Respondent was the so-called "medical director" of Vida Spa.[6]

56. On October 9, 2019, Hankins, who did not have her own DEA registration and controlled substance license issued by the Pharmacy Board, utilized the prescribing credentials of Respondent, to issue fraudulent prescriptions to Patient A for Tramadol (a Schedule IV Controlled Substance) 50 mg tablets, 24 ct. for 3 days, and Diazepam (a Schedule IV Controlled Substance) 10 mg tablets, 8 ct. for 3 days; these prescriptions were called-in to the pharmacy by Hankins, or by a Vida Spa employee or agent acting at Hankins's direction, and the prescriptions were filled the same day.

57. Hankins instructed Patient A to take Schedule IV controlled substances in a manner that materially deviated from the issued prescriptions; Hankins instructed Patient A to take Tramadol 50mg, 2 tablets, and Diazepam 10 mg, 1 tablet, at 2:00 p.m., on October 10, 2019, for the

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[5] Patients A's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint, along with identifying information for all other patients B through G referred to herein.

[6] It is inferred that Respondent was Hankins' "Supervising Physician." However, there is no evidence clinically, practically nor by credentials that this relationship with Hankins existed.

purpose of conscious sedation for an invasive, surgical, liposuction procedure Hankins planned to perform on Patient A at Vida Spa at 3:00 p.m. that day.

58. Hankins wrote the prescriptions for these controlled substances and instructed Patient A to deviate from the issued prescription in order to conceal the purpose of the medications, which was conscious sedation, and thereby to conceal a violation by Vida Spa of NRS 449.442(1)-(2).

59. Respondent did not see or treat Patient A, did not direct or supervise Hankins in her treatment of Patient A, and did not specifically direct Hankins to issue prescriptions to Patient A.

60. On October 10, 2019, at Vida Spa, at approximately 3:00 p.m., Hankins performed a liposuction procedure on the arms of Patient A. Hankins administered tumescent anesthesia with Lidocaine and Epinephrine to Patient A, which Hankins obtained, without a patient-specific prescription or an order from a licensed practitioner for Patient A, from a general store of controlled substances and dangerous drugs obtained and maintained by Vida Spa in violation of federal and state law.

61. Hankins was not supervised by any licensed physician while performing this invasive surgical procedure on Patient A at Vida Spa.

PATIENT B

62. Patient B was a thirty-one (31) year-old female at the time of the events at issue.

63. At all times relevant to Hankins's treatment of Patient B, Respondent was the so-called "medical director" of Vida Spa.

64. On October 7, 2019, Hankins, who did not have her own DEA registration and controlled substance license issued by the Pharmacy Board, utilized the prescribing credentials of Respondent, to issue fraudulent prescriptions to Patient B for Tramadol 50 mg tablets (a Schedule IV Controlled Substance), 20 ct. for 3 days, Promethazine 25 mg tablets, 12 ct. for 2 days, Sulfameth/Trimethprim 800/160 mg tablets, 20 ct. for 10 days; these prescriptions were called-in to the pharmacy by Hankins, or by a Vida Spa employee or agent acting at Hankins's direction, and the prescriptions were filled the same day.

65. Respondent did not see or treat Patient B, did not direct or supervise Hankins in her treatment of Patient B, and did not specifically direct Hankins to issue prescriptions to Patient B.

66. On October 8, 2019, at Vida Spa, Hankins performed a liposuction procedure on the arms of Patient B. Hankins administered tumescent anesthesia with Lidocaine and Epinephrine to Patient B, which Hankins obtained, without a patient-specific prescription or an order from a licensed practitioner for Patient B, from a general store of controlled substances and dangerous drugs obtained and maintained by Vida Spa in violation of federal and state law.

67. Hankins was not supervised by any licensed physician while performing this invasive surgical procedure on Patient B at Vida Spa.

PATIENT C

68. Patient C was a forty-three (43) year-old female at the time of the events at issue.

69. At all times relevant to Hankins's treatment of Patient C, Respondent was the so-called "medical director" of Vida Spa.

70. On October 9, 2019, Hankins, who did not have her own DEA registration and controlled substance license issued by the Pharmacy Board, utilized the prescribing credentials of Respondent, to issue fraudulent prescriptions to Patient C for Tramadol (a Schedule IV Controlled Substance) 50 mg tablets, 24 ct. for 3 days, Diazepam (a Schedule IV Controlled Substance) 10 mg tablets, 12 ct. for 4 days, Promethazine 25 mg tablets, 20 ct. for 5 days, and Sulfameth/Trimethprim 800/160 mg tablets, 20 ct. for 10 days; these prescriptions were called-in to the pharmacy by Hankins, or by a Vida Spa employee or agent acting at Hankins's direction, and the prescriptions were filled the same day.

71. Hankins instructed Patient C to take the Schedule IV controlled substances in a manner that materially deviated from the issued prescriptions; Hankins instructed Patient C to take Tramadol 50mg, 2 tablets, and Diazepam 10 mg, 1 tablet, one hour in advance of an invasive, surgical liposuction procedure Hankins planned to perform on Patient C at Vida Spa on October 9, 2019, for the purpose of conscious sedation.

72. Hankins wrote the prescriptions for these controlled substances and instructed Patient C to deviate from the issued prescription in order to conceal the purpose of the medications, which was conscious sedation, and thereby to conceal an apparent violation by Vida Spa of NRS 449.442(1)-(2).

73. Respondent did not see or treat Patient C, did not direct or supervise Hankins in her treatment of Patient C, and did not specifically direct Hankins to issue prescriptions to Patient C.

74. On October 9, 2019, at Vida Spa, Hankins performed a liposuction procedure on the arms of Patient C. Hankins administered tumescent anesthesia with Lidocaine and Epinephrine to Patient C, which Hankins obtained, without a patient-specific prescriptions or an order from a licensed practitioner for Patient C, from a general store of controlled substances and dangerous drugs obtained and maintained by Vida Spa in violation of federal and state law.

75. Hankins was not supervised by any licensed physician while performing this invasive surgical procedure on Patient C at Vida Spa.

PATIENT D

76. Patient D was a twenty-two (22) year-old female at the time of the events at issue.

77. At all times relevant to Hankins's treatment of Patient D, Respondent was the so-called "medical director" of Vida Spa.

78. On October 12, 2019, Hankins, who did not have her own DEA registration and controlled substance license issued by the Pharmacy Board, utilized the prescribing credentials of Respondent, to issue fraudulent prescriptions to Patient D for Tramadol (a Schedule IV Controlled Substance) 50 mg tablets, 24 ct. for 3 days and Diazepam (a Schedule IV Controlled Substance) 10 mg tablets, 8 ct. for 3 days; on information and belief, these prescriptions were called-in to the pharmacy by Hankins, or by a Vida Spa employee or agent acting at Hankins's direction, and the prescriptions were filled the same day.

79. On information and belief, Hankins instructed Patient D to take the Schedule IV controlled substances in a manner that materially deviated from the issued prescriptions; Hankins instructed Patient D to take Tramadol 50mg, 2 tablets, and Diazepam 10 mg, 1 tablet, one hour in advance an invasive, surgical liposuction procedure Hankins planned to perform on Patient D at Vida Spa on October 13, 2019, for the purpose of conscious sedation.

80. On information and belief, Hankins wrote the prescriptions for these controlled substances and instructed Patient D to deviate from the issued prescription in order to conceal the

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purpose of the medications, which was conscious sedation, and thereby to conceal an apparent violation by Vida Spa of NRS 449.442(1)-(2).

81. Respondent did not see or treat Patient D, did not direct or supervise Hankins in her treatment of Patient D, and did not specifically direct Hankins to issue prescriptions to Patient D.

82. On October 13, 2019, at Vida Spa, Hankins performed a liposuction procedure on the abdomen and medial inferior upper arms of Patient D. Hankins administered tumescent anesthesia with Lidocaine and Epinephrine to Patient D, which Hankins obtained, without a patient-specific prescription or an order from a licensed practitioner for Patient D, from a general store of controlled substances and dangerous drugs obtained and maintained by Vida Spa in violation of federal and state law.

83. Hankins was not supervised by any licensed physician while performing this invasive surgical procedure on Patient D at Vida Spa.

PATIENT E

84. Patient E was a thirty-three (33) year-old female at the time of the events at issue.

85. At all times relevant to Hankins's treatment of Patient E, Respondent was the so-called "medical director" of Vida Spa.

86. On October 8, 2019, Hankins, who did not have her own DEA registration and controlled substance license issued by the Pharmacy Board, utilized the prescribing credentials of Respondent, to issue a fraudulent prescription to Patient E for Tramadol (a Schedule IV Controlled Substance) 50 mg tablets, 20 ct. for 4 days, which prescription was filled the same day.

87. Respondent did not see or treat Patient E, did not direct or supervise Hankins in her treatment of Patient E, and did not specifically direct Hankins to issue a prescription to Patient E.

88. On October 8, 2019, at Vida Spa, Hankins performed a liposuction procedure on the arms of Patient E. Hankins administered tumescent anesthesia with Lidocaine and Epinephrine to Patient E, which Hankins obtained, without a patient-specific prescriptions or an order from a licensed practitioner for Patient E, from a general store of controlled substances and dangerous drugs obtained and maintained by Vida Spa in violation of federal and state law.

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89. Hankins was not supervised by any licensed physician while performing this invasive surgical procedure on Patient E at Vida Spa.

PATIENT F

90. Patient F was a male of unknown age at the time of the events at issue.

91. At all times relevant to Hankins's treatment of Patient F, Respondent was the so-called "medical director" of Vida Spa.

92. On October 24, 2019, Hankins obtained, without a patient-specific prescription or an order from a licensed practitioner for Patient F, "Botox," a neuromodulator that is derived from Clostridium botulinum or is biosimilar to or the bioequivalent of such a neuromodulator, and "Versa," a hyaluronic acid dermal filler, both of which are dangerous drugs as defined by NRS 454.201, from Vida Spa's general store of controlled substances and dangerous drugs used for general administration and dispensing to patients.

93. Respondent did not see or treat Patient F, and did not direct or supervise Hankins in her treatment of Patient F.

94. On October 24, 2019, at Vida Spa, Hankins injected, and thereby administered pursuant to NRS 454.191, the aforementioned Botox and Versa into various locations on the face of Patient F.

95. Hankins was not supervised by any licensed physician while performing this injection procedure on Patient F at Vida Spa.

PATIENT G

96. Patient G was a sixty-six (66) year-old female at the time of the events at issue.

97. At all times relevant to Hankins's treatment of Patient G, Respondent was the so-called "medical director" of Vida Spa.

98. On October 29, 2019, Hankins obtained, without a patient-specific prescription or an order from a licensed practitioner for Patient G, "Xeomin," a neuromodulator that is derived from Clostridium botulinum or is biosimilar to or the bioequivalent of such a neuromodulator, and "Versa," a hyaluronic acid dermal filler, both of which are dangerous drugs as defined by

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NRS 454.201, from Vida Spa's general store of controlled substances and dangerous drugs used for general administration and dispensing to patients.

99. Respondent did not see or treat Patient G, did not direct or supervise Hankins in her treatment of Patient G.

100. On October 24, 2019, at Vida Spa, Hankins injected, and thereby administered pursuant to NRS 454.191, the aforementioned Xeomin and Versa into various locations on the face of Patient G.

101. Hankins was not supervised by any licensed physician while performing this injection procedure on Patient G at Vida Spa.

IV. RESPONDENT'S MEDICAL DIRECTORSHIP OF VIDA SPA

102. At all times relevant to this Complaint, Hankins did not consult with Respondent regarding any procedures she performed or participated in while "medical director" of Vida Spa.

103. At all times relevant to this Complaint, Respondent did not review or sign any charts for Hankins and was not present during any procedures she performed.

104. At all times relevant to this Complaint, Respondent provided his prescribing credentials and permitted Hankins, Gisselle Platfoot or Vida Spa's employees and agents to prescribe controlled substances to patients under his DEA registration and controlled substance license issued by the Pharmacy Board.

105. At all times relevant to this Complaint, Respondent was not present at Vida Spa during its regular business hours, nor during any times relevant to this Complaint.

106. Despite Hankins's public history of criminal and unprofessional conduct, and incarceration, Respondent, as "medical director" of Vida Spa, did not investigate or exercise ordinary and reasonable diligence to determine whether Hankins was authorized to practice medicine at Vida Spa, and took no action to prohibit the unlicensed practice of medicine at Vida Spa by Hankins, Gisselle Platfoot, and Vida Spa's employees and agents.

107. Respondent did not inform the Board that Hankins was practicing medicine at Vida Spa without a license.

108. Respondent was an independent contractor of Vida Spa.

109. Respondent was not a manager, officer or employee of Vida Spa.

110. Respondent had no ownership or member interest in Vida Spa, nor did he have authority, by contract or otherwise, to manage the affairs of Vida Spa.

111. Neither Gisselle Platfoot nor any of Vida Spa's employees, agents or other independent contractors were employed by Respondent during the time Respondent served as "medical director" of Vida Spa.

112. Respondent has held a valid controlled substance registration issued by the Pharmacy Board (License No. CS24310) since March 3, 2016.

113. At all times relevant to this Complaint, Respondent did not hold a dispensing practitioner license issued by the Pharmacy Board.

114. Respondent did not apply to the Pharmacy Board for a certificate of registration to dispense controlled substances or dangerous drugs at Vida Spa.

115. While "medical director" of Vida Spa, Respondent permitted Gisselle Platfoot and Vida Spa's employees and agents to utilize his medical license and controlled substance registration to prescribe and procure dangerous drugs and controlled substances, which are available only by prescription.

116. While "medical director" of Vida Spa, Respondent permitted dangerous drugs and controlled substances to be left unlocked and readily accessible at Vida Spa in the sole possession, custody and control of Gisselle Platfoot and Vida Spa's employees and agents, and beyond the supervision or restraint of Respondent.

117. All of the dangerous drugs and controlled substances left in the custody and control of Gisselle Platfoot and Vida Spa's employees and agents were at no time stored in a secure, locked room or cabinet accessible only by Respondent. Gisselle Platfoot and Vida Spa's employees and agents had unrestricted access to dangerous drugs, controlled substances, hypodermic devices and other dangerous medical devices and poisonous substances.

118. Gisselle Platfoot and Vida Spa's employees and agents possessed, controlled, stored, prescribed, administered and/or dispensed controlled substances, dangerous drugs and hypodermic devices without a dispensing license as required by the Pharmacy Board.

119. Respondent was not present when Hankins, Gisselle Platfoot, and Vida Spa's employees and agents possessed, controlled, stored, prescribed, administered and/or dispensed controlled substances, dangerous drugs and hypodermic devices obtained using Respondent's medical license and controlled substance registration.

120. Respondent neither received nor accounted for the controlled substances, dangerous drugs and hypodermic devices possessed, controlled, stored, prescribed, administered and/or dispensed by Gisselle Platfoot and Vida Spa's employees and agents.

121. Respondent did not have a bona fide therapeutic relationship with any of the seven (7) patients to whom Hankins, Gisselle Platfoot, and Vida Spa's employees and agents provided medical treatment(s) and/or prescriptions and/or administered dangerous drugs and hypodermic devices and/or dispensed dangerous drugs and hypodermic devices.

122. Respondent did not personally write a prescription or order for any controlled substances and/or dangerous drugs to any of the seven (7) patients to whom Hankins, Gisselle Platfoot, and Vida Spa's employees and agents provided medical treatment and/or prescriptions and/or administered dangerous drugs and hypodermic devices and/or dispensed dangerous drugs and hypodermic devices.

123. Respondent was not on-site at Vida Spa or otherwise immediately available when Hankins, Gisselle Platfoot, and Vida Spa's employees or agents provided medical treatment and/or issued prescriptions for, administered and dispensed controlled substances, dangerous drugs and hypodermic devices to these seven (7) patients.

124. Respondent did not personally administer or dispense at Vida Spa, or personally direct any of Gisselle Platfoot, Hankins or any other of Vida Spa's employees or agents to administer or dispense at Vida Spa, and did not exercise sufficient control of Vida Spa operations to ensure that dangerous drugs and controlled substances were administered and dispensed only for medically necessary purposes and according to prevailing standards of care.

125. Respondent supplied controlled substances, dangerous drugs and hypodermic devices to Gisselle Platfoot, Hankins, and Vida Spa's employees or agents and permitted unqualified persons to circumvent laws pertaining to the legal sale of such articles, and allowed others to utilize

his medical credentials and controlled substance registration to administer, dispense and prescribe controlled substances, dangerous drugs and hypodermic devices to those whom he did not have a bona fide therapeutic relationship.

126. Respondent failed to ensure that he had the required ownership or employment relationship with respect to Vida Spa and its employees and agents for any of them to be, in fact, his medical assistants as defined by NRS 630.0129 and to comply with the requirements of NAC 630.800-840.

127. Respondent also failed to ensure that he had the legal and practical control of Vida Spa's operations to effectively control the conduct of Hankins, Gisselle Platfoot and Vida Spa's employees and agents in performance of all medical activities as his medical assistants or otherwise, in order to prevent prohibited conduct and ensure that his medical assistants possessed the knowledge, skill and training to perform their tasks safely and properly.

COUNT I

NRS 630.301(4) – Malpractice

128. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

129. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

130. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

131. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when serving as "medical director" of Vida Spa, by, among other failures, aiding and abetting the unlicensed practice of medicine by Hankins, Platfoot and others in rendering medical services to Patient A, B, C, D, E, F and G, by permitting unlicensed individuals, Hankins, Gisselle Platfoot, and other Vida Spa employees and agents, to provide prescriptions and/or administer dangerous drugs and hypodermic devices and/or dispense dangerous drugs and hypodermic devices to patients, by providing his prescribing credentials and permitting Hankins, Gisselle Platfoot or Vida Spa's

employees and agents to prescribe controlled substances to patients under his DEA registration and controlled substance license issued by the Pharmacy Board, and by not being present at Vida Spa during its regular business hours, nor during any times relevant to this Complaint.

132. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT II

NRS 630.305(1)(e) – Aiding the Unlicensed Practice of Medicine

133. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

134. Including, but not limited to the conduct set forth herein, Respondent, aided, assisted, and advised, directly and indirectly, unlicensed persons, including, but not limited to Hankins and Gisselle Platfoot, to engage in the practice of medicine on patients at Vida Spa, specifically including but not limited to Patients A, B, C, D, E, F and G, which conduct was contrary to the provisions of NRS Chapter 630 and the regulations of the Board,

135. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT III

NRS 630.306(1)(b)(3) – Engaging in Conduct that Violated Pharmacy Board Regulations

136. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein

137. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation adopted by the Pharmacy Board is grounds for initiating disciplinary action.

138. Including but not limited to the conduct described herein, Respondent engaged in conduct that violates regulations adopted by the Pharmacy Board, specifically including but not limited to NAC 639.742(1)-(3), (4)(a)-(b), 639.945(1)-(3), and NAC 639.742(1).

139. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

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COUNT IV

NRS 630.3062(1)(h) – Fraudulent, Illegal, Unauthorized and Otherwise Inappropriate Prescribing of Controlled Substances

140. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

141. Pursuant to NRS 630.3062(1)(h), fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV is grounds for disciplinary action or denying licensure.

142. As demonstrated by, but not limited to, providing his prescribing credentials and permitting Hankins, Gisselle Platfoot or Vida Spa's employees and agents to prescribe controlled substances to patients under his DEA registration and controlled substance license issued by the Pharmacy Board, by not being present at Vida Spa during its regular business hours, nor during any times relevant to this Complaint, by not investigating or exercising ordinary and reasonable diligence in his supervision of unlicensed persons at Vida Spa, by not taking any action to prohibit fraudulent prescribing under his own credentials at Vida Spa, by not informing the Board, Pharmacy Board and/or DEA that fraudulent prescriptions were being issued by Hankins under his credentials, among other conduct, Respondent issued fraudulent, illegal, unauthorized and otherwise inappropriate prescriptions for schedule II and IV controlled substances, Oxycodone-acetaminophen and Alprazolam, respectively, to Patients A, B, C, D and E, who were patients he did not see, examine or diagnose, and with whom he did not have a bona fide therapeutic relationship.

143. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT V

NRS 630.306(1)(p) – (Unsafe or Unprofessional Conduct)

144. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

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145. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(p).

146. Pursuant to NAC 630.230(1)(g)-(i), it is unprofessional conduct to allow any person to act as a medical assistant in the treatment of a patient of the physician, unless the medical assistant has sufficient training to provide the assistance, to fail to provide adequate supervision of a medical assistant who is supervised by the physician, including, without limitation, supervision provided in the manner described in NAC 630.810 or 630.820, and to fail to provide adequate supervision of a physician assistant.

147. As demonstrated by, but not limited to, the above-outlined facts, Respondent violated NAC 630.230(1)(g)-(i).

148. Respondent's conduct was unsafe and unprofessional.

149. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;

5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

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6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 30th day of August, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

AARON B. FRICKE, ESQ.
General Counsel
9600 Gateway Drive
Reno, Nevada 89521
Tel: (702) 486-3813
Email: africke@medboard.nv.gov
Attorney for the Investigative Committee

VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF CLARK)

Victor M. Muro, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 30 day of August, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: V M Muro MD

VICTOR M. MURO, M.D.
Chairman of the Investigative Committee

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 31st day of August, 2021, I served a file-stamped copy of the foregoing **COMPLAINT**, via U.S. Certified Mail to the following parties:

SHERMAN WASHINGTON, M.D.
Complete Medical Center
1820 E. Lake Mead Blvd., Ste. M
North Las Vegas, NV 89030
Certified Mail Receipt No.: 9171 9690 0935 0252 1563 23

DATED this 31st day of August, 2021.

MERCEDES FUENTES
Legal Assistant
Nevada State Board of Medical Examiners

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **SHERMAN WASHINGTON, M.D,** **Respondent.**	**Case No. 21-41427-1**

FILED
DEC 03 2021
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, Esq., General Counsel for the Board and attorney for the IC, and Sherman Washington, M.D. (Respondent), a licensed physician in Nevada, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

A. BACKGROUND

1. Respondent is a medical doctor currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act). His license was originally issued on February 7, 2014 (License No. 15168).

2. On August 30th, 2021, in Case No. 21-41427-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges one (1) count of violation of NRS 630.301(4), Malpractice, one (1) count of violation of NRS 630.305(1)(e), Aiding the Unlicensed Practice of Medicine, one (1) count of violation of NRS 630.306(1)(b)(3), Engaging in Conduct that Violated Pharmacy Board Regulations, one (1) count of violation of NRS 630.3062(1)(h), Fraudulent, Illegal, Unauthorized and Otherwise

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[1] All agreements and admissions made by Respondent are solely for final disposition of these matters and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

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Inappropriate Prescribing of Controlled Substances, and one (1) count of violation of NRS 630.306(1)(p), Unsafe or Unprofessional Conduct.

3. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

4. Respondent was properly served with a copy of the Complaint, has reviewed and understands the Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of the Complaint.

5. Respondent is hereby advised of his rights regarding these administrative matters, and of his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in these administrative matters as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at his own expense, in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

6. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

7. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement.

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Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

B. TERMS & CONDITIONS

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction**. Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**. Respondent acknowledges he is not represented by counsel, he has had the opportunity to engage counsel to represent him in this matter, and he wishes to resolve the matters addressed herein without counsel. Respondent agrees that if representations he makes in this matter materially change prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding represent himself in this matter in lieu of engaging counsel to represent him.

3. **Waiver of Rights**. In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with these administrative matters. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

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4. **Acknowledgement of Reasonable Basis to Proceed**. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges that Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts that if these matters were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the count/claim alleged in the Complaint, but for the purposes of resolving these matters and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order**. In order to resolve the Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to all counts as alleged in the Complaint, Count I, violation of NRS 630.301(4), Malpractice, Count II, violation of NRS 630.305(1)(e), Aiding the Unlicensed Practice of Medicine, Count III, violation of NRS 630.306(1)(b)(3), Engaging in Conduct that Violated Pharmacy Board Regulations, Count IV, violation of NRS 630.3062(1)(h), Fraudulent, Illegal, Unauthorized and Otherwise Inappropriate Prescribing of Controlled Substances, and Count V, violation of NRS 630.306(1)(p), Unsafe or Unprofessional Conduct.

b. Respondent's license to practice medicine shall be placed on probation for a period of twenty-four (24) months from the date of the Board's acceptance, adoption and approval of this Agreement. During the probation period, should Respondent commit any new violations of the Medical Practice Act or fail to comply with any term or condition of this Agreement, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order to Show Cause Hearing maintaining the suspension pending final adjudication by the Board of the alleged violation.

c. Respondent shall pay a fine in the amount of five thousand dollars ($5,000) within sixty (60) days of the Board's acceptance, adoption, and approval of this Agreement.

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d. Respondent shall pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement, in the amount of two thousand one hundred forty-two dollars and forty-eight cents ($2,142.48).

e. Respondent shall complete twenty-two (22) hours of continuing medical education (CME) regarding medical ethics and professionalism within six (6) months of the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada, and shall be approved by the Board to meet this requirement prior to their completion, and proof of completion shall be provided to the Board.

f. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

g. Respondent shall receive a Public Letter of Reprimand.

h. The remaining counts of the Complaint, if any, and any other claims arising from the Board's corresponding investigative case file(s), shall be dismissed with prejudice.

6. **Release From Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

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7. **Procedure for Adoption of Agreement** The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of the Complaint at an upcoming Board meeting at the Board's earliest convenience, and Respondent hereby waives notice of the same, whether under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, or otherwise. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex parte, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to these matters. The IC and its counsel agree that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and any and all remaining claims arising out of the Complaint shall be dismissed with prejudice.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering the Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

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10. **Binding Effect**. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause**. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the parties consent to such jurisdiction and agree that jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

12. **Attorneys' Fees and Costs**. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. **Failure to Comply With Terms**. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order To Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).

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(775) 688-2559

Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to any civil and administrative collection efforts available.

DATED this 5th day of October, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

AARON BART FRICKE, J.D.
General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: africke@medboard.nv.gov
Attorney for the Investigative Committee

DATED this 30 day of September 2021.

By: _____

SHERMAN WASHINGTON, M.D.,
Nevada License No. 15168
Respondent

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

ORDER

IT IS HEREBY ORDERED that, the foregoing Settlement Agreement (Case No. 21-41427-1) was approved and accepted by the Nevada State Board of Medical Examiners on the 3rd day of December, 2021.

DATED this 3RD day of December, 2021.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

VICTOR M. MURO, M.D.
Board President

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 895521
(775) 688-2559

BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **SHERMAN WASHINGTON, JR., M.D.** Holder of License No. 48291 For the Practice of Allopathic Medicine In the State of Arizona.	**Case No. MD-19-1137A** **ORDER FOR LETTER OF REPRIMAND AND PROBATION; AND CONSENT TO THE SAME**

Sherman Washington, Jr., M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Order for Letter of Reprimand and Probation; admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this Order by the Board.

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of license number 48291 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-19-1137A after receiving notification of a disciplinary action alert ("DAR") that the Virginia Board of Medicine ("Virginia Board") had reprimanded Respondent's Virginia medical license.

4. Effective November 14, 2019 Respondent entered into a Consent Order with the Virginia Board that issued Respondent's Virginia medical license a Reprimand and Monetary Penalty of $1500.00. The Virginia Board found that Respondent issued Schedule IV medications to six patients without a properly established physician-patient relationship. Additionally, the Virginia Board found that Respondent willfully refused to provide records for the six patients at issue despite repeated requests by Virginia Board staff. On January 15, 2020 the Virginia Board issued Respondent a letter of compliance and closed the case.

5. On November 22, 2019 the North Dakota Board of Medicine ("North Dakota Board") issued an Order pursuant to a Stipulation that required Respondent to complete an intensive, in-person medical recordkeeping course. The North Dakota Board found that a patient received medication in the mail from a compounding pharmacy in Texas that had been prescribed by Respondent. The patient did not have a prior physician-patient relationship with Respondent and had never met or spoken to prior to receiving the medication. Respondent failed to respond to the North Dakota Board's request for the patient's medical records.

6. On January 28, 2020 The Washington Medical Commission ("Washington Board") entered Findings of Fact, Conclusions of Law and Final Order of Default against Respondent's Washington medical license after Respondent failed to respond to an investigation into Respondent's prescribing practices ("Default Order").

7. On February 14, 2020 the Virginia Board issued an Order of Mandatory Suspension on Respondent's Virginia medical license based on the Washington Board's Default Order.

8. On March 6, 2020, The Colorado Medical Board ("Colorado Board") issued Respondent's Colorado medical license a Letter of Admonition based on the Virginia and North Dakota Board actions.

9. On March 16, 2020, The Pennsylvania State Board of Medicine ("Pennsylvania Board") issued an order reprimanding Respondent's expired Pennsylvania medical license based on the Virginia Board's action.

10. On July 16, 2020, the Washington Board entered into a Stipulation to Informal Discipline with Respondent to resolve the investigation ("Washington Stipulation"). The Washington Stipulation described allegations that Respondent prescribed medication to at least six patients without examining the patients or otherwise establishing a proper

physician-patient relationship. The Washington Stipulation required Respondent to complete terms and conditions including Continuing Medical Education ("CME") in ethics and submission of a remedial essay on issues relevant to the investigation.

11. On December 30, 2020 the Florida Board of Medicine ("Florida Board") issued a Final Order suspending Respondent's Florida medical license and requiring payment of an administrative fine. The Florida Board's Final Order arose out of a reciprocal investigation regarding the Washington Board's action, and Respondent's failure to report the Washington Board's Default Order indefinitely suspending his Washington medical license.

CONCLUSIONS OF LAW

a. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

b. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(p) ("Action that is taken against a doctor of medicine by another licensing or regulatory jurisdiction due to that doctor's mental or physical inability to engage safely in the practice of medicine, the doctor's medical incompetence or for unprofessional conduct as defined by that jurisdiction and that corresponds directly or indirectly to an act of unprofessional conduct prescribed by this paragraph. The action taken may include refusing, denying, revoking or suspending a license by that jurisdiction or a surrendering of a license to that jurisdiction, otherwise limiting, restricting or monitoring a licensee by that jurisdiction or placing a licensee on probation by that jurisdiction.").

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Letter of Reprimand.

2. Respondent is placed on Probation for a period of six months with the following terms and conditions:

a. PBI Ethics Course

Respondent shall within 6 months of the effective date of this Order, complete the Medical Ethics and Professionals Course (ME-15) course offered by Professional Boundaries, Inc. ("PBI"). Respondent shall within thirty days of the effective date of this Order submit satisfactory proof of enrollment with Board staff. Upon completion of the CME, Respondent shall provide Board staff with satisfactory proof of attendance. Respondent shall sign any and all consents or releases necessary to allow for PBI to communicate to the Board directly and furnish PBI's "AIR" Letter after completion of the required CME. The CME hours shall be in addition to the hours required for the biennial renewal of medical licensure. Respondent shall not revoke any release prior to successful completion of the CME and maintenance and accountability seminars.

b. Obey All Laws

Respondent shall obey all state, federal and local laws, all rules governing the practice of medicine in Arizona, and remain in full compliance with any court ordered criminal probation, payments and other orders.

c. Probation Termination

Prior to the termination of Probation, Respondent must submit a written request to the Board for release from the terms of this Order. Respondent's request for release will be placed on the next pending Board agenda, provided a complete submission is received by Board staff no less than 30 days prior to the Board meeting. Respondent's request for release must provide the Board with evidence establishing that he has successfully satisfied all of the terms and conditions of this Order. The Board has the sole discretion to

determine whether all of the terms and conditions of this Order have been met or whether to take any other action that is consistent with its statutory and regulatory authority.

3. The Board retains jurisdiction and may initiate new action against Respondent based upon any violation of this Order. A.R.S. § 32-1401(27)(s)

DATED AND EFFECTIVE this 24th day of August, 2021.

ARIZONA MEDICAL BOARD

By Patricia E McSorley
Patricia E. McSorley
Executive Director

CONSENT TO ENTRY OF ORDER

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent acknowledges he has the right to consult with legal counsel regarding this matter.

2. Respondent acknowledges and agrees that this Order is entered into freely and voluntarily and that no promise was made or coercion used to induce such entry.

3. By consenting to this Order, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Order in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Order.

4. The Order is not effective until approved by the Board and signed by its Executive Director.

5. All admissions made by Respondent in this Order are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent

are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.

6. Notwithstanding any language in this Order, this Order does not preclude in any way any other State agency or officer or political subdivision of this state from instituting proceedings, investigating claims, or taking legal action as may be appropriate now or in the future relating to this matter or other matters concerning Respondent, including but not limited to, violations of Arizona's Consumer Fraud Act. Respondent acknowledges that, other than with respect to the Board, this Order makes no representations, implied or otherwise, about the views or intended actions of any other state agency or officer or political subdivisions of the State relating to this matter or other matters concerning Respondent.

7. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the consent to the entry of the Order. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and void unless mutually approved by the parties.

8. This Order is a public record that will be publicly disseminated as a formal disciplinary action of the Board and will be reported to the National Practitioner's Data Bank and on the Board's web site as a disciplinary action.

9. If any part of the Order is later declared void or otherwise unenforceable, the remainder of the Order in its entirety shall remain in force and effect.

10. If the Board does not adopt this Order, Respondent will not assert as a defense that the Board's consideration of the Order constitutes bias, prejudice, prejudgment or other similar defense.

11. Any violation of this Order constitutes unprofessional conduct and may result in disciplinary action. A.R.S. § § 32-1401(27)(s) ("[v]iolating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under this chapter.") and 32-1451.

12. ***Respondent has read and understands the conditions of probation.***

DATED: 7/13/2021

SHERMAN WASHINGTON, JR., M.D.

EXECUTED COPY of the foregoing mailed this 24th day of August, 2021 to:

Sherman Washington, Jr., M.D.
Address of Record

ORIGINAL of the foregoing filed this 24th day of August, 2021 with:

Arizona Medical Board
1740 West Adams, Suite 4000
Phoenix, Arizona 85007

Michelle Rhodes
Board staff

COLORADO
Department of Regulatory Agencies
Division of Professions and Occupations

March 6, 2020

Sherman Washington, M.D.

Re: License Number: DR. 0054185
Case Number: 2019-8449-B

Dear Dr. Washington,

The Colorado Medical Board has concluded its inquiry into the aforementioned matter. It was the Panel's decision not to commence with formal proceedings against your professional license. However, the Panel did determine disciplinary action in the form of this letter of admonition is warranted.

As you recall, in October 2019, you entered into a stipulation with the North Dakota Medical Board regarding your license to practice medicine. In the stipulation, you admitted to prescribing medications to an individual with whom you did not have a physician-patient relationship and failing to maintain medical records. The North Dakota Medical Board required you to take a medical recordkeeping course. In November 2019, you entered into a consent order with the Virginia Board of Medicine in which you were reprimanded and assessed a fine. The consent order was based on your prescribing of Schedule VI medications outside the context of a physician-patient relationship.

After a review of all the information in this matter, the Panel found that you are prescribing to individuals without establishing a physician-patient relationship fell below generally accepted standards of medical practice and resulted in discipline in two other states, constituting unprofessional conduct in violation of section 12-240-121 of the Colorado Revised Statutes.

By this letter, the Board takes the formal disciplinary action of admonishing you for the conduct specified above, and warns you that repetition of such practice may lead to imposition of more severe disciplinary action. This letter is an open public record and a reportable action to individuals or entities requesting disciplinary information. The Board strongly encourages you to review and understand the Medical Practice Act requirements and obligations for the practice of medicine in Colorado.

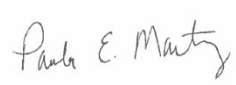
In accordance with 12-20-404(4)(b), the Board advises you that you have the right to make a written request that the Board initiate formal disciplinary proceedings in order to adjudicate the conduct or acts upon which this letter is based. You must make your written request within twenty (20) days after receipt of this letter and address your request to Paula Martinez, Program Director, at the email address listed below. If you make a timely request, the Board will deem this letter of admonition vacated and may proceed with disciplinary and/or injunctive proceedings in accordance with 12-20-404(4)(b)(II), C.R.S., and applicable rules.

A Letter of Admonition, when accepted, becomes a permanent, public portion of your record. It is not, however, a restriction on your practice as a professional physician.

If you have further questions or concerns, please visit our website at https://www.colorado.gov/dora/dpo or you can contact our office at dora_medicalboard@state.co.us or by calling (303) 894-7800.

Sincerely,

FOR THE COLORADO MEDICAL BOARD
INQUIRY PANEL B



Paula E. Martinez
Program Director

PEM/bvm

Please complete a short survey at **https://www.surveymonkey.com/r/B5JR27T** regarding aspects of the service you received. Your anonymous response will be used to evaluate the service experience and to identify areas where improvements may be appropriate.

Notice

Your Healthcare Professions Profile will be updated to reflect this Colorado public action. Pursuant to section 12-30-102, C.R.S., your profile must be updated within 30 days of any reportable event. To ensure compliance, you must regularly review and update your profile. To access your profile, go to www.colorado.gov/dora/hppp and click the "Create/Update a Profile" link. For any questions, please contact dora_dpo_hppp@state.co.us.

Department of Health

SHERMAN WASHINGTON JR

License Number: ME114302

Data As Of 3/29/2022

Profession	Medical Doctor
License	ME114302
License Status	DELINQUENT/
License Expiration Date	1/31/2021
License Original Issue Date	10/02/2012
Address of Record	2900 North Green Valley Pkwy Suite 114 HENDERSON, NV 89012
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD

STATE OF GEORGIA

GEORGIA COMPOSITE MEDICAL BOARD
NOV 18 2021
DOCKET NUMBER: 20220043

IN THE MATTER OF:	)	
	)	
SHERMAN WASHINGTON, JR., M.D.,	)	DOCKET NO.
License Number 70940,	)	
	)	
Respondent.	)	

PUBLIC CONSENT ORDER

By agreement of the Georgia Composite Medical Board ("Georgia Board") and SHERMAN WASHINGTON, JR., M.D. ("Respondent"), the following disposition of this disciplinary matter is entered pursuant to the provisions of the Georgia Administrative Procedure Act, O.C.G.A. § 50-13-13(a)(4), as amended.

FINDINGS OF FACT

1.

Respondent is licensed to practice medicine in the State of Georgia and was licensed at all times relevant to the matters stated herein.

2.

Respondent, while employed with at least one telemedicine company, prescribed numerous medications to multiple individuals outside of an established physician-patient relationship. At least six of such individuals resided in the State of Georgia. Specifically:

Patient C.B.

3.

On and between March 10, 2017, and April 25, 2017, Respondent prescribed Patient C.B. ten (10) medications without performing an in-person examination nor performing an

examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- On March 10, 2017, Respondent prescribed Diclofena Sodium 3% Gel, Fluocinonide 0.1% Cream, and Lidocaine 5% Ointment to C.B.;
- On March 30, 2017, Respondent prescribed Fluocinonide 0.1% Cream and Lidocaine-Prilocaine Cream to C.B.;
- On April 3, 2017, Respondent prescribed Diclofenac Sodium 3% Gel to C.B.;
- On April 19, 2017, Respondent prescribed Diclofenac Sodium 3% Gel and Lidocaine 5% Ointment to C.B.;
- On April 25, 2017, Respondent prescribed Fluocinonide 0.1% Cream and Lidocaine-Prilocaine Cream to C.B..

4.

Patient M.B.

On and between June 16, 2017, and August 28, 2017, Respondent prescribed Patient M.B. with six (6) medications without performing an in-person examination nor performing an examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- On June 16, 2017, Respondent prescribed Diclofenac Sodium 3% Gel to M.B.;
- On June 24, 2017, Respondent prescribed Calcipotriene 0.005% Cream and Fluocinonide 0.1% Cream to M.B.;
- On July 14, 2017, Respondent prescribed Naproxen 125 MG/5 ML Suspen to M.B.;
- On August 7, 2017, Respondent prescribed Naproxen 125 MG/5 ML Suspen to M.B.;
- On August 28, 2017, Respondent Prescribed Fluocinonide 0.1% Cream to M.B..

5.

Patient M.B.

On and between March 17, 2017, and October 18, 2017, Respondent prescribed Patient M.B. with fourteen (14) medications without performing an in-person examination nor performing an examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- On March 17, 2017, Respondent prescribed Fluocinonide 0.1% Cream to M.B.;

- On March 23, 2017, Respondent prescribed Livixil Pak 2.5-2.5% Crm-Dress to M.B.;
- On April 17, 2017, Respondent prescribed Fluocinonide 0.1% Cream and Livixil Pak 2.5-2.5% Crm-Dress to M.B.;
- On May 17, 2017, Respondent prescribed Fluocinonide 0.1% Cream and Livixil Pak 2.5-2.5% Crm-Dress to M.B.;
- On June 22, 2017, Respondent prescribed Fluocinonide 0.1% Cream and Livixil Pak 2.5-2.5% Crm-Dress to M.B.;
- On August 1, 2017, Respondent prescribed Allzital 25-325 MG Tablet and Fluocinonide 0.1% Cream to M.B.;
- On August 17, 2017, Respondent prescribed Allzital 25-325 MG Tablet to M.B.;
- On September 1, 2017, Respondent prescribed Fluocinonide 0.1% Cream to M.B.;
- On October 2, 2017, Respondent prescribed Allzital 25-325 MG Tablet to M.B.;
- On October 18, 2017, Respondent prescribed Allzital 25-325 MG Tablet to M.B.

6.

Patient D.P.

On August 15, 2017, Respondent prescribed Patient D.P. with four (4) medications without performing an in-person examination nor performing an examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- On August 15, 2017, Respondent prescribed Calcipotriene 0.005% Cream, Doxepin 5% Cream, Fluocinonide 0.1% Cream, and Lidocaine 5% Ointment to D.P.

7.

Patient S.W.

On and between July 19, 2017, and January 4, 2018, Respondent prescribed Patient S.W. with sixteen (16) medications without performing an in-person examination nor performing an examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- On July 19, 2017, Respondent prescribed Livixil Pak 2.5-2.5% Crm-Dress and Naproxen 125 MG/5 ML Suspen to S.W.;
- On August 1, 2017, Respondent prescribed Fluocinonide 0.1% Cream to S.W.;
- On August 11, 2017, Respondent prescribed Xyzbac Tablet to S.W.;
- On August 14, 2017, Respondent prescribed Livixil Pak 2.5-2.5% Crm-Dress and Naproxen 125 MG/5 ML Suspen to S.W.;

- On September 1, 2017, Respondent prescribed Fluocinonide 0.1% Cream to S.W.;
- On September 15, 2017, Respondent prescribed Xyzbac Tablet to S.W.;
- On September 23, 2017, Respondent prescribed Naproxen 125 MG/5 ML Suspen to S.W.;
- On October 23, 2017, Respondent prescribed Xyzbac Tablet to S.W.;
- On November 2, 2017, Respondent prescribed Naproxen 125 MG/5 ML Suspen to S.W.;
- On November 7, 2017, Respondent prescribed Calcipotriene 0.005% Cream to S.W.;
- On November 29, 2017, Respondent prescribed Naproxen 125 MG/5 ML Suspen to S.W.;
- On December 5, 2017, Respondent prescribed Calcipotriene 0.005% Cream to S.W.;
- On December 26, 2017, Respondent prescribed Naproxen 125 MG/5 ML Suspen to S.W.;
- On January 4, 2018, Respondent prescribed Calcipotriene 0.005% Cream to S.W.

8.

Patient K.W.

On and between March 9, 2017, and June 2, 2017, Respondent prescribed Patient K.W. four (4) medications without performing an in-person examination nor performing an examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- On March 9, 2017, Respondent prescribed Mefenamic Acid 250 MG Capsule to K.W.;
- On April 7, 2017, Respondent prescribed Mefenamic Acid 250 MG Capsule to K.W.;
- On May 5, 2017, Respondent prescribed Mefenamic Acid 250 MG Capsule to K.W.;
- On June 2, 2017, Respondent prescribed Mefenamic Acid 250 MG Capsule to K.W.

9.

Respondent's aforementioned conduct departed from and failed to conform to the minimum standards of acceptable and prevailing medical practice and was a violation of Georgia's laws and the Board's rules. *See* Ga. Comp. R. & Regs. R. 360-3-.07 (Practice Through Electronic or Other Such Means), O.C.G.A. § 43-34-8(a), and O.C.G.A. § 43-1-19(a).

10.

Respondent was also licensed as a physician in the Commonwealth of Virginia. On or about November 12, 2019, Respondent entered into a Consent Order with the Virginia Board of

Medicine (Case No. 187506) based, in part, on allegations of prescribing medications without ever performing examinations. Under the terms of the Consent Order Respondent was reprimanded and assessed a One Thousand Five Hundred dollar ($1,500.00) monetary penalty. On or about February 14, 2020, Respondent's license to practice medicine and surgery in the Commonwealth of Virginia was mandatorily suspended based, in part, on allegations of Respondent's failure to respond (Case No. 202478).

11.

Respondent is also licensed as a physician in the State of North Dakota. On or about November 22, 2019, Respondent entered into a Stipulated Order with the North Dakota Board of Medicine, based, in part, on allegations of prescribing medications without a physician-patient relationship. Under the terms of the Stipulation, Respondent had to complete a course in keeping medical records and Respondent paid costs and attorney's fees incurred by the Board. Respondent successfully completed the North Dakota Stipulated Order in or around July, 2020.

12.

Respondent is also licensed as a physician in the State of Washington. On or about July 16, 2020, Respondent stipulated to an informal disposition with the State of Washington Medical Commission, (No. M2019-234) based, in part, on allegations of improper prescribing through telemedicine companies. Under the terms of the stipulation Respondent was required to complete "Compliance Orientation," review the Medical Commission's Telemedicine Guideline, complete a course in medical ethics, write an authoritative paper on the importance of forming a physician-patient relationship, and personally appear before the Commission.

13.

Pursuant to O.C.G.A. §§ 43-1-19(a)(5) and 43-34-8(a)(5), the Georgia Board may discipline a licensee who has had disciplinary action taken against him or her by any such lawful licensing authority other than the Board.

14.

Respondent agrees to the above findings of facts and waives any further findings of fact with respect to the above-styled matter.

CONCLUSIONS OF LAW

Respondent's conduct constitutes sufficient grounds for the imposition of discipline upon Respondent's license to practice as a physician in the State of Georgia under O.C.G.A. Title 43, Chapters 1 and 34, as amended. Respondent hereby waives any further conclusions of law with respect to the above-styled matter.

ORDER

The Georgia Board, having considered all the facts and circumstances of this case, hereby orders, and Respondent hereby agrees, that the following sanctions shall be imposed upon Respondent's license to practice as a physician in the State of Georgia:

1.

Within ninety (90) days of the effective date of this Consent Order, Respondent shall submit to the Georgia Board a fine of three thousand dollars ($3,000.00) to be paid in full by cashier's check or money order made payable to the Georgia Composite Medical Board. Said fine shall be sent to the Georgia Composite Medical Board, located at 2 Peachtree Street, NW, 6th Floor, Atlanta, GA 30303, to the attention of the Executive Director. Failure to pay the entire amount within (30) days of the effective date of this Consent Order shall be considered a

violation of this Consent Order and shall result in further sanctioning of Respondent's license, upon substantiation thereof.

2.

Within six (6) months of the effective date of this Consent Order, Respondent shall successfully complete ten (10) hours of continuing medical education ("CME") course(s) focusing on ethics and ten (10) hours of CME course(s) focusing on prescribing. Said CME may be completed online and shall be in addition to the CME required of all Georgia physicians. Respondent shall provide written evidence of successful completion of the CME to the Georgia Board within six (6) months of the effective date of this Order. Failure to provide written evidence of successful completion of the CME within six (6) months of the effective date of this Consent Order shall be considered a violation of this Consent Order and shall result in further sanctioning of Respondent's license, upon substantiation thereof.

3.

In addition to and in conjunction with any other sanction contained herein, this Consent Order and dissemination thereof shall serve as a **public reprimand** of Respondent by the Georgia Board.

4.

Respondent also understands that pursuant to O.C.G.A. Title 43, Chapter 34A, the contents of this Consent Order shall be placed on Respondent's Physician Profile. Furthermore, by executing this Consent Order, Respondent hereby agrees to permit the Georgia Board to update the Physician's Profile reflecting this Consent Order.

5.

Respondent acknowledges that Respondent has read this Consent Order and understands

its contents. Respondent understands that Respondent has the right to a hearing in this matter and freely, knowingly and voluntarily waives that right by entering into this Consent Order. Respondent understands and agrees that a representative of the Department of Law may be present during the Georgia Board's consideration of this Consent Order and that the Georgia Board shall have the authority to review the investigative file and all relevant evidence in considering this Consent Order. Respondent further understands that this Consent Order will not become effective until approved and docketed by the Georgia Board. Respondent understands that this Consent Order, once approved and docketed, shall constitute a public record, evidencing disciplinary action by the Georgia Board that may be disseminated as such. However, if this Consent Order is not approved, it shall not constitute an admission against interest in this proceeding, or prejudice the right of the Georgia Board to adjudicate this matter. Respondent hereby consents to the terms and sanctions contained herein.

(Signatures on the following page)

Approved this 18th day of November, 2021.

GEORGIA COMPOSITE MEDICAL BOARD

(BOARD SEAL)

BY: _____
Despina Dalton, M.D.
Chairperson

ATTEST: _____
~~LASHARN HUGHES, MBA~~ Jonathan McGehee
Executive Director, Interim

CONSENTED TO: _____
SHERMAN WASHINGTON, JR., M.D.
Respondent

AS TO THE SIGNATURE OF
SHERMAN WASHINGTON, JR., M.D.:
Sworn to and subscribed before me
This, 5 day of October 2021.

_____
NOTARY PUBLIC
My Commission Expires: Feb 1, 2025

KORINA PINDEL
Notary Public - State of Nevada
County of Clark
APPT. NO. 21-2899-01
My App. Expires Feb. 1, 2025

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
DISCIPLINARY ACTION REPORT
Orders served from 11/15/2021 through 11/19/2021

Profession/Name	License Number	Effective Date/Action	Basis for Action
Chiropractic CHARLES ARTHUR JACKSON, D.C. Grand Blanc, MI	2301003001	12/10/2021 Fine Imposed; Summary Suspension Dissolved; Voluntarily Surrendered	Sexual Misconduct; Lack of Good Moral Character; Negligence; Incompetence
Chiropractic ALLAN ANDREW CLAYTON SCHWALM, D.C. Clinton Township, MI	2301005158	12/17/2021 Fine Imposed; Suspended	Alcohol Related Conviction; Failure to Report or Comply; Fraud or Deceit in Obtaining/Renewing License
Medicine HO DZUNG ANH, M.D. San Francisco, CA	4301111145	12/17/2021 Fine Imposed	Sister State Disciplinary Action
Medicine THEODOR ASGEIRSSON, M.D. Wyoming, MI	4301091655	12/17/2021 Fine Imposed; Probation; Reprimanded	Incompetence; Negligence
Medicine PAULDEEP BAHRA, M.D. Dallas, TX	4301100210	12/17/2021 Fine Imposed	Failure to Report or Comply; Sister State Disciplinary Action
Medicine JOHN KAZIMIERZ BARTNIK, M.D. Saginaw, MI	4301062933	12/17/2021 Fine Imposed	Negligence; Technical Violation of the Michigar PHC
Medicine GLENN D BAUER, M.D. Waterford, MI	4301407255	12/17/2021 Fine Imposed	Incompetence; Negligence
Medicine NATHAN BINING, M.D. Livonia, MI	4301071275	12/17/2021 Fine Imposed; Probation	Negligence
Medicine CHRISTOPHER YON CHANG, M.D. Hazel Park, MI	4301052042	12/17/2021 Fine Imposed; Voluntarily Surrendered	Incompetence; MAPS Violation; Negligence

Profession/Name	License Number	Effective Date/Action	Basis for Action
Medicine DANIEL PHILIP ELSKENS, M.D. Sandusky, OH	4301406954	12/17/2021 Fine Imposed; Probation	Failure to Report or Comply; Sister State Disciplinary Action
Medicine JOHN FREDERICK HARB, M.D. Livonia, MI	4301061957	12/17/2021 Fine Imposed; Probation	Technical Violation of the Michigar PHC
Medicine MAHESH KARANDIKAR, M.D. Flint, MI	4301117240	12/17/2021 Fine Imposed	Fraud or Deceit in Obtaining/Renewing License; Sister State Disciplinary Action
Medicine KIARASH MIRKIA, M.D. Las Vegas, NV	4301501163	12/17/2021 Fine Imposed; Limited / Restricted	Failure to Report or Comply; Sister State Disciplinary Action
Medicine MADHU AJIT SUBNANI, M.D. Imlay City, MI	4301055014	12/17/2021 Fine Imposed; Summary Suspension Dissolved; Voluntarily Surrendered	Incompetence; Lack of Good Moral Character; MAPS Violation; Negligence-Impaired Conduct, Practice, or Condition; Unauthorized Prescribing
Medicine VISHAL VERMA, M.D. San Diego, CA	4301095272	12/17/2021 Fine Imposed	Sister State Disciplinary Action
Medicine SHERMAN WASHINGTON, M.D. Henderson, NV	4301119275	12/17/2021 Fine Imposed; Probation	Failure to Report or Comply; Sister State Disciplinary Action
Nursing NANCY ANN BASKERVILLE, R.N. Canton, MI	4704187173	12/12/2021 Fine Imposed	Failure to Report or Comply; Sister State Disciplinary Action
Nursing CHRISTOPHER JOHN BAUER, R.N. Royal Oak, MI	4704310010	12/12/2021 Fine Imposed; Probation Upon Reinstatement; Suspended	Impaired Conduct, Practice, or Condition; Mental/Physical Inability to Practice; Substance Use Disorder
Nursing JENNIFER JEAN BAUMGART, R.N. Saint Clair Shores, MI	4704226627	12/12/2021 Fine Imposed; Probation	Continuing Education

BEFORE THE BOARD OF MEDICINE

STATE OF NORTH DAKOTA

North Dakota Board of Medicine – Investigative Panel B,	)	
Complainant,	)	
vs.	)	**COMPLAINT**
Sherman Washington Jr., M.D.,	)	
Respondent.	)	

COMES NOW, the Complainant, North Dakota Board of Medicine – Investigative Panel B, and for its Complaint against the Respondent, Sherman Washington Jr., M.D., alleges and states as follows:

I.

Investigative Panel B of the North Dakota Board of Medicine ("Board") is authorized pursuant to N.D.C.C. Chapter 43-17.1 to conduct investigations related to the practice of any physician licensed to practice in this state and file a formal complaint against any licensed physician with the Board of Medicine.

II.

Sherman Washington Jr., M.D., is a physician licensed to practice medicine in the State of North Dakota.

FACTS

III.

At all times mentioned herein, Respondent was an emergency medicine physician but mostly practiced medicine online.

IV.

On September 5, 2018, Patient A received a package in the mail containing several medications that were prescribed to her by Respondent and filled at McClure's Compounding Pharmacy in Texas. Patient A has never had a physician-patient relationship with Respondent and has never met or spoken to Respondent. Thus, Respondent prescribing any medications to Patient A is inappropriate. A request for records for the treatment of Patient A was made to Respondent and no records were received. Thus, Respondent is subject to disciplinary action pursuant to the provisions of N.D.C.C. § 43-17-31 based upon Respondent's violations of the North Dakota Medical Practice Act by: (1) performing any dishonorable, unethical or unprofessional conduct likely to deceive, defraud or harm the public N.D.C.C. § 43-17-31(1)(f).; and (2) lacking appropriate documentation in medical records for diagnosis, testing and treatment of a patient as described by N.D.C.C. § 43-17-31(1)(z).

V.

WHEREFORE, Complainant respectfully requests Respondent, Sherman Washington, Jr., M.D., be disciplined for his violations of N.D.C.C. § 43-17-31 and seeks an appropriate sanction(s) for those violations as authorized by N.D.C.C. § 43-17-30.1. Complainant also respectfully requests that the Board be awarded its costs and attorney's fees in having to bring this action pursuant to N.D.C.C. § 43-17-31.1.

NOTICE: Respondent must answer this Complaint within twenty days after service of the complaint or the allegations may be deemed admitted and may result in a default order revoking the subject's license. Such answer must be served in the manner allowed for service under the North Dakota Rules of Civil Procedure.

Dated this 29th day of April, 2019.

By Stacy M. Moldenhauer

Stacy M. Moldenhauer (ID #06293)
Special Assistant Attorney General
smoldenhauer@smithporsborg.com
122 East Broadway Avenue
P.O. Box 460
Bismarck, ND 58502-0460
Phone: (701) 258-0630
Facsimile: (701) 258-6498

Attorney for: North Dakota Board of Medicine – Investigative Panel B

BEFORE THE BOARD OF MEDICINE

STATE OF NORTH DAKOTA

North Dakota Board of Medicine-Investigative Panel B, Complainant, vs. Sherman Washington Jr., M.D., Respondent.	)	**STIPULATION**

WHEREAS, Panel B of the North Dakota Board of Medicine (hereinafter "the Board") issued a Complaint requesting Respondent be disciplined for his violations of the North Dakota Medical Practice Act, for performing any dishonorable, unethical or unprofessional conduct likely to deceive, defraud or harm the public as proscribed by N.D.C.C. § 43-17-31(1)(f) and for lacking appropriate documentation in medical records for diagnosis and treatment of a patient as described by N.D.C.C. § 43-17-31(1)(z).

WHEREAS, the Respondent admits service of the Summons and Complaint dated April 29, 2019 and admits the allegations contained in the Complaint are true and that such actions are a violation of the Medical Practice Act and are grounds for discipline pursuant to N.D.C.C. § 43-17-31.

1. The Respondent hereby waives any procedural irregularity herein and his right to a hearing on the Complaint now pending in this action;

2. Respondent agrees he must successfully complete the following course within six (6) months from the date of the Board's Order approving of this Stipulation:

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a. Medical Records Keeping Course through the Center for Personalized Education for Physicians.

b. Respondent will provide proof of successful completion of said course to the Board. Respondent will also be fully responsible for the costs of said course.

c. If Respondent fails to successfully complete the above described course within six (6) months from the date of the Board's Order approving of this Stipulation, Respondent's license to practice medicine shall be suspended until such time as said course is successfully completed.

3. Respondent shall be responsible for paying the costs and attorney's fees incurred by the Board in the investigation and prosecution of this action in an amount not to exceed $2,000.00. The Board will notify the Respondent of any such costs within a reasonable time after the Stipulation is approved by the Board and Respondent shall make payment within (30) days from receiving such notification.

4. If Respondent shall fail, neglect, or refuse to fully comply with any of the terms, provisions, or conditions herein, the Respondent's license to practice medicine in state of North Dakota shall be immediately suspended in accordance with the law.

5. In the event the Board, in its discretion, does not approve this settlement, this Stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any disciplinary action by either party hereto except that Respondent agrees that should the Board reject this Stipulation, and if this case proceeds to a hearing, Respondent will assert no claim that the Board was prejudiced by its review and discussion of this Stipulation or of any records relating hereto.

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6. This agreement for the disposition of the above-entitled contested case is a matter of public record and the obligations of the Board with respect thereto shall be governed by the laws of North Dakota and current Board policy.

7. All parties hereto recognize the Board representatives who have engaged in discussions relative to an agreed disposition of this matter can only make recommendations to the North Dakota Board of Medicine, which recommendations can in no way be considered as binding upon the full membership of the Board who would ultimately decide the pending contested case, and this agreement is subject to acceptance by the full membership of the Board.

8. Respondent understands he has the right and has been afforded the opportunity to have this agreement reviewed by an attorney, and that in the event he chooses to execute this document without taking the opportunity to avail himself of this right, such failure shall be deemed to be a waiver of such right.

9. Respondent specifically waives any claim that any disclosures made to the full membership of the Board for the purposes of consideration of this agreement have prejudiced his right to a fair and impartial hearing in the event that this agreement is not accepted by the full Board and if further proceedings ensue.

10. Respondent further agrees there have been no inducements, threats or promises made in order to obtain his entry into this agreement.

11. The parties further agree that all statements contained herein are based upon the facts known to the Board on the date of execution of this agreement.

Dated this 28 day of October, 2019.

Sherman Washington, Jr., M.D.

Dated this 29th day of October, 2019.

By Stacy M. Moldenhauer

Stacy M. Moldenhauer (ID #06293)
Special Assistant Attorney General
smoldenhauer@smithporsborg.com
122 East Broadway Avenue
P.O. Box 460
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Phone: (701) 258-0630
Facsimile: (701) 258-6498

Attorney for: North Dakota Board of Medicine – Investigative Panel B

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BEFORE THE BOARD OF MEDICINE

STATE OF NORTH DAKOTA

North Dakota Board of Medicine – Investigative Panel B,	)	
Complainant,	)	
vs.	)	**ORDER**
Sherman Washington, Jr., M.D.	)	
Respondent.	)	

*** *** ***

WHEREAS, Investigative Panel B of the North Dakota Board of Medicine (hereinafter "the Board") issued a Complaint against Respondent requesting Respondent be disciplined for his violations of the North Dakota Medical Practice Act, for performing any dishonorable, unethical or unprofessional conduct likely to deceive, defraud or harm the public as proscribed by N.D.C.C. § 43-17-31(1)(f) and for lacking appropriate documentation in medical records for diagnosis and treatment of a patient as described by N.D.C.C. § 43-17-31(1)(z).

WHEREAS, Respondent acknowledged the allegations contained in the Complaint were true and subjected him to discipline;

WHEREAS, Respondent and Investigative Panel B have entered into a Stipulation dated October 29, 2019;

WHEREAS, the North Dakota Board of Medicine finds the terms of the Stipulation are an appropriate disposition of this case;

IT IS HEREBY ORDERED THAT:

1. The Board will enter an Order requiring Respondent to complete the Medical Records

Keeping Course through the Center for Personalized Education for Physicians. Said course must be completed within six months from the date of this Order. Respondent is solely responsible for the costs of this course and must provide proof of completion of this course to the Board.

2. If Respondent fails to successfully complete the above described course within six (6) months from the date of this Order, Respondent's license to practice medicine shall be suspended until such time as said course is successfully completed.
3. Respondent shall be required to pay the costs of the prosecution of this action not to exceed $2,000. Once notified of the costs of the investigation, Respondent is required to pay said costs within thirty (30) days or make other payment arrangements with the Board.

This Order is effective this 22nd day of November, 2019.

NORTH DAKOTA BOARD OF MEDICINE

Rup. K. Nagala. MD

Rupkumar Nagala, M.D.
Chairman

1510

Ohio | eLicense Ohio Professional Licensure

License Look Up

3/22/2022 2:34 PM

Sherman Washington Jr.

Status	Closed
Sub-Status	Revocation
Board	Medical Board
License Type	Doctor of Medicine (MD)
License Number	35.123613
License Issue Date	05/16/2014
License Expiration Date	10/01/2021
License Effective Date	09/30/2019
City	North Las Vegas
State	NV
Country	United States
Board Action	Yes

Board Action Details 08/11/2021 BOARD ORDER - License to practice medicine and surgery revoked. Based on the finding that the prior action by the State of Washington, Washington Medical Commission, which issued a Stipulation to Informal Disposition against the doctor's license, individually and/or collectively constitute: any of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand. Order effective 8/12/21. (Journal Entry-No Hearing Requested).

10/14/2020 CITATION - Based on the prior action by the State of Washington, Washington Medical Commission, which issued a Stipulation to Informal Disposition against the doctor's license, which would individually and/or collectively constitute: any of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or

21-104 Ohio Discipline

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issuance of an order of censure or other reprimand. Notice of Opportunity for Hearing mailed 10/15/2020.

08/31/2020 DISMISSAL OF CITATION - The notice of opportunity for a hearing issued on 6/10/2020 is dismissed without prejudice, based on the Board having received information indicating that the Washington Medical Commission Order had been vacated. Dismissal effective 08/31/2020.

06/10/2020 CITATION - Based on a prior action by the State of Washington Medical Commission, which issued a 1/28/2020 Findings of Fact, Conclusions of Law, and Final Order of Default, that indefinitely suspended the doctor's license; which as alleged individually and/or collectively, constitute any of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand. Notice of opportunity for a hearing mailed 6/11/2020.
Current date & time: **3/22/2022 2:34 PM**

Disclaimer: The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF MEDICINE

Commonwealth of Pennsylvania, Bureau of Professional and Occupational Affairs	:	
v.	:	**Case No. 19-49-017073**
Sherman Washington, M.D. Respondent	:	

FINAL ORDER ADOPTING HEARING EXAMINER'S ADJUDICATION AND ORDER

AND NOW, this 5th day of May 2020, noting that neither party filed an application for review and that the State Board of Medicine (Board) did not issue a Notice of Intent to Review, in accordance with 1 Pa. Code § 35.226(a)(3) and 49 Pa. Code § 16.57, the hearing examiner's adjudication and order dated February 24, 2020, appended to this order as **Attachment A**, is now the **FINAL ORDER** of the Board in this proceeding.

This order is retroactive to March 16, 2020, twenty days from the date of mailing of the Hearing Examiner's Adjudication and Order.

BY ORDER:

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

K. KALONJI JOHNSON
ACTING COMMISSIONER

STATE BOARD OF MEDICINE

KEITH E. LOISELLE
CHAIR

Respondent's Address:

9171 9690 0935 0227 2230 50

Sherman Washington, M.D.
2900 N. Green Valley Pkwy., Suite 114
Henderson, NV 89014

For the Commonwealth:

Keith E. Bashore, Esquire

Prothonotary Filed On:
May 05 2020 03:23 PM
Department of State

21-IM Pennsylvania Discipline

Board Counsel:	Dana M. Wucinski, Esquire
Date of mailing:	May 7, 2020

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Attachment A

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RECEIVED

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF MEDICINE

Commonwealth of Pennsylvania, Bureau of Professional and Occupational Affairs	:	
	:	**File No. 19-49-017073**
v.	:	
Sherman Washington, M.D., Respondent	:	

ADJUDICATION AND ORDER

Hope S. Goldhaber
Hearing Examiner

COMMONWEALTH OF PENNSYLVANIA
GOVERNOR'S OFFICE OF GENERAL COUNSEL
DEPARTMENT OF STATE
OFFICE OF HEARING EXAMINERS
P.O. Box 2649
Harrisburg, PA 17105-2649
(717) 772-2686

Date Distributed 2/24/20
Prosecution ✓
Counsel ✓
BFO
Hearing Examiner
Other ✓

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HISTORY

This matter comes before a hearing examiner for the State Board of Medicine ("Board") on the Commonwealth's filing of a single count *Order to Show Cause* ("*OTSC*") on November 25, 2019, against Sherman Washington, M.D. ("Respondent"). In this single count, the Commonwealth charged that Respondent is subject to disciplinary action under section 41(4) of the Medical Practice Act of 1985,[1] 63 P.S. § 422.41(4), because the Virginia Board of Medicine ("Virginia Board") took disciplinary action against Respondent's Virginia medical license on or about November 14, 2019.

On November 25, 2019, the Commonwealth mailed the *OTSC* to Respondent by certified mail, electronic return receipt requested, and by first class mail, postage prepaid, at his last known address on file with the Board: 2900 N. Green Valley Parkway, Suite 114, Henderson, NV 89014. The *OTSC* that was mailed to Respondent by certified mail, return receipt requested, was delivered on November 29, 2019, and signed for by Respondent or Respondent's agent,[2] as evidenced by the United States Postal Service electronic return receipt for Certified Mail™ item number 9171 9690 0935 0226 6042 63. Hence, the Commonwealth accomplished service of its *OTSC* in accordance with the requirements of the General Rules of Administrative Practice and Procedure ("GRAPP"), 1 Pa. Code § 31.1 *et seq.*, at 1 Pa. Code § 33.31.[3]

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[1] Act of December 20, 1985, P.L. 457, No. 112, *as amended*, 63 P.S. §§ 422.1-422.51a.

[2] The recipient's signature is illegible.

[3] **Section 33.31. Service by the agency.**

> Orders, notices and other documents originating with an agency, including forms of agency action, complaints and similar process and other documents designated by the agency for this purpose, shall be served by the office of the agency by mail, except when service by another method shall be specifically required by the agency, by mailing a copy thereof to the person to be served, addressed to the person designated in the initial pleading or submittal at his principal office or place of business. If service is not accomplished by mail, it may be effected by anyone authorized by the

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May 05 202

The *OTSC* directed Respondent to file a written answer within thirty (30) days of the date on the *OTSC*, and specifically advised Respondent that the factual allegations of the *OTSC* may be deemed admitted if Respondent failed to file an answer within the time period allowed. Respondent was also advised that if he failed to file an answer, the Board may revoke, suspend, or impose other restrictions against his license; and the Board may also impose a civil penalty of up to $10,000.00 for each violation of the Act. Respondent did not file an answer to the *OTSC*.

On December 31, 2019, the Commonwealth filed a *Motion to Deem Facts Admitted and Enter Default* ("*MDFA*"). The *MDFA* was mailed to Respondent on December 31, 2019, by first class mail, postage prepaid, at 2900 N. Green Valley Parkway, Suite 114, Henderson, NV 89014. This is the same address where the *OTSC* had been served. Respondent did not file a response to the *MDFA*.

On January 21, 2020, an *Order Granting Commonwealth's Motion to Deem Facts Admitted and Enter Default* ("*MDFA Order*") was issued on grounds that Respondent received the *OTSC* but failed to file an answer as required. The *MDFA Order* was mailed to Respondent on January 21, 2020, by first class mail, postage prepaid, at 2900 N. Green Valley Pkwy., Suite 114, Henderson, NV 89014. This is the same address where the *OTSC* and *MDFA* had been served. The *MDFA Order* was not returned to the Department of State Prothonotary and, therefore, it is presumed to have been delivered to Respondent.

Pursuant to section 35.37 of GRAPP, 1 Pa. Code § 35.37,[4] the *MDFA Order* advised

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agency in the manner provided in 231 Pa. Code Rules 400—441 (relating to service of original process).

1 Pa. Code § 33.31.

[4] **§ 35.37. Answers to orders to show cause.**

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Respondent that he was in default of filing an answer and that the factual allegations in the *OTSC* were deemed admitted. The *MDFA Order* also advised Respondent that an Adjudication and Order would be issued in due course. To date, Respondent has not responded to either the *OTSC* or the *MDFA*.

This matter is now ripe for disposition.

A person upon whom an order to show cause has been served...shall, if directed so to do, respond to the same by filing within the time specified in the order an answer in writing....A respondent failing to file an answer within the time allowed shall be deemed in default, and relevant facts stated in the order to show cause may be deemed admitted.

1 Pa. Code § 35.37.

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FINDINGS OF FACT

1. Respondent holds a license to practice as a medical physician and surgeon in the Commonwealth of Pennsylvania, license number MD451806. (Official Notice of Board records[5]; OTSC ¶ 1)

2. Respondent's medical license was originally issued on May 2, 2014, expired on December 31, 2014, and absent further Board action, may be renewed, reactivated or reinstated upon the filing of the appropriate documentation and payment of the necessary fees. (Board records; OTSC ¶ 2)

3. At all times pertinent to the factual allegations in the Commonwealth's *OTSC*, Respondent held a license to practice as a medical physician and surgeon in the Commonwealth of Pennsylvania. (Board records; OTSC ¶ 3)

4. Respondent's last known address on file with the Board is 2900 N. Green Valley Parkway, Suite 114, Henderson, NV 89014. (Board records; OTSC ¶ 4)

Virginia Disciplinary Action

5. At all relevant and material times, Respondent was authorized to practice as a physician in the Commonwealth of Virginia. (OTSC ¶ 6)

6. On November 14, 2019, the Virginia Board and Respondent entered into a Consent Order by which Respondent admitted that he violated Virginia Code § 54.1-2915(A)(3), (13), (16), and (17) and 54.1-3303(B) in that he prescribed several Schedule VI controlled substances to multiple individuals (Patients A-F) outside of a bona fide practitioner-patient relationship. (OTSC

[5] Official notice of the Board's records may be taken pursuant to the General Rules of Administrative Practice and Procedure (GRAPP), 1 Pa. Code § 31.1 *et seq.*, at § 35.173, which permits the presiding officer to take official notice of the Board's own records. *See Gleeson v. State Bd. of Medicine*, 900 A.2d 430, 440 (Pa. Cmwlth. 2006), *appeal denied*, 917 A.2d 316 (Pa. 2007). All citations to "Board records" are based on this taking of official notice.

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¶¶ 7-8; OTSC at Exhibit A)

7. The prescription for Patient A was prescribed on or about May 22, 2017; the prescriptions for Patient B were prescribed between approximately December 2017 and April 2018; the prescriptions for Patient C were prescribed on or about March 15, 2018; the prescriptions for Patient D were prescribed on or about March 14, 2018; the prescriptions for Patient E were prescribed on or about September 18, 2017; and the prescriptions for Patient F were prescribed on or about November 30, 2016. (OTSC ¶¶ 7-8; OTSC at Exhibit A)

8. Pursuant to the Consent Order, Respondent also admitted that he violated Virginia Code § 54.1-111(A)(7), § 54.1-2915(A)(12) and (18), and 18 VAC 85-20-105 of the Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic in that he willfully refused to provide records for Patients A-F to the Virginia Board's investigators after their repeated requests for such records from August 2018 through October 2018. (OTSC ¶¶ 7-8; OTSC at Exhibit A)

9. Pursuant to the Consent Order, the Virginia Board reprimanded Respondent and assessed Respondent a monetary penalty of $1,500.00. (OTSC ¶¶ 7-9; OTSC at Exhibit A)

10. At the time Respondent entered into the Consent Order on November 14, 2019, his license to practice medicine and surgery in Virginia was active until October 31, 2020. (OTSC ¶¶ 7-8; OTSC at Exhibit A)

Service of OTSC

11. On November 25, 2019, the Commonwealth filed an *OTSC* alleging that Respondent is subject to disciplinary action under section 41(4) of the Act, 63 P.S. § 422.41(4), because Respondent had a license to practice the profession disciplined by the proper licensing authority of another state, Virginia. (OTSC; MDFA ¶ 1)

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12. On November 25, 2019, the Commonwealth mailed the *OTSC* to Respondent by certified mail, electronic return receipt requested, and by first class mail, postage prepaid, at his last known address on file with the Board: 2900 N. Green Valley Parkway, Suite 114, Henderson, NV 89014. (OTSC ¶ 4; OTSC at Certificate of Service; MDFA ¶ 2)

13. The OTSC that was mailed to Respondent by certified mail, return receipt requested, was delivered on November 29, 2019, and signed for by Respondent or Respondent's agent,[6] as evidenced by the United States Postal Service electronic return receipt for Certified Mail™ item number 9171 9690 0935 0226 6042 63. (MDFA ¶ 3; MDFA at Exhibit A)

Due Process

14. The *OTSC* directed Respondent to file a written answer within thirty (30) days of the date on the *OTSC*, and specifically advised Respondent that the factual allegations of the *OTSC* may be deemed admitted if Respondent failed to file an answer within the time period allowed. (OTSC at Notice and Procedures; MDFA ¶ 4)

15. The *OTSC* also advised Respondent that if he failed to file an answer, the Board may revoke, suspend, or impose other restrictions against his license; and the Board may also impose a civil penalty of up to $10,000.00 for each violation of the Act. (OTSC at Penalties and Procedures)

16. Respondent did not file an answer to the *OTSC*. (File No. 19-49-017073; MDFA ¶ 5)

17. On December 31, 2019, the Commonwealth filed an *MDFA* in this matter and mailed it to Respondent by first class mail, postage prepaid, at the same address at which the *OTSC* had been served: 2900 N. Green Valley Parkway, Suite 114, Henderson, NV 89014. (MDFA at

[6] The recipient's signature is illegible.

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Certificate of Service)

18. Respondent did not file a response to the *MDFA*. (File No. 19-49-017073)

19. On January 21, 2020, an *MDFA Order* was issued, entering judgment by default and deeming the factual allegations in the *OTSC* admitted, on grounds that Respondent received the *OTSC* but failed to file an answer as required. (File No. 19-49-017073)

20. The *MDFA Order* was mailed to Respondent on January 21, 2020, by first class mail, postage prepaid, at 2900 N. Green Valley Pkwy., Suite 114, Henderson, NV 89014; this is the same address where the *OTSC* and *MDFA* had been served. (File No. 19-49-017073)

21. The *MDFA Order* mailed to Respondent at 2900 N. Green Valley Pkwy., Suite 114, Henderson, NV 89014 was not returned to the Department of State Prothonotary and, therefore, it is presumed to have been delivered to Respondent. (File No. 19-49-017073)

22. Respondent was served with the *OTSC*, *MDFA* and *MDFA Order* filed of record in this matter. (File No. 19-49-017073)

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CONCLUSIONS OF LAW

1. The Board has jurisdiction in this matter. (Findings of Fact 1-3)

2. Respondent has been afforded reasonable notice of the charges against him and an opportunity to be heard in this proceeding, in accordance with section 5 of the Administrative Agency Law, 2 Pa.C.S. § 504. (Findings of Fact 4, 11-22)

3. Respondent is subject to disciplinary action under section 41(4) of the Act, 63 P.S. § 422.41(4), in that Respondent had his license to practice medicine disciplined by the proper licensing authority of another state, Virginia, on November 14, 2019. (Findings of Fact 5-10)

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DISCUSSION

Violation

A board-regulated practitioner in Pennsylvania who is disciplined by a proper licensing authority of another state is subject to disciplinary action in Pennsylvania under section 41(4) of the Act as follows:

> **Section 41. Reasons for refusal, revocation, suspension or other corrective actions against a licensee or certificate holder**
>
> The board shall have authority to impose disciplinary or corrective measures on a board-regulated practitioner for any or all of the following reasons:
>
> * * *
>
> (4) **Having a license or other authorization to practice the profession revoked or suspended or having other disciplinary action taken,** or an application for a license or other authorization refused, revoked or suspended by a **proper licensing authority of another state,** territory, possession or country, or a branch of the Federal Government.
>
> * * *

63 P.S. § 422.41(4) (emphasis added).

The facts deemed admitted are based on the factual allegations in the *OTSC* as well as the information contained in what is alleged to be a true and correct copy of the November 14, 2019, Consent Order. These facts conclusively establish that on November 14, 2019, the Virginia Board reprimanded Respondent and assessed Respondent a monetary penalty of $1,500.00. Therefore, the Commonwealth has proven by a preponderance of the evidence[7] that Respondent's medical

[7] The degree of proof required to establish a case before an administrative tribunal in an action of this nature is a preponderance of the evidence. *Lansberry v. Pennsylvania Pub. Util. Comm'n*, 578 A.2d 600, 602 (Pa. Cmwlth. 1990), *appeal denied*, 602 A.2d 863 (Pa. 1992). A preponderance of the evidence is generally understood to mean that the

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license in another state, Virginia, was disciplined by the proper licensing authority of that state, as charged in Count One of the *OTSC*.

Sanction

The Supreme Court of Pennsylvania has recognized that "[r]eciprocal discipline prevents licensed professionals from violating ethical rules, being disciplined, and then transferring to a new jurisdiction to continue to practice with an unblemished record of ethical conduct." *Khan v. State Bd. of Auctioneer Examiners*, 842 A.2d 936, 944 (Pa. 2004). There are a variety of sanctions available to prevent this from happening.

Section 42 of the Act, 63 P.S. § 422.42, sets forth the type of disciplinary or corrective measures that may be imposed for violations of the Act, including Respondent's violation of section 41(4) of the Act. Specifically, section 42(a) of the Act provides, in relevant part, as follows:

> **Section 42. Types of corrective action**
>
> **(a) Authorized actions.**—When the board is empowered to take disciplinary or corrective action against a board-regulated practitioner under the provisions of this act or pursuant to other statutory authority, the board may:
>
> * * *
>
> (2) Administer a public reprimand with or without probation.
>
> (3) Revoke, suspend, limit or otherwise restrict a license or certificate.
>
> (4) Require the board-regulated practitioner to submit to the care, counseling or treatment of a physician or a psychologist designated by the board.

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evidence demonstrates a fact is more likely to be true than not to be true, or if the burden were viewed as a balance scale, the evidence in support of the Commonwealth's case must weigh slightly more than the opposing evidence. *Se-Ling Hosiery, Inc. v. Margulies*, 70 A.2d 854, 856 (Pa. 1950). The Commonwealth therefore has the burden of proving the charges against Respondent with evidence that is substantial and legally credible, not by mere "suspicion" or by only a "scintilla" of evidence. *Lansberry*, 578 A.2d at 602.

DOS Prothor
May 05 202

> (5) Require the board-regulated practitioner to take refresher educational courses.
>
> (6) Stay enforcement of any suspension, other than that imposed in accordance with section 40, [footnote omitted] and place a board-regulated practitioner on probation with the right to vacate the probationary order for noncompliance.
>
> * * *

63 P.S. § 422.42(a). Additionally, a maximum civil penalty up to ten thousand dollars ($10,000.00) for each violation of the Act is authorized under either section 908 of the Medical Care Availability and Reduction of Error Act,[8] 40 P.S. § 1303.908, or section 5(b)(4) of Act 48,[9] 63 P.S. § 2205(b)(4).

The Board is charged with the responsibility and authority to oversee the profession and to regulate and license professionals to protect the public health and safety. *Barran v. State Bd. of Medicine*, 670 A.2d 765, 767 (Pa. Cmwlth. 1996), *appeal denied*, 679 A.2d 230 (Pa. 1996). With public protection in mind, the Board considers the seriousness of the violations and any mitigating evidence in fashioning a sanction fitted to the circumstances of a given disciplinary matter.

There is no mitigating evidence to consider because, although he has been given appropriate notice and the opportunity to respond, Respondent has not defended himself in the matter now before the Board. Therefore, the Board has only the seriousness of the Virginia disciplinary action to consider when determining the appropriate sanction.

The seriousness of the Virginia disciplinary action can be gauged by the underlying reasons for the disciplinary action and the type of discipline imposed. The Virginia Board disciplined

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[8] Act of March 20, 2002, P.L. 154, No. 13, 40 P.S. §§ 1303.901-1303.910.

[9] Act of July 2, 1993, P.L. 345, No. 48, *as amended*, 63 P.S. §§ 2201-2207

DOS Prothon
May 05 202

Respondent for prescribing several Schedule VI controlled substances to Patients A-F outside of a bona fide practitioner-patient relationship and for willfully refusing to provide records for Patients A-F to the Virginia Board's investigators after their repeated requests for such records from August 2018 through October 2018. For this conduct, the Virginia Board decided not to impose the more serious sanctions of suspension or revocation. Instead, the Virginia Board imposed the less serious sanctions of a reprimand and a monetary penalty.

The hearing examiner believes that it is appropriate to mirror the Virginia Board's imposition of a reprimand. A public reprimand will protect the public health and safety because it will alert Pennsylvania's citizens to Respondent's disciplinary action in Virginia, thereby allowing anyone who inquires to make an informed decision based upon the public information available.

Although the Virginia Board assessed a monetary penalty, the hearing examiner does not believe that it is necessary to impose a monetary penalty in Pennsylvania. Civil penalties are typically imposed for purposes of deterrence. It is understandable that the Virginia Board would want to deter Respondent from committing similar violations in the future in Virginia, given the fact that Respondent had an active license in Virginia at the time he entered into the Consent Order. Respondent is presumably not practicing in Pennsylvania because his Pennsylvania license has been expired since December 31, 2014, prior to his violations of Virginia law. Therefore, it is not necessary to impose a civil penalty in Pennsylvania for purposes of added deterrence.

Accordingly, based upon the foregoing, the following order shall issue:

DOS Prothon
May 05 202

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF MEDICINE

Commonwealth of Pennsylvania, Bureau of Professional and Occupational Affairs	:	
	:	**File No. 19-49-017073**
v.	:	
Sherman Washington, M.D., Respondent	:	

ORDER

AND NOW, this **24th** day of **February 2020,** upon consideration of the foregoing findings of fact, conclusions of law and discussion, it is **ORDERED** that the license to practice medicine and surgery issued to Respondent, **Sherman Washington, M.D., license no. MD451806,** is **REPRIMANDED.**

This order shall take effect 20 days from the date of mailing unless otherwise ordered by the State Board of Medicine.

BY ORDER:

Hope S. Goldhaber
Hearing Examiner

For Respondent:
Sherman Washington, M.D.
2900 N. Green Valley Pkwy., Suite 114
Henderson, NV 89014

For the Commonwealth:
Keith E. Bashore, Esquire
Prosecuting Attorney
GOVERNOR'S OFFICE OF GENERAL COUNSEL
DEPARTMENT OF STATE OFFICE OF CHIEF COUNSEL
PROSECUTION DIVISION
P.O. Box 69521
Harrisburg, PA 17106-9521

Date of Mailing: February 24, 2020

DOS Prothon
May 05 202

NOTICE

REHEARING AND/OR RECONSIDERATION

A party may file an application for rehearing or reconsideration **within 15 days of the mailing date** of this adjudication and order. The application must be captioned *"Application for Rehearing"*, *"Application for Reconsideration"*, or *"Application for Rehearing or Reconsideration"*. It must state specifically and concisely, in numbered paragraphs, the grounds relied upon in seeking rehearing or reconsideration, including any alleged error in the adjudication. If the adjudication is sought to be vacated, reversed, or modified by reason of matters that have arisen since the hearing and decision, the matters relied upon by the petitioner must be set forth in the application.

APPEAL TO BOARD

An application to the State Board of Medicine for review of the hearing examiner's adjudication and order must be filed by a party **within 20 days of the date of mailing** of this adjudication and order. The application must be captioned *"Application for Review"*. It must state specifically and concisely, in numbered paragraphs, the grounds relied upon in seeking the Board's review of the hearing examiner's decision, including any alleged error in the adjudication. Within an application for review a party may request that the Board hear additional argument and take additional evidence.

An application to the Board to review the hearing examiner's decision may be filed irrespective of whether an application for rehearing or reconsideration is filed. However, the filing of an application for rehearing and/or reconsideration does not extend, or in any other manner affect, the time period in which an application for review may be filed.

STAY OF HEARING EXAMINER'S ORDER

Neither the filing of an application for rehearing and/or reconsideration nor the filing of an application for review operates as a stay of the hearing examiner's order. To seek a stay of the hearing examiner's order, the party must file an application for stay directed to the Board.

FILING AND SERVICE

An original and three (3) copies of all applications shall be filed with:

Prothonotary
P.O. Box 2649
Harrisburg, PA 17105-2649

A copy of all applications must also be served on all parties.

Applications must be received for filing by the Prothonotary within the time limits specified. The date of receipt at the office of Prothonotary, and not the date of deposit in the mail, is determinative.

Revised 03/14

DOS Prothon
May 05 202

NOTICE

The attached Final Order represents the final agency decision in this matter. It may be appealed to the Commonwealth Court of Pennsylvania by the filing of a Petition for Review with that Court within 30 days after the entry of the order in accordance with the Pennsylvania Rules of Appellate Procedure. See Chapter 15 of the Pennsylvania Rules of Appellate Procedure entitled "Judicial Review of Governmental Determinations," Pa. R.A.P 1501 – 1561. Please note: An order is entered on the date it is mailed. If you take an appeal to the Commonwealth Court, you must serve the Board with a copy of your Petition for Review. The agency contact for receiving service of such an appeal is:

Board Counsel
P.O. Box 69523
Harrisburg, PA 17106-9523

The name of the individual Board Counsel is identified on the Final Order.

DOS Prothon
May 05 202

NOV 1 2 2019
DHP

BEFORE THE VIRGINIA BOARD OF MEDICINE

IN RE: **SHERMAN WASHINGTON, M.D.**
License Number: 0101-256005
Case Number: 187506

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Medicine ("Board") and Sherman Washington, M.D., as evidenced by their signatures hereto, in lieu of proceeding to an informal conference, enter into the following Consent Order affecting Dr. Washington's license to practice medicine and surgery in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Sherman Washington, M.D., was issued License Number 0101-256005 to practice medicine and surgery on March 31, 2014, which is scheduled to expire on October 31, 2020.

2. Dr. Washington violated Virginia Code § 54.1-2915(A)(3), (13), (16), and (17) and 54.1-3303(B) in that he prescribed several Schedule VI controlled substances to multiple individuals outside of a bona fide practitioner-patient relationship. Specifically:

a. On or about May 22, 2017, Dr. Washington prescribed Livixil Pak (C-VI) to Patient A, a 46-year-old female, without ever performing an examination of Patient A in person, by face-to-face interactive, two-way, real time communications, or by store-and-forward technology.

b. Between approximately December 2017 and April 2018, Dr. Washington prescribed Livixil Pak, fluocinonide (C-VI), and NuDiclo (C-VI) to Patient B, a male whose age is unknown, pursuant to a telephone questionnaire that Patient B completed without ever performing an examination of Patient B in person, by face-to-face interactive, two-way, real time communications, or by store-and-forward technology.

21-104 Virginia Discipline

c. On or about March 15, 2018, Dr. Washington prescribed DermacinRx Lexitral (C-VI), Fenortho (C-VI), Livixil Pak, lidocaine (C-VI), diclofenac sodium (C-VI), and clobetasol propionate (C-VI) to Patient C, a 52-year-old male, without ever performing an examination of Patient C in person, by face-to-face interactive, two-way, real time communications, or by store-and-forward technology.

d. On or about March 14, 2018, Dr. Washington prescribed DermacinRx Lexitral, DermacinRx Silazone (C-VI), Fenortho, and Livixil Pak to Patient D, a female whose age is unknown, pursuant to an online survey regarding pain that Patient D completed without ever performing an examination of Patient D in person, by face-to-face interactive, two-way, real time communications, or by store-and-forward technology.

e. On or about September 18, 2017, Dr. Washington prescribed lidocaine, fluocinonide, diclofenac sodium, and calcipotriene (C-VI) to Patient E, a 53-year-old male, pursuant to an online survey about back pain that Patient E completed without ever performing an examination of Patient E in person, by face-to-face interactive, two-way, real time communications, or by store-and-forward technology.

f. On or about November 30, 2016, Dr. Washington prescribed fluocinonide, Lidopril (C-VI), and lidocaine to Patient F, a 60-year-old female, for a diagnosis of chronic pain without ever performing an examination of Patient F in person, by face-to-face interactive, two-way, real time communications, or by store-and-forward technology.

3. Dr. Washington violated Virginia Code § 54.1-111(A)(7), § 54.1-2915(A)(12) and (18), and 18 VAC 85-20-105 of the Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic in that Dr. Washington willfully refused to provide records for Patients A-F

to the Board's investigators after their repeated requests for such records from August 2018 through October 2018.

CONSENT

Sherman Washington, M.D., by affixing his signature to this Consent Order, agrees to the following:

1. I have been advised to seek advice of counsel prior to signing this document;

2. I am fully aware that without my consent, no legal action can be taken against me or my license except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;

3. I acknowledge that I have the following rights, among others: the right to an informal fact-finding conference before the Board; and the right to representation by counsel;

4. I waive my right to an informal conference;

5. I admit to the Findings of Fact and Conclusions of Law contained herein and waive my right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;

6. I consent to the entry of the following Order affecting my license to practice medicine and surgery in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Medicine hereby ORDERS as follows:

1. Sherman Washington, M.D., is REPRIMANDED.

2. Dr. Washington is assessed a MONETARY PENALTY of One Thousand Five Hundred Dollars and Zero Cents ($1,500.00). This penalty shall be paid to the Board by certified check or money order made payable to the Treasurer of Virginia within sixty (60) days from the date of entry of this

Order. Failure to pay the full monetary penalty by the due date may cause the matter to be sent for collection and constitutes grounds for an administrative proceeding and further discipline.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

Jennifer L. Deschenes

Jennifer Deschenes, J.D., M.S.
Deputy Executive Director, Discipline
Virginia Board of Medicine

ENTERED: 11/14/19

SEEN AND AGREED TO:

Sherman Washington, M.D.

STATE OF NEVADA
COUNTY/CITY OF Clark, TO WIT:

Subscribed and sworn to before me, a notary public in and for the State of Nevada at large, on this 31st day of October, 2019.

GRANT J. PORUSA
Notary Public - State of Nevada
County of Clark
APPT. NO. 18-4189-1
My App. Expires Sept. 18, 2022

Notary Public

My commission expires: Sept 18, 2022

Registration No.: 18-4189-1

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367-4400
FAX (804) 527-4475

February 21, 2020

DUPLICATE COPY
VIA FIRST CLASS MAIL
DATE 2/21/2020

Sherman Washington, M.D.
2900 North Green Valley Parkway, Suite 114
Henderson, NV 89014

RE: License Number: 0101-256005
Case Number: 202478

Dear Sherman Washington:

Pursuant to Virginia Code § 54.1-2409, you are hereby given notice that your license to practice medicine and surgery in the Commonwealth of Virginia has been mandatorily suspended by the enclosed Order entered February 14, 2020. You are hereby advised that you may not practice medicine and surgery or hold yourself out as a licensed physician and surgeon unless and until the Board of Medicine has notified you in writing that your license has been reinstated. Please return your license to William L. Harp, M.D., Executive Director of the Virginia Board of Medicine ("Board"), at the above address, immediately upon receipt of this letter.

You may apply to the Board for reinstatement of your license, and you shall be entitled to a formal administrative hearing not later than the next regular meeting of the Board after the expiration of 60 days from the Board's receipt of your reinstatement application. The reinstatement of your license shall require the affirmative vote of three-fourths of the members of the Board present at the hearing. You may contact Tamika Hines at (804) 367-4513 to obtain the reinstatement application.

If you have any questions about this matter, you can contact me at (804) 367-4474 or anne.joseph@dhp.virginia.gov.

Sincerely,

Anne Joseph

Anne Joseph, Deputy Director
Administrative Proceedings Division

cc: William L. Harp, M.D., Executive Director, Virginia Board of Medicine
Enclosures

BEFORE THE VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS

IN RE: SHERMAN WASHINGTON, M.D.
License Number: 0101-256005
Case Number: 202478

ORDER OF MANDATORY SUSPENSION

In accordance with Virginia Code § 54.1-2409, the Director of the Virginia Department of Health Professions received evidence that the Washington Medical Commission suspended the license of Sherman Washington, M.D., to practice as a physician and surgeon in the State of Washington. A copy of the Findings of Fact, Conclusions of Law and Final Order of Default is attached hereto as **Commonwealth's Exhibit 1.**

WHEREUPON, by the authority vested in the Director of the Department of Health Professions pursuant to Virginia Code § 54.1-2409, it is hereby ORDERED that the license of Sherman Washington, M.D., to practice medicine and surgery in the Commonwealth of Virginia is hereby SUSPENDED.

Upon entry of this Order, the license of Sherman Washington, M.D., will be recorded as suspended. Should Dr. Washington seek reinstatement of his license pursuant to Virginia Code § 54.1-2409, he shall be responsible for any fees that may be required for the reinstatement of the license prior to issuance of the license to resume practice.

Pursuant to Virginia Code § 2.2-4023 and § 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public inspection or copying on request.

David E. Brown, D.C., Director
Virginia Department of Health Professions

ENTERED:
4.14.2020

CERTIFICATION OF DUPLICATE RECORDS

As Director of the Department of Health Professions, I hereby certify that the attached Findings of Fact, Conclusions of Law, and Final Order of Default entered January 28, 2020, regarding Sherman Washington, M.D., is a true copy of the records received from the Washington Medical Commission.

David E. Brown, D.C.

2.14.2020
Date

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of:	No. M2019-234
SHERMAN WASHINGTON, MD License No. MD.MD.60404594 Respondent.	STATEMENT OF CHARGES

FILED
JUL 31 2019
Adjudicative Clerk Office

The Executive Director of the Washington Medical Commission (Commission) is authorized to make the allegations below, which are supported by the evidence contained in file number 2018-6936.

1. ALLEGED FACTS

1.1 On October 30, 2013, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is expired. Respondent is board certified in emergency medicine.

1.2 On or about April 25, 2018, the Commission received a complaint regarding Respondent's prescribing practices. On June 22, 2018, a Commission investigator mailed Respondent a letter of cooperation to the address on file with the Commission requesting six patient records.

1.3 The Commission's investigator contacted the Respondent by phone on July 18, 2018, and the Respondent acknowledged receipt of the letter of cooperation and requested that the letter be emailed to him. The investigator emailed the letter of cooperation to the Respondent that same day. No response was received.

1.4 Additional attempts were made to contact Respondent by phone, email and mail to the address on file with the Commission. On September 11, 2018, a follow up letter (requiring a response within 3 days) was sent to Respondent by certified mail. The signed green card was returned on September 24, 2018. No response was received.

1.5 The Commission's investigator conducted an address search for Respondent through an external database and on October 9, 2018, sent another copy of the follow up letter by certified mail to an address found through the search. On October 25, 2018, the letter was returned "unable to forward."

ORIGINAL

21-104 Washington State Discipline

1.6 Although the Respondent acknowledged actual receipt of the letter of cooperation and certified mail confirms receipt of the follow up three day letter; Respondent has failed to provide the requested records or respond to the Commission's request for information.

2. ALLEGED VIOLATIONS

2.1 Based on the Alleged Facts, Respondent has committed unprofessional conduct in violation of RCW 18.130.180(8)(a) which provides:

> **RCW 18.130.180 Unprofessional conduct.** The following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:
>
> (8) Failure to cooperate with the disciplining authority by:
>
> (a) Not furnishing any papers, documents, records, or other items;
> ... .

2.2 The above violations provide grounds for imposing sanctions under RCW 18.130.160.

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3. NOTICE TO RESPONDENT

The charges in this document affect the public health and safety.. The Executive Director of the Commission directs that a notice be issued and served on Respondent as provided by law, giving Respondent the opportunity to defend against these charges. If Respondent fails to defend against these charges, Respondent shall be subject to discipline and the imposition of sanctions under Chapter 18.130 RCW.

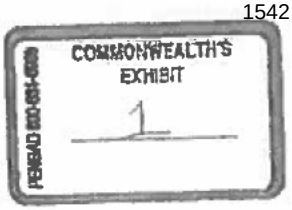
DATED: July 31, 2019

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

MELANIE DE LEON
EXECUTIVE DIRECTOR

ROBERT W. FERGUSON
ATTORNEY GENERAL

KRISTIN G. BREWER, WSBA NO. 38494
SENIOR COUNSEL



STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of: **SHERMAN WASHINGTON, MD** License No. MD.MD.60404594 Respondent.	**No. M2019-234** **FINDINGS OF FACT, CONCLUSIONS OF LAW, AND FINAL ORDER OF DEFAULT (Failure to Respond)**

The Washington Medical Commission (Commission) has delegated this matter to the Health Law Judge, Presiding Officer, for Findings of Fact, Conclusions of Law, and Final Order of Default (Default Order). The Presiding Officer, on designation by the Commission, enters this Default Order based on the record.

1. FINDINGS OF FACT

1.1 On September 30, 2013, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is expired. However, Respondent is eligible for renewal until October 23, 2020. Respondent is board certified in emergency medicine.

1.2 The Commission has filed the Declaration of Staff Attorney Gordon Wright, Regarding Failure to Respond with attached exhibits.

1.3 On or about April 25, 2018, the Commission received a complaint regarding Respondent's prescribing practices. On June 22, 2018, a Commission investigator mailed Respondent a letter of cooperation to the address on file with the Commission requesting six patient records.

1.4 The Commission's investigator contacted the Respondent by phone on July 18, 2018. Respondent acknowledged receipt of the letter of cooperation, indicated he left the letter in another state and requested that the letter be emailed to him. The investigator emailed the letter of cooperation to the Respondent that same day. No response was received.

1.5 Additional attempts were made to contact Respondent by phone, email and mail to the address on file with the Commission. On September 11, 2018, a follow up

letter (requiring a response within three days) was sent to Respondent by certified mail. The signed reciept was returned on September 24, 2018. No response was received.

1.6 The Commission's investigator conducted an address search for Respondent through an external database and on October 9, 2018, sent another copy of the follow up letter by certified mail to an address found through the search. On October 25, 2018, the letter was returned "unable to forward."

1.7 Although the Respondent acknowledged actual receipt of the letter of cooperation and certified mail confirms receipt of the follow up three day letter, Respondent has failed to provide the requested records or respond to the Commission's request for information.

1.8 On July 31, 2019, the Commission served Respondent with a copy of the following documents at Respondent's last known address:

A. Statement of Charges;

B. Notice of Your Legal Rights and Request for Interpreter; and

C. Answer to Statement of Charges (Answer) form.

1.9 The Statement of Charges alleged Respondent committed unprofessional conduct in violation of RCW 18.130.180(8)(a).

1.10 The Answer to the Statement of Charges was due in the Adjudicative Clerk Office by August 20, 2019.

1.11 To date, the Adjudicative Clerk Office has not received an answer to the Statement of Charges. On August 26, 2019, the Adjudicative Clerk Office issued a Notice of Failure to Respond.

1.12 The Commission has no reason to believe Respondent is now or was in active military service, or a dependent of a person in active military service at the time the Statement of Charges was served.

2. CONCLUSIONS OF LAW

2.1 The Commission has jurisdiction over Respondent and over the subject matter of this case, RCW 18.130.040.

2.2 Respondent did not file a response to the Statement of Charges within the time allowed. WAC 246-11-270(1)(a)(i) or WAC 246-11-270(3). Respondent is in default

and the Commission may issue a final order based on the evidence presented, RCW 18.130.090(1) and RCW 34.05.440.

2.3 Based upon the Findings of Fact, Respondent has engaged in unprofessional conduct in violation of RCW 18.130.180(8)(a).

2.4 Sufficient grounds exist to take disciplinary action against Respondent's license. RCW 18.130.160 and 18.130.180.

3. ORDER

THE COMMISSION ORDERS:

3.1 Respondent's license to practice as a physician and surgeon in the state of Washington is INDEFINITELY SUSPENDED.

3.2 Respondent shall immediately return all licenses to the Commission within ten (10) days of receipt of this Default Order.

3.3 If Respondent violates any provision of this Default Order in any respect, the Commission may take further action against Respondent's license.

3.4 The effective date of this Default Order is that date the Adjudicative Clerk Office places the signed order into the United States mail. Respondent shall not submit any fees or compliance documents until after the effective date of this Default Order.

4. COMPLIANCE WITH SANCTION RULES

4.1 The disciplining authority applies WAC 246-16-800, *et seq.*, to determine appropriate sanctions in final orders pursuant to RCW 18.130.110. WAC 246-16-800(2) and (3) require the Presiding Officer to apply sanctions based on the appropriate sanction schedule(s).

4.2 WAC 246-16-800(2)(b)(iv) provides that "indefinite suspension may be imposed in default and waiver of hearing orders." The sanction of indefinite suspension adequately addresses the facts of this case and is an appropriate sanction.

5. NOTICE TO PARTIES

This Default Order will be reported to the National Practitioner Data Bank (45 CFR Part 60), the Federation of State Medical Boards' Physician Data Center and elsewhere as required by law. This Default Order is a public document. It will be placed on the Department of Health's website, disseminated via the Commission's electronic mailing list, and disseminated according to the Uniform Disciplinary Act

(Chapter 18.130 RCW). It is subject to disclosure under the Public Records Act, Chapter 42.56 RCW, and shall remain part of Respondent's file according to the state's records retention law and cannot be expunged.

Either Party may file a **petition for reconsideration**, RCW 34.05.461(3); 34.05.470. The petition must be filed within **ten (10) days** of service of this Order with the following offices:

Adjudicative Clerk Office
PO Box 47879
Olympia, WA 98504-7879

And a copy must be sent to:

State of Washington
Washington Medical Commission
PO Box 47866
Olympia WA 98504-7866

The petition must state the specific grounds upon which reconsideration is requested and the relief requested. The petition for reconsideration is considered denied **twenty (20) days** after the petition is filed if the Adjudicative Clerk Office has not responded to the petition or served written notice of the date by which action will be taken on the petition.

A petition for judicial review must be filed and served within **thirty (30) days** after service of this Order. RCW 34.05.542. The procedures are identified in chapter 34.05 RCW, Part V, Judicial Review and Civil Enforcement. A petition for reconsideration is not required before seeking judicial review. If a petition for reconsideration is filed, however, the **thirty (30) day** period will begin to run upon the resolution of that petition, RCW 34.05.470(3).

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The Order remains in effect even if a petition for reconsideration or petition for review is filed. "Filing" means actual receipt of the document by the Adjudicative Clerk Office, RCW 34.05.010(6). This Order was "served" upon you on the day it was deposited in the United States mail, RCW 34.05.010(19).

DATED: JANUARY 28 2020

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

HEALTH LAW JUDGE

PRESENTED BY:

GORDON WRIGHT, WSBA NO. 32997
COMMISSION STAFF ATTORNEY

Jan. 27, 2020
DATE

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of: **SHERMAN WASHINGTON,MD** License No. MD.MD. 60404594 Respondent.	**No. M2019-234** **STATEMENT OF ALLEGATIONS AND SUMMARY OF EVIDENCE**

The Executive Director of the Washington Medical Commission (Commission), on designation by the Commission, makes the allegations below, which are supported by evidence contained in Commission file number 2018-6936. The patients referred to in this Statement of Allegations and Summary of Evidence is identified in the attached Confidential Schedule.

1. ALLEGATIONS

1.1 On September 30, 2013, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently suspended. Respondent is board certified in emergency medicine.

Failure to Cooperate

1.2 On or about April 25, 2018, the Commission received a complaint regarding Respondent's prescribing practices. On June 22, 2018, a Commission investigator mailed Respondent a letter of cooperation to the address on file with the Commission requesting six patient records.

1.3 The Commission's investigator contacted the Respondent by phone on July 18, 2018, and the Respondent acknowledged receipt of the letter of cooperation and requested that the letter be emailed to him. The investigator emailed the letter of cooperation to the Respondent that same day. No response was received.

1.4 Additional attempts were made to contact Respondent by phone, email and mail to the address on file with the Commission. On September 11, 2018, a follow up letter (requiring a response within 3 days) was sent to Respondent by certified mail. The signed green card was returned on September 24, 2018. No response was received.

1.5 The Commission's investigator conducted an address search for Respondent through an external database and on October 9, 2018, sent another copy of

the follow up letter by certified mail to an address found through the search. On October 25, 2018, the letter was returned "unable to forward."

1.6 Although the Respondent acknowledged actual receipt of the letter of cooperation and certified mail confirms receipt of the follow up three day letter, Respondent has failed to provide the requested records or respond to the Commission's request for information.

Improper Prescribing

1.7 Between January 2017 and April 2018 Respondent worked for HealthRight, a telemedicine company, where he prescribed topical applications and other high cost medications (pain patches, ointments and creams).

1.8 The patients to whom Respondent prescribed the medications were solicited by the HealthRight who obtained the patient's contact information after the patient completed an online survey about their pain. Representatives of the HealthRight "cold called" the patients who shared their insurance information. Subsequently the "electronic consultations" were completed and Respondent then reviewed the consultation notes and wrote prescriptions.

1.9 Respondent has acknowledged working for "four or five" different telemedicine companies and having "thousands of patients." At least six of such patients, Patients A through F, resided in the State of Washington.

No Physician-Patient Relationship.

1.10 At no point before, during, or after prescribing medication did Respondent speak with Patients A through F, in person or on the phone, to establish a physician-patient relationship or to discuss treatment history, plan of care, and treatment options.

1.11 Respondent did not conduct a physical examination or document any evaluation of the patient's health history in the health record prior to prescribing medication. There was no interaction whatsoever between Respondent and the patients.

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No Informed Consent.

1.12 At no point before, during, or after prescribing medication did Respondent meet or speak with the patients, in person or on the phone, to obtain informed consent for the prescriptions he wrote. At no time was it ever conveyed to the patients that prescriptions would be sent. More importantly, there was never a clear discussion of *what* prescriptions would be sent, *how* to use them, expected outcomes, risks and benefits, and rationale for prescribing.

2. SUMMARY OF EVIDENCE

2.1 Complaint with attachments from Express Scripts dated April 25, 2018.

2.2 Interview of Complainant

2.3 Memo of Attempts to Contact Respondent dated July 17, 2018

2.4 Emails with Respondent

2.5 Notice of Failure to Respond

2.6 Notice of Default Judgment

2.7 Interview with personnel from HealthRight

2.8 Interview with Respondent

2.9 Prescription Spreadsheet and Prescription Profile of Respondent received from Express Scripts.

3. ALLEGED VIOLATIONS

3.1 The facts alleged in Section 1, if proven, would constitute unprofessional conduct in violation of RCW 18.130.180(1), (4), (6), and 8(a) which provide:

> **RCW 18.130.180 Unprofessional conduct.** The following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:
>
> (1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere

is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

...

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

...

(6) Except when authorized by RCW 18.130.345, the possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;

...

(8) Failure to cooperate with the disciplining authority by:

(a) Not furnishing any papers, documents, records, or other items;

....

4. NOTICE TO RESPONDENT

4.1 The Commission has determined that this case may be appropriate for resolution through a Stipulation to Informal Disposition pursuant to RCW 18.130.172(2). A proposed Stipulation to Informal Disposition is attached, which contains the disposition the Commission believes is necessary to address the conduct alleged in this Statement of Allegations and Summary of Evidence.

4.2 If Respondent agrees that the disposition imposed by the Stipulation to Informal Disposition is appropriate, Respondent should sign and date the Stipulation to Informal Disposition and return it within **twenty-eight (28) days** to the Washington Medical Commission at P.O. Box 47866, Olympia, Washington 98504-7866.

4.3 If Respondent does not agree that the terms and conditions contained in the Stipulation to Informal Disposition are appropriate, Respondent should contact Gordon Wright, Staff Attorney for the Washington Medical Commission, P.O. Box 47866, Olympia, Washington 98504-7866, (360) 236-2798 within **twenty-eight (28) days**.

4.4 If Respondent does not respond within **twenty-eight (28) days**, the Commission will assume Respondent has declined to resolve the allegations by means of a Stipulation to Informal Disposition.

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of: **SHERMAN WASHINGTON, MD** License No. MD.MD60404594 Respondent.	**No. M2019-234** **NOTICE AND ORDER FOR WITHDRAWAL OF STATEMENT OF CHARGES**

1. FACTS

1.1 On or about July 7, 2019, the Medical Quality Assurance Commission (Commission) served a Statement of Charges to Respondent.

1.2 Negotiations with Respondent resulted in the decision to re-file this matter as a Statement of Allegations and Stipulation of Informal Disposition.

1.3 Based on further review of the matter, the Executive Director, through the Office of the Attorney General, requests withdrawal of the Statement of Charges without prejudice.

Dated: July 8, 2020.

Kristin G Brewer

KRISTIN G. BREWER, WSBA #38494
ASSISTANT ATTORNEY GENERAL

2. ORDER

2.1 Based on the Foregoing, the Commission hereby ORDERS that the Statement of Charges is WITHDRAWN WITHOUT PREJUDICE.

DATED: July 16, 2020.

STATE OF WASHINGTON
WASHINIGTON MEDICAL COMMISSION

PANEL CHAIR

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of: **SHERMAN WASHINGTON, MD** License No. MD.MD.60404594 Respondent.	**No. M2019-234** **STATEMENT OF CHARGES**

FILED
JUL 17 2019
Adjudicative Clerk Office

The Executive Director of the Washington Medical Commission (Commission) is authorized to make the allegations below, which are supported by the evidence contained in file number 2018-6936.

1. ALLEGED FACTS

1.1 On October 30, 2013, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is expired. Respondent is board certified in emergency medicine.

1.2 On or about April 25, 2018, the Commission received a complaint regarding Respondent's prescribing practices. On June 22, 2018, a Commission investigator mailed Respondent a letter of cooperation to the address on file with the Commission requesting six patient records.

1.3 The Commission's investigator contacted the Respondent by phone on July 18, 2018, and the Respondent acknowledged receipt of the letter of cooperation and requested that the letter be emailed to him. The investigator emailed the letter of cooperation to the Respondent that same day. No response was received.

1.4 Additional attempts were made to contact Respondent by phone, email and mail to the address on file with the Commission. On September 11, 2018, a follow up letter (requiring a response within 3 days) was sent to Respondent by certified mail. The signed green card was returned on September 24, 2018. No response was received..

1.5 The Commission's investigator conducted an address search for Respondent through an external database and on October 9, 2018, sent another copy of the follow up letter by certified mail to an address found through the search. On October 25, 2018, the letter was returned "unable to forward."

ORIGINAL

1.6 Although the Respondent acknowledged actual receipt of the letter of cooperation and certified mail confirms receipt of the follow up three day letter, Respondent has failed to provide the requested records or respond to the Commission's request for information.

2. ALLEGED VIOLATIONS

2.1 Based on the Alleged Facts, Respondent has committed unprofessional conduct in violation of RCW 18.130.180(8)(a) which provides:

> **RCW 18.130.180 Unprofessional conduct.** The following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:
>
> (8) Failure to cooperate with the disciplining authority by:
>
> (a) Not furnishing any papers, documents, records, or other items;
> ... .

2.2 The above violations provide grounds for imposing sanctions under RCW 18.130.160.

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3. NOTICE TO RESPONDENT

The charges in this document affect the public health and safety. The Executive Director of the Commission directs that a notice be issued and served on Respondent as provided by law, giving Respondent the opportunity to defend against these charges. If Respondent fails to defend against these charges, Respondent shall be subject to discipline and the imposition of sanctions under Chapter 18.130 RCW.

DATED: July 31, 2019

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

MELANIE DE LEON
EXECUTIVE DIRECTOR

ROBERT W. FERGUSON
ATTORNEY GENERAL

KRISTIN G. BREWER, WSBA NO. 38494
SENIOR COUNSEL

5Q

FILED
JUN 09 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MORTON ISAAC HYSON, MD,** **Certificate of Registration No. CS05851,** **Respondent.**	**CASE NO. 22-146-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Morton Isaac Hyson, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS05851, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about May 12, 2022, the Nevada State Board of Medical Examiners ("NSBME") entered an order in Case Nos. 22-8616-1, in which Respondent's NSBME License No. 6020 to practice medicine was summarily suspended for violations of NRS Chapter 630.

3. On or about June 9, 2022, Board staff served Respondent with notice that the suspension of his NSBME License No. 6020 operated as an immediate suspension of his Certificate of Registration No. CS05851 with the Board pursuant to NRS 639.2107, and that Respondent must immediately cease and desist possessing, administering and/or prescribing controlled substances for Nevada patients.

APPLICABLE LAW

4. A practitioner must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or otherwise dispense any controlled substance. NRS 453.226(1); 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03.

5. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

6. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

7. The surrender, revocation or a suspension that has not been stayed of any certificate, license, or registration of a practitioner, as defined in NRS 453.126, 454.00958 or 639.0125, by a licensing board or the Drug Enforcement Administration operates as an immediate suspension of a certificate, license, registration, or permit issued by the Board pursuant to NRS chapters 453, 454 or 639 to possess, administer, prescribe, or dispense drugs. NRS 639.2107.

FIRST COUNT

Commission of Acts that Render Registration Inconsistent with the Public Interest

8. By violating NRS Chapter 630 as detailed in the NSBME's order in Case Nos. 22-8616-1, Respondent has committed acts that render his registration inconsistent with the public interest, no longer qualifies for registration to dispense controlled substances under federal or state law and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

SECOND COUNT
Surrender of License to Practice Medicine

9. By the surrender of his NSBME License No. 6062 to practice medicine, Respondent has committed acts that render his registration to dispense controlled substances inconsistent with the public interest, no longer qualifies for registration to dispense controlled substances under federal or state law and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

10. The pre-hearing suspension of Respondent's Certificate of Registration No. CS05851 pursuant to NRS 233B.127(3), NRS 453.241(3) and/or NRS 639.2107 is subject to review by the Board. *Barry v. Barchi*, 443 U.S. 55, 99 S. Ct. 2642 (1979); *Spiegel v. Ryan*, 946 F.2d 1435, 1439 (9th Cir. 1991).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of this respondent.

DATED this 09 day of June 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MORTON ISAAC HYSON, MD,** **Certificate of Registration No. CS05851,** **Respondent.**	**CASE NO. 22-146-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, July 13, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hyatt Place
1790 E. Plumb Lane
Reno, NV 89502

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 09 day of June 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MORTON ISAAC HYSON, MD,** **Certificate of Registration No. CS05851,** **Respondent.**	**CASE NO. 22-146-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

MORTON ISAAC HYSON, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 9th day of June, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Morton Isaac Hyson, MD
701 Shadow Ln #170
Las Vegas, NV 89106

Darlene Nases

DARLENE NASES

STEVE SISOLAK
Governor

HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA

BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

June 9, 2022

VIA CERTIFIED U.S. MAIL & E-MAIL:
Morton Isaac Hyson, M.D.
701 Shadow Lane #140
Las Vegas, NV 89106
Goldringmedicalplaza@hotmail.com

Re: Case No. 22-146-CS-S - Suspension of Certificate of Registration No. CS05851

Dear Dr. Hyson:

The Nevada State Board of Pharmacy ("Board") has been notified by the Nevada State Board of Medical Examiners ("NSBME") that your license to practice medicine, NSBME License No. 6062, was suspended for cause effective May 12, 2022 (documentation enclosed).

Please be advised that pursuant to NRS 639.2107 the suspension of your NSBME License No. 6062 operates as an immediate suspension of your Certificate of Registration Nos. CS05851 with the Board. You are hereby ordered pursuant to NRS 639.2895(1) to immediately CEASE and DESIST possessing, administering and/or prescribing controlled substances for Nevada patients. Furthermore, your access to the Nevada Prescription Monitoring Program ("PMP") database is terminated effective immediately since you are no longer authorized to access the PMP pursuant to NRS 453.221.

You may request a hearing before the Board to contest the suspension of your registration by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Please be aware that the forgoing does not preclude a formal investigation or filing of an accusation pursuant to NRS 639.241. If you have any questions, please do not hesitate to contact me at 775-850-1440 or pkeegan@pharmacy.nv.gov.

Best regards,

Peter Keegan
Assistant General Counsel
Nevada State Board of Pharmacy

Enclosure: Order of Summary Suspension and Notice of Hearing, Filed May 12, 2022

9171 9690 0935 0265 9058 57

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of the Investigation of:	**Case No.: 22-8616-1**
MORTON ISAAC HYSON, M.D.,	FILED
License No. 6062.	MAY 12 2022
	NEVADA STATE BOARD OF MEDICAL EXAMINERS
	By:

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

ORDER OF SUMMARY SUSPENSION AND NOTICE OF HEARING

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board) hereby **IMMEDIATELY SUMMARILY SUSPENDS** the license of Morton Isaac Hyson, M.D. (Licensee) from the practice of medicine, pursuant to the Board's authority to regulate the practice of medicine in the State of Nevada pursuant to Nevada Revised Statutes (NRS) Chapter 630.

The IC issues this Order of Summary Suspension (Order) based on its determination that Licensee's acts put the health, safety or welfare of the public at risk of imminent harm pursuant to NRS 630.326(1).

Prior to the preparation of this Order, Board Staff presented to the IC the following:

1. Licensee is a medical doctor licensed to practice medicine in the State of Nevada (6062). The Board issued his license on July 1, 1990.

2. On November 27, 2020, Licensee entered into a Settlement Agreeement with the IC and the Board approved it on December 4, 2020. *See* **Exhibit 1.**

3. Notably, a restriction/condition contained in the Settlement Agreement was for the Licensee to have a female chaperone with him when treating female patients and to document these events in his medical records. *Id.* at 5g.

[1] The Investigative Committee of the Nevada State Board of Medical Examiners is composed of Board members Bret W. Frey, M.D., Chairman, Chowdhury H. Ashan, M.D., Ph.D., FACC, and Col. Eric D. Wade, USAF (Ret.).

4. On June 4, 2021, Licensee appeared before the Board during a regularly scheduled Board meeting along with his attorney and requested that the Board remove that restriction from his license to practice medicine. Licensee adamantly assured the Board that he would keep the chaperone in place and gave the Board permission to randomly retrieve his records to determine if he was utilizing the chaperone(s) appropriately. The Board approved the request and removed the restriction of having a chaperone present during the Licensee's treatment of female patients. However, the Board made clear to Licensee that it continued to have the expectation that Licensee would have a chaperone, but it would no longer be a condition on his license.

5. On June 16, 2021, the Board filed an Order removing the restriction/condition from Licensee's license to practice medicine in the State of Nevada, with the understanding Licensee would continue to utilize chaperones. *See* **Exhibit 2.**

6. Upon information and belief, on or about February 7, 2022, Patient A[2] visited the Licensee for consultation about a neurological test and nothing seemed out of the ordinary. *See* Patient A's Affidavit attached hereto as **Exhibit 3.**

7. Upon information and belief, Patient A returned to Licensee's office for performance of the test on or about February 9, 2022. *Id.*

8. Upon information and belief, Patient A was seen by another unidentified person and then Licensee saw her with no chaperone, particularly a female one, in the room. *Id.*

9. Upon information and belief, Patient A was extremely uncomfortable when Licensee was performing his portion of the neurological exam, which included unlawful and unsolicited sexual touching without Patient A's consent as she started to leave the room. *Id.*

10. Upon information and belief, Respondent made five (5) needle punctures to Patient A's skin on her arm without sterilizing the area during the test. *Id.*

11. Upon information and belief, when Patient A was trying to leave the room, Licensee moved closer to Patient A groping her body and made an attempt to kiss her on the

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[2] Patient A's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Order.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

mouth. Patient A turned her head, but could not avoid being kissed on the cheek as she tried to push Licensee away. *Id.*

12. As Patient A was nearly out of the door of the room, Licensee pulled out a wad of cash and handed Patient A two one hundred dollar bills. *Id.*

13. Based on the foregoing, the IC finds that the health, safety and welfare of the public is at imminent risk of harm if Licensee is permitted to continue practicing, and that an immediate summary suspension of Licensee's license to practice medicine in the State of Nevada is necessary for the protection of the public. *See* NRS 630.326(1).

ORDER

IT IS HEREBY ORDERED that the License of Morton Isaac Hyson, M.D. (6062) is **SUMMARILY SUSPENDED** until further order of the IC or Board, and Licensee is prohibited from engaging in any acts that constitute the practice of medicine pursuant to NRS 630.020; and

IT IS FURTHER ORDERED that a hearing on this matter is set for the **20th day of June, 2022, at 9:00 a.m.,** at the Board's office located at 9600 Gateway Drive, Reno, Nevada 89521, to determine whether this suspension may continue, unless the parties mutually agree in writing to a different date and/or time. *See* NRS 630.326(2).

DATED this 12th day of May, 2022.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

BRET W. FREY, M.D.
Chairman of the Investigative Committee

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

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6A

STEVE SISOLAK
Governor

HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA

BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

March 22, 2022

VIA CERTIFIED U.S. MAIL

Randy Lee, R.Ph.
Pharmacist Registration No. 20482
[redacted] Plumas Street - Unit [redacted]
Reno, NV 89519

Re: Notice of Nevada Citation and Fine (Case No. 21-154-N)

Greetings:

The Nevada State Board of Pharmacy ("Board") has determined that you misfilled the following prescription:

On or about August 12, 2021, patient R.R. was prescribed 10 MG Oxycodone, 140 tablets, with directions to take 5 tablets per day; this prescription was tendered to Walgreens Pharmacy #11227 and designated Prescription No. # 967181. The prescription was erroneously dispensed to the patient as 5 MG Oxycodone, 140 tablets.

This notice shall serve as a CITATION pursuant to NRS 639.2895(2) for unprofessional conduct by a pharmacist under NAC 639.945(1)(d) for "failing strictly to follow the instructions of the person writing, making or ordering a prescription as to its filling or refilling." Furthermore, pharmacists are responsible for errors committed by pharmaceutical technicians and other personnel who are not pharmacists pursuant to NAC 639.252 and 639.702.

The Board has assessed an administrative fine of five hundred dollars ($500.00) pursuant to NRS 639.2895(3). This administrative fine must be paid within 30 days of receipt of this citation. Payment must be by *cashier's check*, *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521. Please include a copy of this notice with payment.

You have the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this notice. *See* NRS 639.2895(2). If you have any questions, please do not hesitate to contact Board staff at 775-850-1440.

Sincerely,

Nevada State Board of Pharmacy

9171 9690 0935 0271 8699 83

Randy D Lee Jr
[redacted] Torino Way
Reno, NV 89521
[redacted]

19 April 2022

My name is Randy D Lee Jr license #20482. With regards to citation case number 21-154-N, I would like to appeal this citation by submitting my written request for a hearing to the Board at the Board's Reno office.

Sincerely,

Randy D Lee Jr

RECEIVED
APR 21 2022
NEVADA STATE BOARD
OF PHARMACY

6B

FILED
APR 21 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LAURIE WEIRTON,** **Respondent.**	**Case Nos. 22-059-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.2895 and NRS 233B.121-.126, *inclusive*, on or about March 15, 2022, a Cease and Desist/Citation and Fine was served upon Respondent Laurie Weirton, alleging violations of Nevada law as set forth herein.

FACTUAL ALLEGATIONS

1. Respondent serves as manager of Revenge MD, located at 10605 Double R Blvd. in Reno.

2. Respondent is not licensed as a practitioner in Nevada.

3. In the course of operating Revenge MD, Respondent falsely represented herself as a licensed practitioner to fraudulently issue prescriptions for controlled substances and unlawfully acquire or obtain possession of controlled substances.

4. Specifically, on March 7, 2022, Respondent called in the following five prescriptions to Partell Pharmacy, 5835 S. Eastern Ave. in Las Vegas, on behalf of Jade Lines, APRN (CS#30142; DEA#ML5826358), without authorization:

- RX #1089972, for Tara Lorent, Derma-Roller Numbing Ointment Lido/Tetra/Prilo - 23%/7%/2.5% w/23% Lidocaine.
- RX#1099152, for Laurie Weirton, Derma-Roller Numbing Ointment Lido/Tetra/Prilo - 23%/7%/2.5% w/23% Lidocaine.
- RX#1098983, for Laurie Kent, Derma-Roller Numbing Ointment Lido/Tetra/Prilo - 23%/7%/2.5% w/23% Lidocaine.

- RX#1098935, for July Reddicks, Derma-Roller Numbing Ointment Lido/Tetra/Prilo - 23%/7%/2.5% w/23% Lidocaine.
- RX#1098984, for Sandra Sokabe, Derma-Roller Numbing Ointment Lido/Tetra/Prilo - 23%/7%/2.5% w/23% Lidocaine.

5. On or about April 12, 2022, Respondent appealed the Citation and Fine and requested a hearing before the Board.

APPLICABLE LAW

6. No person may prescribe or dispense a controlled substance except as authorized by law. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.232; NRS 453.321(1)(a); NRS 453.377; NRS 639.100(1); NRS 639.235(1).

7. It is a felony offense to falsify a prescription for a controlled substance, falsely representing oneself as a practitioner entitled to write prescriptions, or otherwise acquire or obtain possession of a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); 21 U.S.C. § 843(a)(3); 21 U.S.C. § 844; NRS 453.321(1)(a); NRS 453.331(1)(b), (c), (d), (f) and/or (i); NRS 639.281(1); NRS 639.2813(1).

8. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(l)(a).

COUNT ONE

False Representation as a Licensed Practitioner/Issuing Fraudulent Controlled Substance Prescriptions/Unlawful Acquisition and Possession of a Controlled Substance

9. By falsely representing herself as a licensed practitioner to fraudulently issue prescriptions for controlled substances and unlawfully acquire or obtain possession of controlled substances as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 843(a)(3), 21 U.S.C. § 844, 21 U.S.C. § 846, 21 CFR § 1306.03(a)(1), NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 453.331(1)(b), (c), (d), (f) and/or (i), NRS 453.377, NRS 453.401(l)(a), NRS 639.100(1), 639.235(1), NRS 639.281(1) and/or NRS 639.2813(1).

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 639.2895(2). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision.

The Board has scheduled your hearing on this matter for Wednesday, June 1, 2022, at 9:00 a.m. or soon thereafter. The hearing will occur at the at the Hilton Garden Inn located at 7830 South Las Vegas Blvd., Las Vegas, Nevada.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

DATED this 21st day of April 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 21st day of April 2022, I personally served a true and correct copy of the foregoing document on the following:

Bret Whipple, Esq.
1100 S. 10th Street
Las Vegas, NV 89104

SHIRLEY HUNTING

STEVE SISOLAK
Governor



HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA

BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

May 9, 2022

VIA CERTIFIED U.S. MAIL

Laurie Weirton, Manager
Revenge MD
10605 Double R Blvd.
Reno, NV 89521

Re: CEASE/DESIST/CITATION/FINE: Unlicensed Activity (22-059-N)

Dear Ms. Weirton:

The Nevada State Board of Pharmacy (Board) has determined that in the course of your operation of Revenge MD, you have falsely represented yourself as a licensed practitioner to fraudulently place prescriptions for dangerous drugs. Specifically, on March 7, 2022, you called in the following five prescriptions to Partell Pharmacy, 5835 S. Eastern Ave. in Las Vegas, on behalf of Jade Lines, APRN (CS#30142; DEA#ML5826358), without authorization:

- RX #1089972, for Tara Lorent, Derma-Roller Numbing Ointment Lido/Tetra/Prilo - 23%/7%/2.5% w/23% Lidocaine.
- RX#1099152, for Laurie Weirton, Derma-Roller Numbing Ointment Lido/Tetra/Prilo - 23%/7%/2.5% w/23% Lidocaine.
- RX#1098983, for Laurie Kent, Derma-Roller Numbing Ointment Lido/Tetra/Prilo - 23%/7%/2.5% w/23% Lidocaine.
- RX#1098935, for July Reddicks, Derma-Roller Numbing Ointment Lido/Tetra/Prilo - 23%/7%/2.5% w/23% Lidocaine.
- RX#1098984, for Sandra Sokabe, Derma-Roller Numbing Ointment Lido/Tetra/Prilo - 23%/7%/2.5% w/23% Lidocaine.

This constitutes a violation of state law, including, without limitation, NRS 639.100(1), 639.235(1), NRS 639.281(1) and/or NRS 639.2813(1). It is a felony offense to attempt to obtain a dangerous drug by fraud. NRS 454.311(1).

9171 9690 0935 0265 9052 46

You are hereby ordered pursuant to NRS 639.2895(1) to CEASE and DESIST your illegal activity. This letter shall serve as a CITATION pursuant to NRS 639.2895(2) for your unlicensed activity. The Board has assessed an administrative fine of five thousand dollars ($5,000.00) pursuant to NRS 639.2895(3).

You must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

You have the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this letter. *See* NRS 639.2895(2).

Regards,



Brett Kandt
General Counsel
Nevada State Board of Pharmacy

JUSTICE
LAW CENTER

1100 S. 10th Street Las Vegas, NV 89104
T: (702) 731-0000 F: (702) 974-4008
bretwhipple@gmail.com

May 12, 2022

FILED
MAY 12 2022
NEVADA STATE BOARD
OF PHARMACY

Via Facsimile: 775-850-1444
Via email: pharmacy@pharmacy.nv.gov
State of Nevada
Board of Pharmacy
Attn: Brett Kandt (General Counsel)
985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

RE: Weirton CEASE/DESIST/CITATION/FINE: Unlicensed Activity (22-059-N)

Dear Brett,

Please be advised that Justice Law Center represents our clients Laurie Weirton and Revenge MD. We are in receipt of the referenced Cease and Desist/Citation communication dated May 9, 2022 (attached as Exhibit A). We seek to **APPEAL** this citation and submit this written request for a hearing as instructed in your communication to Ms. Weirton et. al.

Please direct all future communications to my office address listed above. You may also contact me at my cell: (702) 493-6075 or my office phone listed above.

Sincerely,

JUSTICE LAW CENTER

/s/ Bret Whipple
Bret O. Whipple, Esq.

Exhibit A

STEVE SISOLAK
Governor



HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA

BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

May 9, 2022

VIA CERTIFIED U.S. MAIL

Laurie Weirton, Manager
Revenge MD
10605 Double R Blvd.
Reno, NV 89521

Re: CEASE/DESIST/CITATION/FINE: Unlicensed Activity (22-059-N)

Dear Ms. Weirton:

The Nevada State Board of Pharmacy (Board) has determined that in the course of your operation of Revenge MD, you have falsely represented yourself as a licensed practitioner to fraudulently place prescriptions for dangerous drugs. Specifically, on March 7, 2022, you called in the following five prescriptions to Partell Pharmacy, 5835 S. Eastern Ave. in Las Vegas, on behalf of Jade Lines, APRN (CS#30142; DEA#ML5826358), without authorization:

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This constitutes a violation of state law, including, without limitation, NRS 639.100(1), 639.235(1), NRS 639.281(1) and/or NRS 639.2813(1). It is a felony offense to attempt to obtain a dangerous drug by fraud. NRS 454.311(1).

You are hereby ordered pursuant to NRS 639.2895(1) to CEASE and DESIST your illegal activity. This letter shall serve as a CITATION pursuant to NRS 639.2895(2) for your unlicensed activity. The Board has assessed an administrative fine of five thousand dollars ($5,000.00) pursuant to NRS 639.2895(3).

You must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

You have the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this letter. *See* NRS 639.2895(2).

Regards,



Brett Kandt
General Counsel
Nevada State Board of Pharmacy

7

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RAJKAMAL S. HANSRA, MD,** **Certificate of Registration No. CS25854,** **Respondent.**	**Case No. 21-217-CS-S** **STIPULATION AND ORDER GRANTING MOTION TO VACATE DEFAULT ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), by and through counsel, Peter K. Keegan, Esq., and Respondent RAJKAMAL S. HANSRA, M.D.., ("Respondent") Certificate of Registration No. CS25854 by and through his counsel, Crane M. Pomerantz, Esq. and Brent M. Resh, Esq. of Clark Hill LLP, **HEREBY STIPULATE AND AGREE AS FOLLOWS:**

1. On April 22, 2022, the Board entered its Order of Default against Respondent.
2. On or about, May 26, 2022, Respondent filed his Motion to Vacate Order of Default.
3. The Board's Executive Secretary does not oppose Respondent's Motion to Vacate Order of Default.

AGREED:

Signed this 21 day of June 2022.

CLARK HILL LLP

Crane Pomerantz, Esq.
Member
Nevada Bar No. 14103
Brent Resh, Esq.
Associate
3800 Howard Hughes Pkwy., Suite 500
Las Vegas, Nevada 89169
702-862-8300
Counsel for Respondent Rajkamal Hansra, M.D.

Signed this 24th day of June 2022.

NEVADA STATE BOARD OF PHARMACY

Peter Keegan

Peter Keegan, Esq.
Assistant General Counsel
Nevada Bar No. 12237
985 Damonte Ranch Pkwy, Suite 206
Reno, Nevada 89521
775-850-1440

ORDER GRANTING MOTION TO VACATE ORDER OF DEFAULT

Respondent Rajkamal Hansra, M.D.'s Motion to Vacate Order of Default is hereby **GRANTED**. The discipline reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r-2 and 45 CFR Part 60 shall be withdrawn. This Order shall become effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of July 2022.

_____

Helen Park, President
Nevada State Board of Pharmacy

FILED
MAY 26 2022
NEVADA STATE BOARD OF PHARMACY

Crane M. Pomerantz
Nevada Bar No. 14103
Brent M. Resh
Nevada Bar No. 14940
Clark Hill LLP
3800 Howard Hughes Parkway, Suite 500
Las Vegas, Nevada 89169
Telephone: (702) 862-8300
Facsimile: (702) 778-9709
Email: bresh@clarkhill.com
cpomerantz@clarkhill.com
Attorneys for Dr. Rajkamal Hansra

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARAMACY, Petitioner, v. RAJKAMAL S. HANSRA, M.D., Certificate of Registration No. CS25854 Respondent.	CASE NO. 21-217-CS-S **MOTION TO VACATE ORDER OF DEFAULT**

RAJKAMAL S. HANSRA, M.D. ("**Dr. Hansra**"), by and through his attorneys, Crane M. Pomerantz and Brent M. Resh, Clark Hill LLP, respectfully submits this motion ("**Motion**") to vacate the NEVADA STATE BOARD OF PHARAMACY's ("**Board**") Order of Default dated April 22, 2022 ("**Order**"; Attachment A), together with the other supporting attachments hereto, including the attached supporting statement of Dr. Hansra, Attachment B. This Motion is brought pursuant to NRS 622A.390(1)(c) & (d), alternatively and as applicable. Dr. Hansra does not specifically request a hearing on this Motion, but he is willing to appear personally to testify to the factual narrative asserted herein before the Board if asked or required to do so.

Points and Authorities

I. Introduction

The discipline imposed against Dr. Hansra can be traced back to a clerical error on the part of the Board. Way back in 2018, Dr. Hansra's controlled substance license was inadvertently renewed for one week. The basis for the discipline taken against him is that he allegedly did not have a valid license when he wrote a single prescription for a controlled substance, after that one

week expired in November 2018. Thus, *but for a clerical error* (likely on the part of the Board's personnel)—Dr. Hansra's certificate of registration was in fact valid on the date of the complained of prescription (11/22/2018), which he manifestly wrote in the ordinary scope and course of his employment with the University of Nevada, Las Vegas ("**UNLV**"), as an internal medicine resident.

II. Argument

In July of 2017, Dr. Hansra began a two-year residency with UNLV, at the University Medical Center ("**UMC**") in Las Vegas, Nevada. As a UNLV resident, Dr. Hansra's licensing matters were handled exclusively by UNLV (on Dr. Hansra's behalf). UNLV timely submitted Dr. Hansra's application for renewal (and the accompanying fee) for his Certificate of Registration on or about August 6, 2018. Attachment C. UNLV received a confirmation receipt dated October 24, 2018. Attachment D. According to that confirmation receipt, Dr. Hansra's certificate of registration had been renewed for a whopping *one week* (10/24/2018 to 10/31/2018). *See* Attachment D. This appears to be a clerical error on the part of Board personnel, who apparently input the expiration date incorrectly for Dr. Hansra's file. This error went unnoticed until now. Respectfully, we suspect that the correct expiration date for Dr. Hansra's Certificate was in fact 10/31/2020, *two years after it was renewed* (regardless of the date that was input into the system on the Board's end), consistent with all other license renewals.

The Board filed its Notice of Intended Action based on a controlled substance prescription that Dr. Hansra wrote in November 2018, one month after his newly renewed controlled substance license "expired." If, however, the license had been renewed for two years as it should have been, Dr. Hansra would have been properly licensed at the time he wrote the prescription that formed the basis for discipline. Dr. Hansra did not write any controlled substance prescriptions to Nevada patients after 10/31/2020, *when the license actually expired*. Indeed, he has not practiced medicine in Nevada since his residency with UNLV concluded on June 30, 2019 (nor did he ever intend to).

In respect of Dr. Hansra's failure to appear before the Board in this case, there are several pertinent points to be emphasized. First, the notice address and phone number on file for Dr.

Hansra are (and at all relevant times have been) active, as we understand from UNLV; they are the address and phone number for UNLV's internal medicine program (as expected given that UNLV filed the renewal application on Dr. Hansra's behalf). Second, UNLV has represented to Dr. Hansra that it has not received any mailings or phone calls in respect of this matter, and that it is UNLV policy to forward such mailings and communications to former residents like Dr. Hansra. Third, Dr. Hansra's UNLV email account became inactive shortly after the completion of his residency with UNLV. This is understandable, however, given his plan not to practice here. If Dr. Hansra bears any blame for this episode, it is not for not updating his contact information with the Board. Yet, Dr. Hansra still has paid an enormous price for this.

As a result of the Board's proceeding against him and entry of the Order, Dr. Hansra's employment was terminated immediately by his former employer in Louisiana. He had intended to keep working there until he was to begin a new position in Sacramento in September, a prospect the Board's proceeding and entry of the Order have undermined. Additionally, Dr. Hansra was required to retain counsel to address this matter. Further still, Dr. Hansra has elected to notify all relevant state boards through which he is or has been licensed to practice medicine, across the country, of this matter. But the costliness of the work necessary to fix this apparent mistake on the part of the Board ignores the significant stress and anxiety this matter has caused Dr. Hansra personally and professionally. In sum, we believe the Board's actions in this matter have resulted from a simple clerical error not of Dr. Hansra's doing, resulting in needless disparagement of Dr. Hansra's good professional name and reputation. Had the Board checked the circumstances underlying the renewal of Dr. Hansra's controlled substance license in 2018, we respectfully submit there would have been no basis for discipline against him in the first place and no reason for a Default to have been entered against him. Dr. Hansra is a young physician just beginning his career, but a cascading series of harms have befallen him *for an act that was manifestly in the course of his employment as a former UNLV resident. See* Attachment C.

III. Conclusion

Dr. Hansra respectfully requests that the Board vacate the Order of Default, pursuant to

NRS 622A.390(1)(c) or (d), as applicable, effective immediately. We respectfully submit that, *but for the clerical error*, Dr. Hansra's certificate of registration was in fact valid on the date of the complained of prescription (11/22/2018), which he wrote in the ordinary scope and course of his employment with UNLV as an internal medicine resident. There are therefore no grounds for the discipline imposed.

This motion is based on the Points and Authorities above and the pleadings and other filings in this case.

Dated this 26th day of May, 2022.

Respectfully submitted,

CLARK HILL

/s/ *Brent M. Resh*

Brent M. Resh
Nevada Bar No. 14940
Crane M. Pomerantz
Nevada Bar No. 14103
Clark Hill LLP
3800 Howard Hughes Parkway, Suite 500
Las Vegas, Nevada 89169

ATTACHMENT A:

ORDER OF DEFAULT

FILED
APR 22 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RAJKAMAL S. HANSRA, MD,** **Certificate of Registration No. CS25854,** **Respondent.**	**Case No. 21-217-CS-S** **ORDER OF DEFAULT**

This matter came before the Nevada State Board of Pharmacy ("Board") at its regularly scheduled meeting on Wednesday April 13, 2022, in Las Vegas, Nevada. Peter Keegan, Esq. prosecuted the case on behalf of the Board. Respondent Rajkamal S. Hansra, ("Respondent") Certificate of Registration No. CS25854, failed to appear at the hearing. The Board heard the case and, based on the evidence presented, the Board makes the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

The Board finds that probative evidence exists in the record to establish each of the following facts by a preponderance of the evidence:

1. On or about February 10, 2022, Board staff attempted service of the Notice of Intended Action and Accusation, Statement to Respondent and Notice of Hearing on Respondent by certified mail, return receipt requested, addressed to the Respondent at his last address of record.

2. On or about March 15, 2022, Board staff mailed a 21-day notice of hearing to Respondent by certified mail, return receipt requested, addressed to his last address of record.

3. Respondent did not file an Answer in this matter and has not responded in any way to the allegations set out in the Notice of Intended Action and Accusation ("Accusation") on file herein.

4. At the time of the events set forth herein, Respondent held an expired Nevada controlled substance registration, Certificate of Registration No. CS25854, issued by the Board.

5. Respondent failed to timely renew Certificate of Registration No. CS25854, which expired on October 31, 2018.

6. Respondent wrote one or more controlled substance prescriptions for Nevada patients after October 31, 2018, without a valid registration.

7. Board staff incurred at least Five Hundred Ninety-Four Dollars and 30/100 Cents ($594.30) in attorney's fees and recoverable costs investigating and prosecuting this administrative action. The attorney's fees are reasonable based upon legal counsel's professional qualities, the nature of this administrative enforcement action, the work performed, and the result as evidenced by this Order.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and this Respondent because at the time of the alleged events, Respondent held an expired Nevada controlled substance registration, Certificate of Registration No. CS25854, issued by the Board.

2. The applicable law in this matter is as follows:

A. It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a).

B. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he or she is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

C. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

D. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

E. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

F. The Board may suspend or revoke a registration if the holder has violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

G. The Board may suspend or revoke a registration if the holder has failed to renew a certificate of registration by failing to timely submit the application for renewal. NRS 639.210(13).

H. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

3. Respondent failed to file a Notice of Defense to the Accusation, which constituted a waiver of the respondent's right to a hearing. NRS 639.244(2).

4. Board staff satisfied the notice and service requirements of NRS 233B.127(3), NRS 639.242, and NRS 639.245, and Respondent was given sufficient legal notice of the hearing.

5. Having failed to appear at the April 13, 2022, hearing, pursuant to NRS 622A.350, the Board accepted the following alleged violations of law contained in the Accusation against the Respondent as true, and found Respondent guilty of the following:

A. **Count One**, for failing to timely renew Certificate of Registration CS25854. Respondent is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(13).

B. **Count Two**, for prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(11).

C. **Count Three**, for prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12).

D. **Count Four**, for prescribing controlled substances without a valid registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(l) and/or NRS 639.210(4).

E. **Count Five**, for prescribing controlled substances without a valid registration as alleged herein, and by falsely representing himself as a practitioner entitled to write prescriptions in this state, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

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ORDER

THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. The certificate of registration of Respondent Rajkamal S. Hansra, MD, Certificate of Registration No. CS25854, is hereby revoked pursuant to NRS 639.210(13), NRS 453.236(1)(e), and NRS 453.241(1)(b), or, alternatively, forfeited pursuant to NRS 639.180(6).

2. Respondent may not possess (except pursuant to the lawful order of a practitioner), administer, prescribe, or dispense a controlled substance until he petitions the Board for reinstatement of his Certificate of Registration No. CS25854 pursuant to NRS 622A.410 and NRS 639.257.

3. Pursuant to NRS 622A.410(1), Respondent may not petition for reinstatement of his Certificate of Registration No. CS25854 for a period of one (1) year from the effective date of this Order.

4. In the event Respondent petitions for reinstatement, or applies for any other certificate, license or permit with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, the facts and circumstances underlying this matter.

5. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 453 and/or NRS Chapter 639.

6. Respondent shall pay a fine of Five Thousand Dollars and 00/100 Cents ($5,000.00) to the State of Nevada for the above referenced violations. Payment shall be made by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

7. Pursuant to NRS 622.400, Respondent shall pay Five Hundred Ninety-Four Dollars and 30/100 Cents ($594.30) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter. Payment shall be made by *cashier's check*, *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

8. This Order constitutes a final decision in a contested case and a public record pursuant to NRS 639.255(5) and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

9. This Order is effective immediately.

IT IS SO ORDERED.

Entered this 22nd day of April 2022.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 26th day of April 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Rajkamal Hansra
1701 W. Charleston Blvd #230
Las Vegas, NV 89102

KRISTOPHER MANGOSING

9171 9690 0935 0271 8352 54

ATTACHMENT B:

STATEMENT OF DR. HANSRA

AFFIDAVIT OF DR. RAJKAMAL HANSRA

RAJKAMAL HANSRA says:

1. I am over the age of 18 years and have personal knowledge of the facts stated below, and I am competent to affirm these facts. This information is provided to the best of my recollection.

2. I, Dr. Rajkamal Hansra, completed my postgraduate training for internal medicine in Nevada, including a one-year internship beginning in July of 2016 with the University of Nevada, Reno – Las Vegas Branch (UNR) and subsequent two-year residency beginning in July of 2017 with the University of Nevada, Las Vegas (UNLV), at the University Medical Center (UMC) in Las Vegas, Nevada.

3. My inactive license number from the Nevada State Board of Medical Examiners is LL2779, and my inactive certificate of registration number from the Nevada State Board of Pharmacy is CS25854.

4. While I was employed as a resident, UNLV handled all licensing and registration matters on my behalf, including all necessary renewals. Because it performed such duties on my behalf, UNLV provided, as my official contact information for the Nevada State Board of Pharmacy's database for notices, the address and phone number of UNLV's internal medicine program. My email address on file with the Nevada State Board of Pharmacy was my UNLV email address, which expired shortly after I completed my postgraduate training with UNLV.

5. My medical license in Nevada expired on June 30, 2019, the day I completed my postgraduate residency with UNLV.

6. I was recently informed that my certificate of registration from the Nevada State Board of Pharmacy expired on October 31, 2018. As explained more fully below, I believe that my license did not actually expire on October 31, 2018, but instead only appeared to do so due to a clerical error.

7. On November 22, 2018, I wrote a UMC patient a prescription for Percocet in the ordinary course and scope of my employment with UNLV. My DEA license, which was issued by the hospital, was current at the time the prescription was written and did not expire until October 31, 2019. After my residency, I applied for my own individual DEA license, which does not expire until October 31, 2022.

8. After completing my postgraduate training on June 30, 2019, I later moved to Louisiana for specialty training in Pulmonary and Critical Care at LSU - Shreveport, a three-year fellowship program.

9. After I moved to Louisiana, I did not update my notice or email address on record with the Nevada State Board of Medical Examiners or the Nevada State Board of Pharmacy, because I had no intention to, and I did not, practice medicine in Nevada after completing my postgraduate training.

10. On May 19, 2022, my then-employer in Shreveport, Louisiana, the VA Overton Brooks Medical Center, informed me that disciplinary action had been taken against me in Nevada. I was not aware of any disciplinary action until such time.

11. On May 19, 2022, I wrote an email to the Nevada State Board of Pharmacy to inquire about the matter.

12. On May 19, 2022, I received emails from the Nevada State Board of Pharmacy providing copies of the Cease and Desist Order and Notice of Intended Action and Accusation (i.e., the complaint) dated February 8, 2022, and the Order of Default dated April 22, 2022, entered against me because I did not respond to the complaint. The Nevada State Board of Pharmacy also provided a redacted copy of the sole prescription at issue.

13. I promptly retained counsel to assist me on May 20, 2022.

14. On May 24, 2022, I received an email from my former employer, UNLV, confirming that its personnel did in fact timely file my application for renewal with the Nevada State Board of Pharmacy, but that it appeared from the filing confirmation receipt that the expiration date was input into the system incorrectly (i.e., the "expiration date" listed on my Certificate was actually a clerical error by the Nevada State Board of Pharmacy).

15. The filing confirmation receipt provided by UNLV indicated that my renewed certificate of registration was active/valid from 10/24/2018 to 10/31/2018—*just one week*. I believe that the Certificate should have been input and listed as active/valid from 10/24/2018 until 10/31/2020.

16. I did not and have not written a prescription for any patient in Nevada since my postgraduate training concluded on June 30, 2019.

17. Based on the documentation that UNLV provided on May 24, 2022, it appears that the discipline taken against me resulted entirely from a clerical error—the Nevada State Board of Pharmacy's belief that my license expired on 10/31/2018, *one week* after it was renewed—I believe due to the failure of Nevada State Board of Pharmacy personnel to properly input the correct date into their system. I do not believe that the discipline was due to any wrongdoing on my part.

18. I will fully cooperate with all instructions and requests for additional information, and I will promptly provide periodic updates as the matter in Nevada progresses.

Dated this 26 day of MAY, 2022

Dr. Rajkamal Hansra

ATTACHMENT C:

APPLICATION FOR RENEWAL

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

CONTROLLED SUBSTANCE APPLICATION

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

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

First: Rajkamal Middle: _____ Last: Hansra Degree: M.D.

Practice Name (if any): _____

Nevada Address: 1701 W. Charleston Blvd. Suite #: 230

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

PO Box: _____ SS#: 614-36-7717

E-mail address: Rajkamal.Hansra@unlv.edu

City: Las Vegas State: Nevada Zip Code: 89102

Work Telephone: 702-671-2345 Date of Birth: 6/6/1989

Fax: 702-671-2376 Sex: ☒ M or ☐ F

Practitioner License Number: LL2779 Specialty: Internal Medicine

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

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?...	☐	☒
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked **YES** to any of the numbered questions (1-3) above, include the following information & provide an explanation and documentation:

Board Administrative Action:	State		Case #:		
Criminal Action:					

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

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

Original Signature, no copies or stamps accepted. Date 8/6/2018

Board Use Only: : Date Processed: _____ Amount: _____

ATTACHMENT D:

CONFIRMATION RECEIPT

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 10/24/2018
Amount:
License #: CS25854

RAJKAMAL S. HANSRA
1701 W CHARLESTON BLVD #230
LAS VEGAS NV 89102

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Controlled Substance
Expires:10/31/2018
RAJKAMAL S. HANSRA
1701 W CHARLESTON BLVD #230
LAS VEGAS NV 89102

License #
CS25854
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA
STATE BOARD OF PHARMACY
Controlled Substance

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

License Type: Controlled Substance
License #: CS25854
DEA #: FH6714314/22N33N4&5

Expires: 10/31/2018
STATUS: Active

RAJKAMAL S. HANSRA
1701 W CHARLESTON BLVD #230
LAS VEGAS NV 89102

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

FILED
APR 22 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RAJKAMAL S. HANSRA, MD,** **Certificate of Registration No. CS25854,** **Respondent.**	**Case No. 21-217-CS-S** **ORDER OF DEFAULT**

This matter came before the Nevada State Board of Pharmacy ("Board") at its regularly scheduled meeting on Wednesday April 13, 2022, in Las Vegas, Nevada. Peter Keegan, Esq. prosecuted the case on behalf of the Board. Respondent Rajkamal S. Hansra, ("Respondent") Certificate of Registration No. CS25854, failed to appear at the hearing. The Board heard the case and, based on the evidence presented, the Board makes the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

The Board finds that probative evidence exists in the record to establish each of the following facts by a preponderance of the evidence:

1. On or about February 10, 2022, Board staff attempted service of the Notice of Intended Action and Accusation, Statement to Respondent and Notice of Hearing on Respondent by certified mail, return receipt requested, addressed to the Respondent at his last address of record.

2. On or about March 15, 2022, Board staff mailed a 21-day notice of hearing to Respondent by certified mail, return receipt requested, addressed to his last address of record.

3. Respondent did not file an Answer in this matter and has not responded in any way to the allegations set out in the Notice of Intended Action and Accusation ("Accusation") on file herein.

4. At the time of the events set forth herein, Respondent held an expired Nevada controlled substance registration, Certificate of Registration No. CS25854, issued by the Board.

5. Respondent failed to timely renew Certificate of Registration No. CS25854, which expired on October 31, 2018.

6. Respondent wrote one or more controlled substance prescriptions for Nevada patients after October 31, 2018, without a valid registration.

7. Board staff incurred at least Five Hundred Ninety-Four Dollars and 30/100 Cents ($594.30) in attorney's fees and recoverable costs investigating and prosecuting this administrative action. The attorney's fees are reasonable based upon legal counsel's professional qualities, the nature of this administrative enforcement action, the work performed, and the result as evidenced by this Order.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and this Respondent because at the time of the alleged events, Respondent held an expired Nevada controlled substance registration, Certificate of Registration No. CS25854, issued by the Board.

2. The applicable law in this matter is as follows:

A. It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a).

B. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he or she is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

C. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

D. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

E. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

F. The Board may suspend or revoke a registration if the holder has violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

G. The Board may suspend or revoke a registration if the holder has failed to renew a certificate of registration by failing to timely submit the application for renewal. NRS 639.210(13).

H. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

3. Respondent failed to file a Notice of Defense to the Accusation, which constituted a waiver of the respondent's right to a hearing. NRS 639.244(2).

4. Board staff satisfied the notice and service requirements of NRS 233B.127(3), NRS 639.242, and NRS 639.245, and Respondent was given sufficient legal notice of the hearing.

5. Having failed to appear at the April 13, 2022, hearing, pursuant to NRS 622A.350, the Board accepted the following alleged violations of law contained in the Accusation against the Respondent as true, and found Respondent guilty of the following:

A. **Count One**, for failing to timely renew Certificate of Registration CS25854. Respondent is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(13).

B. **Count Two**, for prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(11).

C. **Count Three**, for prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12).

D. **Count Four**, for prescribing controlled substances without a valid registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(l) and/or NRS 639.210(4).

E. **Count Five**, for prescribing controlled substances without a valid registration as alleged herein, and by falsely representing himself as a practitioner entitled to write prescriptions in this state, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

///

///

ORDER

THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. The certificate of registration of Respondent Rajkamal S. Hansra, MD, Certificate of Registration No. CS25854, is hereby revoked pursuant to NRS 639.210(13), NRS 453.236(1)(e), and NRS 453.241(1)(b), or, alternatively, forfeited pursuant to NRS 639.180(6).

2. Respondent may not possess (except pursuant to the lawful order of a practitioner), administer, prescribe, or dispense a controlled substance until he petitions the Board for reinstatement of his Certificate of Registration No. CS25854 pursuant to NRS 622A.410 and NRS 639.257.

3. Pursuant to NRS 622A.410(1), Respondent may not petition for reinstatement of his Certificate of Registration No. CS25854 for a period of one (1) year from the effective date of this Order.

4. In the event Respondent petitions for reinstatement, or applies for any other certificate, license or permit with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, the facts and circumstances underlying this matter.

5. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 453 and/or NRS Chapter 639.

6. Respondent shall pay a fine of Five Thousand Dollars and 00/100 Cents ($5,000.00) to the State of Nevada for the above referenced violations. Payment shall be made by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

7. Pursuant to NRS 622.400, Respondent shall pay Five Hundred Ninety-Four Dollars and 30/100 Cents ($594.30) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter. Payment shall be made by *cashier's check*, *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

8. This Order constitutes a final decision in a contested case and a public record pursuant to NRS 639.255(5) and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

9. This Order is effective immediately.

IT IS SO ORDERED.

Entered this 22nd day of April 2022.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 26th day of April 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Rajkamal Hansra
1701 W. Charleston Blvd #230
Las Vegas, NV 89102

KRISTOPHER MANGOSING

9171 9690 0935 0271 8352 54

8

8A

NEVADA STATE BOARD OF PHARMACY

98S Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ■ Nevada
- ☐ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Henderson Specialty Pharmacy

Physical Address: 2865 Siena Heights Drive. suite 100A

City: Henderson State: NV Zip: 89052

Mailing Address (if different from physical address): 4249 Tarzana Estates Drive

City: Tarzana State: CA Zip: 91356

Telephone: 323-788-5423 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: _____ Contact Email: HendersonspecialtyRX@gmail.com

Website: _____

Nevada Business License # (if applicable) NV20222397982

Supervising/Managing Pharmacist Name (NRS 639.220): Brett Bettinger

Supervising/Managing Pharmacist NV Pharmacist Registration #: 16996

Type of Pharmacy (check all applicable)

- ■ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

- ■ Retail/Community
- ■ Non-sterile Compounding
- ☐ Sterile Compounding
- ☐ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ☐ Other:

Days of Operation

▣ Monday ▣ Tuesday ▣ Wednesday ▣ Thursday ▣ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Brett Bettinger	NV Pharmacist Registration #: 16996
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
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)?		✔
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 from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
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?		✔
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)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): _____

Corporation/Organization Name: Henderson Specialty Rx, LLC dba Henderson Specialty Pharmacy

Mailing Address: 4249 Tarzana Estates Drive (Physical Address: still under construction)

City: Tarzana State: CA Zip: 91356

Telephone: 323-788-5423 Email: HendersonspecialtyRX@Gmail.com

Contact Person Name: Stan

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Secretary (title) for Henderson Specialty Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Stan Portman

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

4/15/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Stanislav Portman hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Secretary (title) for Henderson Specialty Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

_____
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

_____
Notary Public

please see attached 4/18/22

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 18 day of April, 2022, by Stanislav Portman,
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

A. MENDEZ
Notary Public - California
Los Angeles County
Commission # 2396547
My Comm. Expires Mar 10, 2026

(Seal)

Signature

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Brett Bettinger Pharmacist Registration #: 16996

Pharmacy Name: Henderson Specialty Pharmacy

Initial each statement below to indicate you have read and agree with the following:

BB I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

BB I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

BB I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

BB I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

BB I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brett Bettinger
Original signature of Managing Pharmacist (copies or stamps not accepted)

04/07/2022
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS** 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Stan Portman

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

Date 4/15/22

Board Use Only	Date Received: _____	Amount: 500 cc

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

4

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Henderson Specialty Pharmacy

Physical Address: 2865 Siena Heights Drive, Suite 100A

City: Henderson, Clark County State: NA Zip: 89052

Mailing Address (if different from physical address): 4249 Tarzana Estates Drive

City: Tarzana State: CA Zip: 91356

Telephone: 323-788-5423 Website:

Licensing Company Email: Hendersonspecialtyrx@gmail.com

Section 2: Personal Information

First: Stanislav Middle: Last: Portman

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]tarzana estates drive

City: tarzana State: CA Zip: 91356

Telephone: [redacted] Email: [redacted]@gmail.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials SP

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of La Verne College of Law		02/09-12/11	
Address	**City**	**State**	**Zip**
320 E D St.	ontario	CA	91764
Diploma/Degree obtained, if any			
juris doctor			

School Name		From - To (MM/YY – MM/YY)	
Woodbury University		08/05-06/2007	
Address	**City**	**State**	**Zip**
7500 N Glenoaks Blvd	burbank	CA	91504
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
santa monica city college		08/03-06/05	
Address	**City**	**State**	**Zip**
1900 Pico Blvd	santa monica	CA	90405
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
pacific hills school		09/99-06/03	
Address	**City**	**State**	**Zip**
8628 Holloway Dr.	west hollywood	ca	90069
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2019-present	[redacted] tarzana estates drive	tarzana	CA	91356
06/2016-12/2019	[redacted] Poe Ave	woodland hills	CA	91364
04/2014-06/2016	[redacted] Zelah Ave #[redacted]	encino	ca	91316
06/2013-04/2014	[redacted] Balboa #[redacted]	encino	ca	91316
06/2009-06/2013	[redacted] sepulveda blvd	sherman oaks	ca	91403
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials SP

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Rexmed Pharmacy				From - To (MM/YY – MM/YY): 05/2007 - Present
Business Address: 4481 Whittier Blvd		City: Los Angeles	State: CA	Zip: 90022
Phone: 323-268-7613	Title: part-owner			
Description of Duties: oversee secretarial duties				

Business Name: Albert & Mackenzie				From - To (MM/YY – MM/YY): 06/13-present
Business Address: 17555 Ventura Blvd Suite 200		City: encino	State: ca	Zip: 91316
Phone: 8186506900	Title: attorney (as employee)			
Description of Duties: handling cases and supervising newer attorneys				

Business Name: Lyubov Rafailova Inc				From - To (MM/YY – MM/YY): 02/2019 - present
Business Address: 4249 tarzana estates drive		City: tarzana	State: ca	Zip: 91356
Phone: 213-248-9699	Title: secretary			
Description of Duties: handling accounts receivable and other secretarial tasks				

Business Name: law offices of Daniel j. Donahue				From - To (MM/YY – MM/YY): 06/12-06/13
Business Address: 22553 Ventura Blvd # 2		City: woodland hills	State: ca	Zip: 91364
Phone: 818-225-5830	Title: attorney			
Description of Duties: attorney who handled cases				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✔	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
2/5/2019	11/20/2020	CA	encino	los angeles

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
19STCV32095	Superior Court of CA - County of Los Angeles

Reason/Charge
personal injury and property damage resulting from motor vehicle accident

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
plaintiff	lawsuit

Name of Business/Industry/Entity
sirvard petrosyan (person)

Provide explanation below:

This suit was filed against the driver of a vehicle that caused a collision, resiulting in property damage and injury to me. Her insurance was disputing liability even after arbitration; therefore, we had no choice but to file suit. We ultimately settled the case in mediation and dismissed it.

Original Signature (electronic, copies or stamps not accepted)

Date 4/15/22

Applicant's initials SP

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Stanislav Portman

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/18/2022

Date

Please have this section completed in the presence of a Notary Public.

State of CA, ss. County of Los Angeles

I, Stanislav Portman, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/18/2022

Date

Subscribed and Sworn to before me this _____ day of _____.

please see attached

Notary Public Signature

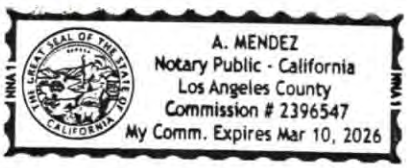
(Seal)

Applicant's initials SP

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 18 day of April, 2022, by Stanislav Portman,
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



(Seal)

Signature

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Henderson Specialty Pharmacy

Physical Address 2865 Siena Heights Drive, Suite 100A

City Henderson, Clark County State NA Zip 89052

Mailing Address (if different from physical address) 4249 Tarzana Estates Drive

City Tarzana State CA Zip 91356

Telephone 323-788-5423 Website

Licensing Company Email Hendersonspecialtyrx@gmail.com

Section 2: Personal Information

First Igor Middle Last Chernyavsky

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Zelzah Ave # [redacted]

City Encino State CA Zip 91316

Telephone [redacted] Email [redacted]@yahoo.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials IC

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
School # 169		09/1969-05/1979	
Address	**City**	**State**	**Zip**
Volodymyra Salshkoko St,2,	Kiev	UA	02000
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Kiev Polygraphic College		09/1980-05/1982	
Address	**City**	**State**	**Zip**
	Kiev	UA	
Diploma/Degree obtained, if any			
Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2015-Present	[redacted] Zelzah Ave	Encino	CA	91316
06/2009 - 04/2015	[redacted] Sepulveda Blvd	Sherman Oaks	CA	91403
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials IC

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Rexmed Pharmacy			05/2007 - Present
Business Address	**City**	**State**	**Zip**
4481 Whittier Blvd	Los Angeles	CA	90022
Phone	**Title**		
323-268-7613	Manager		
Description of Duties			
Oversees daily opperations, supervising employees, placing orders, customer service			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials JC

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

N/A

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials IC

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Igor Chernyavsky

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4.7.22

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, Igor Chernyavsky, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4.7.22

Date

Subscribed and Sworn to before me this _____ day of _____.

please see the attached

Notary Public Signature

(Seal)

Applicant's initials IC

CALIFORNIA NOTARIAL CERTIFICATE
(JURAT)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 07 day of April, 2022, by Igor Chernyavskyi, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____. (Seal)

ELAHEH PARVANEH
Notary Public - California
Los Angeles County
Commission # 2388555
My Comm. Expires Dec 29, 2025

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Henderson Specialty Pharmacy

Physical Address 2865 Siena Heights Drive. Suite 100A

City Henderson State NV Zip 89052

Mailing Address (if different from physical address) 4249 Tarzana Estates Drive

City Tarzana State CA Zip 91356

Telephone 323-788-5423 Website

Licensing Company Email Hendersonspecialtyrx@Gmail.com

Section 2: Personal Information

First Brett Middle Kenneth Last Bettinger

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Irish Cliffs Ct.

City Las Vegas State NV Zip 89149

Telephone [redacted] Email [redacted]@gmail.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
St. John's University		09/97-05/02	
Address	**City**	**State**	**Zip**
8000 Utopia Parkway	Queens	NY	11439
Diploma/Degree obtained, if any			
BS Pharmacy			
School Name		**From - To (MM/YY – MM/YY)**	
Walt Whitman High School		09/93-06/97	
Address	**City**	**State**	**Zip**
301 W. Hills Rd.	Huntington Station	NY	11746
Diploma/Degree obtained, if any			
New York Regents Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/22-Present	[redacted] Irish Cliffs Ct.	Las Vegas	NV	89149
11/19-02/22	[redacted] Notch Trail Ave.	Las Vegas	NV	89138
09/19-11/19	[redacted] W. La Madre Way	Las Vegas	NV	89149
05/07-09/19	[redacted] Basalt Hollow Ave	Las Vegas	NV	89148
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
National Specialty Pharmacy			10/18-11/21
Business Address	**City**	**State**	**Zip**
3022 W. Post Rd.	Las Vegas	NV	89118
Phone	**Title**	**Number of Employed Hours**	
(702) 832-3320	Pharmacist	Approx. 6000	

Description of Duties

Counseling, compounding, ordering, filling and verifying prescriptions. Record retention, tech training and various other duties.

Business Name			From - To (MM/YY – MM/YY)
Partell Pharmacy			05/18-10/18
Business Address	**City**	**State**	**Zip**
5835 S. Eastern Ave., Suite 101	Las Vegas	NV	89119
Phone	**Title**	**Number of Employed Hours**	
(702) 791-3800	Pharmacist	Approx. 900	

Description of Duties

Create formulations for compounds. Counsel, inputting, verifying prescriptions. Record Retention.

Business Name			From - To (MM/YY – MM/YY)
Walgreens Pharmacy			03/17-03/18
Business Address	**City**	**State**	**Zip**
200 Wilmot Rd.	Deerfield	IL	60015
Phone	**Title**	**Number of Employed Hours**	
(800) 925-4733	Floater Pharmacist	Approx. 1500	

Description of Duties

Perform immunizations, counsel patients. Input, fill and verify prescriptions. Record retention.

Business Name			From - To (MM/YY – MM/YY)
Walmart			09/06-03/17
Business Address	**City**	**State**	**Zip**
7445 S. Eastern Ave.	Las Vegas	NV	89123
Phone	**Title**	**Number of Employed Hours**	
(702) 614-8122	Pharmacy Manager	10,000 + hours	

Description of Duties

Inputting, filling and verification of prescriptions. Training of employees. Counseling of patients, immunizations, ordering supplies, handling of expired and hazardous materials, controlled substance audits and record retention.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Brett Bettys
Original Signature (electronic, copies or stamps not accepted)

04/07/2022
Date

Applicant's initials B

I, Brett Bettinger, **certify that as the designated representative for** Henderson Specialty Pharmacy,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Brett Bettinger

Print Name (First, Last)

Brett Bettinger

Original Signature (electronic, copies or stamps not accepted)

April 7, 2022

Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bret Bettinger
Print Name (First, Last)

Bret Bettinger
Original Signature (electronic, copies or stamps not accepted)

04/07/2022
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Bret Bettinger, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Bret Bettinger
Original Signature

04/07/2022
Date

Subscribed and Sworn to before me this 7 day of April, 2022.

Notary Public Signature

D. COCHING
Notary Public, State of Nevada
No. 20-5613-01
My Appt. Exp. Oct. 23, 2024

(Seal)

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Brett K. Bettinger

Date: 10/25/2021
Amount: $ 210.00
License #: 16996

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2023

Brett K. Bettinger

License #
16996
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 16996

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Brett K. Bettinger

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

8B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☑ 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. **If LLC use Non Public Corporation or Partnership.

- ☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b
- ☐ Partnership - Pages 1,2,6,10,11a&b
- ☑ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b
- ☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: The Medicine Shoppe LTC Pharmacy

Physical Address: 5801 W. Craig Dr., Ste. 130

City: Las Vegas, NV State: Zip Code: 89130 Telephone: (702) 268-8808

Fax: (702) 268-8848 Toll Free Number: N/A

E-mail: 2169@medicineshoppe.com

Website: www.medicineshoppe.com

Managing Pharmacist: Don Le License Number: 12751

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☐	☑ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds____)	☐	☑ Parenteral
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☑	☐ Mail Service
☐	☑ Community	☑	☐ Long Term Care
☐	☑ Other: _____	☑	☐ Sterile Compounding
		☑	☐ Non Sterile Compounding
	All boxes must be checked	☑	☐ Mail Service Sterile Compounding
	For the application to be complete	☐	☑ Other Services: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, 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.

Mariana A. T.

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

Mariana Tadros

Print Name of Authorized Person

7/17/2020

Date

Board Use Only	Date Processed:	Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: N/A

Mailing Address: [redacted] Sardinia Sands Dr.

City: Las Vegas State: NV Zip: 89141

Telephone: [redacted] Fax: (702) 268-8848

Contact Person: Mariana Tadros

For any corporation non publicly traded, disclose the following:

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

a) Mariana Tadros - [redacted] Spyglass Dr., Corona, CA 92883
Name Business Address

b) Wael Anwar - [redacted] Lion St., Rancho Cucamonga, CA 91730
Name Business Address

c) Chad Valencia - [redacted] Sardina, Las Vegas NV 89141
Name Business Address

d) N/A
Name Business Address

2) Provide the number of shares issued by the corporation. 5,000

3) What was the price paid per share? $0.00

List any physician shareholders and percentage of ownership.

Name: N/A %: N/A

Name: N/A %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday 09:00 am 09:00pm 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: NV20191561333

Section 11: Managing Pharmacist Acknowledgement/Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: DON LE Pharmacist Registration #: 12751

Pharmacy Name: The Medicine Shoppe PHARMACY

Initial each statement below to indicate you have read and agree with the following:

DL — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

DL — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

DL — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

DL — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

DL — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		NO ✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		NO ✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		NO ✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		NO ✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
N/A			

Criminal Action	State:	Date:	Case #:	County:	Court:
N/A					

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

10/21/2021
Date

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Mariana Tadros

Responsible Person of The Medicine Shoppe LTC Pharmacy

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

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

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Mariana A S

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

Mariana Tadros
Print Name of Authorized Person

7/17/2020
Date

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Riverside)

On July 17, 2020 before me, D. Antonio Martin Notary Public
(insert name and title of the officer)

personally appeared Mariana Tadros,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

D. ANTONIO MARTIN
Comm. #2239451
Notary Public · California
Riverside County
Comm. Expires Jan 26, 2022

Signature D. Antonio Martin (Seal)

Managing Pharmacist

Pharmacist Name: DON LE License #: 12751

Pharmacy Name: THE MEDICINE SHOPPE

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the numbered questions above, please include the following information

N/A

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions. answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature _____ Date 11/29/2021

List of officers and directors

President	Mariana Tadros
Secretary	Mariana Tadros
Treasurer	Mariana Tadros
Director	Mariana Tadros

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
for a Pharmacy or Wholesaler located in Nevada

Date 10/21/2021

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for The Designated Representative FOR THE MEDICINE SHOPPE
Nature of Pharmacy or Wholesaler

5801 W. CRAIG RD. LAS VEGAS, NV 89130
Name and Address of Business for Which Designated Representative is Requested

If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
LE	DON	NGUYEN

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD	City	State/Zip
[redacted] Oasis Palm ct.	LAS VEGAS	NV 89117

Present Business Address	Dates	City	State/Zip
N/A			

Present Position with the Pharmacy or Wholesaler	Dates	Phone: Residence / Business
N/A		

Date of Birth	Place of Birth (City, County, State)
[redacted]	VIETNAM

Age	Social Security Number or ITIN	Sex
62	[redacted]	

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
BLACK	BLACK	FAIR	170 lbs	NORMAL	5'10"

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? (Yes) No If alien, registration No

If naturalized, certificate No [redacted] Date June 17, 1987

Place U.S. District Court Eastern District of Louisiana (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated (Divorced) Widowed Engaged

Applicant's initial DL

A. **Current Marriage** N/A
Date City, County and State

Spouse's full name (Maiden) SS# or ITIN

Date of Birth Place of Birth

Resident address
Street City State Zip

Telephone: Residence Business

Spouse's employer Occupation

Address of employer
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
LINH PHAM	[redacted]	LAS VEGAS	DIVORCED	LAS VEGAS, CLARK, NV

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
LINH PHAM	[redacted]	ANTELOPE CANYON AV.	LAS VEGAS, NV	89147	[redacted]

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
LYNH N. LE	[redacted]	LAS VEGAS, NV USA.	[redacted] ANTELOPE CANYON AVE LAS VEGAS, NV 89147

B. Child Support Information:

Please mark the appropriate response:

☑ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial DL

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

N/A Name

Address

Contact person

C. Parents: N/A (DECEASED)

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father				
N/A Mother				
Father-in-Law				
Mother-in-Law				

N/A **D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
Spouse				
Spouse				
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	DACLO	VIETNAM	1965 1970	(Yes) No
High School	DACLO	VIETNAM	1970-1975	(Yes) No
College University	SCHOOL OF PHARMACY - UNIVERSITY OF LOUISIANA AT MONROE MONROE, LA		1986-1991	(Yes) No
Other				Yes No

Type of degree obtained, if any PHARMACY DEGREE (B.S. in PHARMACY)

College or university where obtained SCHOOL OF PHARMACY - UNIVERSITY OF LOUISIANA AT MONROE

Applicant's initial DL

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes (No)

N/A Branch_____ Date of entry-active service_____

Date of separation_____ Type of discharge_____

Rating at separation_____ Serial number_____

N/A While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes (No) If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes (No)

County_____ State_____ Date registered_____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes (No) If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					

N/A B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes (No) If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes (No)

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes (No)

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes (No)

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes (No)
If yes, when?_____ city, county and state_____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes (No)
If yes when?_____ city, county and state_____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes (No)
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A				

Applicant's initial DL

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
N/A Yes → (No) → (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
N/A Yes → (No) → If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
1/2019 - PRESENT	[redacted]	OASIS PALM CT., LAS VEGAS	NV 89117
1/2006 - 12/2018	[redacted]	ANTELOPE CANYON AVE. LAS VEGAS	NV 89147
1/1996 - 12/2005	Various Addresses in LAS VEGAS		NV (Don't remember)

Applicant's initial DL

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

2/2018 - Contract(ended) CVS HEALTH/CAREMARK - CVS CAREMARK, IRVING, TX 75039 1,000
Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours

PHARMACIST | Reviewed, Provided drug Therapy, DUR, Medicare | Tom Pornage
Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours 2,080

1/2017 - Current/on call) SPECIALTY ALL IN ONE PHARMACY 2080 FLAMINGO, LAS VEGAS, NV 89119 | Han Vanhoeve
Title | Description of Duties | Name of Supervisor

PHARMACY MANAGER/PIC/PHARMACIST - Managed/Supervised and oversaw all activities of Pharmacy

Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours

1/2016-12/2017 Carson Tahoe Hospital - 1600 Medical Wy, Carson City, NV 89703 1,500
Title | Description of Duties | Name of Supervisor

PHARMACIST | Made IV, TPN, checked all meds, Supervised all technicians | Mr. Kevin

Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours

1/2014 - 10/2016 Specialty Compound Pharmacy - 2560 Sunset Rd, Las Vegas, NV 89120 4,000
Title | Description of Duties | Name of Supervisor

Pharmacy Manager/PIC | Compounding, Managed, Supervised & oversaw all activities of Pharmacy, | Self

Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours

1/2012 - 8/2014 Montevista Hospital - 5900 W. Rochelle Ave, Las Vegas, NV 89103 500
Title | Description of Duties | Name of Supervisor

Clinical Pharmacist | Made IV, TPN, dispensed all meds, Consulted, Supervised all Tech.

Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours

1/2000 - 12/2011 Express script/Medco Health - 6225 Annie oakley Dr, Las Vegas, NV 89120 25,000
Title | Description of Duties | Name of Supervisor

Staff Pharmacist | Worked in Call Center, checked all meds, Dispersed, Consulted, Mail order | Tom Beranek

Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours

5/2001 - 12/2003 Costco Pharmacy - 801 S. Pavilion center Dr. Las Vegas, NV 89144 2,500
Title | Description of Duties | Name of Supervisor

Pharmacist | Prepared & dispensed meds, consulted, Supervised all technicians - | Mr. Brandon

Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours

8/2000 - 8/2001 Walgreens Pharmacy - 2427 Las Vegas Blvd, Las Vegas, NV 89104 2,000
Title | Description of Duties | Name of Supervisor

Pharmacist | checked all meds, dispersed all meds, Consulted, Supervised all technicians

Month and Year | Name/Mailing Address of Employer/Business | Number of Employed Hours

1/2000 - 12/2002 Caro pharmacy (LTC), for Nursing Homes, Assisted Living Facilities (ALF)
Title | Description of Duties | Name of Supervisor

PHARMACY MANAGER/PIC | Managed, Supervised & oversaw all activities of whole Pharmacy | Ms. Caro 4,000

To be continued on page 10

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial DL

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City State Zip	Telephone	Years Known
Name Allan Barth	Home	Las Vegas, NV 89103	[redacted]	15 yrs
Employer Medco Health	Business			
Name Festus Iyoha	Home	Las Vegas, NV 89130	[redacted]	15
Employer Medco Health	Business			
Name Gary Bodnar	Home	Las Vegas, NV 89146	[redacted]	15
Employer Medco Health	Business			
Name Kevin Kramp	Home	Las Vegas, NV 89103	[redacted]	20
Employer Medco Health	Business			
Name Edie	Home	Las Vegas, NV 89146	[redacted]	15
Employer Medco Health	Business			

10. Have you ever held a privileged, occupational or professional license in any state, including but notlimited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

(Yes) No

If yes, state type, where and years held

Pharmacist, Nevada 17 November 1995

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes (No)
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes (No)

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes (No)

If yes to the above, state where, when and for what reason:

N/A

Applicant's Initial DL

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler Yes No

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes No

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes No

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes No

ATTACH PHOTOGRAPH



Date of **photograph** October 30, 2021

Applicant's initial DL

STATE OF Nevada

ss.

COUNTY OF Clark

I, Don Nguyen Le, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 2nd day of November, 2021

Notary Public

KEETHAN NOJIRI
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 06-03-24
Certificate No: 20-3628-01

(seal)

Applicant's initial DL

8. Employment (cont.)

1/2000 - 9/2002 Caro Pharmacy (LTC), Nursing Homes, Assisted Living Facilities (ALF)
4000 employed Hours Las Vegas, NV 89102
Owner/Supervisor: Ms. Caro
Title: Pharmacy Manager/PIC
Duties: Managed, Supervised & oversaw all activity of pharmacy

1996 - 2000 Sav-on/Albertsons Pharmacy, LV, NV 8,000 hrs employed
Title: Pharmacist
Duties: Dispensed, consulted, fulfilled all duties of a pharmacist. Supervisor Mr. Arman

1996 - 1997 Federal clinic Pharmacy (Indian Paiute Tribe) 2,000 employed Hrs
Title: Pharmacy Manager/PIC Las Vegas, NV
Duties: Managed, Supervised & oversaw all activity of pharmacy
Worked with nurses, Medical assistants, Healthcare professionals
Owner/Supervisor: Different Federal People.

Applicant's initial DL

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 7/17/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy
Nature of License

The Medicine Shoppe LTC Pharmacy - 5801 Craig Dr., ~~Unit B~~ STE. 130, Las Vegas, NV 89130
Name and Address of Establishment for Which License Is Requested

N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Tadros | Mariana | Awni Al Fakhouri
Last Name | First Name | Middle Name

Maiden name: "Mariana Alfakhouri"
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[redacted] Spyglass Dr., Corona, CA 92833
Present Residence Address-Street or RFD | City | State/Zip

9194 Magnolia Ave., Riverside, CA 92503 Dates 04/2015 - Present
Present Business Address | City | State/Zip

Administration/Manager Dates 04/2018 - Present
Occupation

Phone: Residence [redacted]

Business (951) 977-8667

[redacted]
Date of Birth

Al Salt , Amman, Jordan
Place of Birth (City, County, State)

33 | [redacted] | Female
Age | Social Security Number | Sex

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Black	Light	119lbs	Slim	5'4"

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☑ No ☐ If alien, registration No

If naturalized, certificate No [redacted] Date 10/14/2015

Place Los Angeles, CA (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☑ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial M.T

A. **Current Marriage** [redacted] Pasadena, Los Angeles, CA
Date City, County and State

Spouse's full name (Maiden) Michael Tadros S.S. No [redacted]

Date of Birth [redacted] Place of Birth Cairo, Egypt

Resident address [redacted] Spyglass Dr., Corona, CA 92833
Street City State Zip

Telephone: Residence [redacted] Business (909) 542-9365

Spouse's employer The Medicine Shoppe Occupation Pharmacist / Pharmacy Owner

Address of employer 9675 Monte Vista Ave., Ste. A, Montclair, CA 91763
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				
N/A				
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					
N/A					
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Edward Tadros	[redacted]	Newport Beach, CA	[redacted] Spyglass Dr., Corona, CA 92833
Ethan Tadros		Newport Beach, CA	[redacted] Spyglass Dr., Corona, CA 92833
N/A			

B. Child Support Information:

Please mark the appropriate response:

☑ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial M.T

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address N/A

Contact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Awni Alfakhouri Father	[redacted]	[redacted] Spyglass Dr., Corona, CA 92833	Clerk
Raghda Alfakhouri Mother	[redacted]	[redacted] Spyglass Dr., Corona, CA 92833	Home maker
Edward Tadros (deceased) Father-In-Law	[redacted]	Cairo Egypt	Teacher
Nariman Hanna Mother-in-Law	[redacted]	[redacted] Spyglass Dr., Corona, CA 92833	Teacher

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Hisham Alfakhouri	[redacted]	Alsalt, Jordan	Sales Representative
Spouse Rita Dawoud		Alsalt, Jordan	Medical Assistant
Hussam Alfakhouri		Alsalt, Jordan	Sales Representative
Spouse Mera Fakhoury		Alsalt, Jordan	Preschool Principle
N/A			
Spouse N/A			
N/A			
Spouse N/A			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	N/A	N/A	N/A	Yes ☐ No ☐
High School	Granite Hills	Apple Valley, CA	2002 - 2004	Yes ☑ No ☐
College University	La Sierra University	Riverside, CA	2007 - 2010	Yes ☑ No ☐
Other				Yes ☐ No ☐

Type of degree obtained, if any Bachelor's of Science - Biology

College or university where obtained La Sierra University

Applicant's initial M.T

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☑

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☑

County N/A State N/A Date registered N/A

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☑ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					
N/A					
N/A					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☑ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☑

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☑

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☑

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☑
If yes, when? city, county and state

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☑
If yes when? city, county and state

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☑
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A				
N/A				
N/A				

Applicant's initial M.T

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☑ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				
N/A				
N/A				

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☑ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		
N/A		
N/A		
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
04/2015 - Present	[redacted] Spyglass Dr.,	Corona,	CA 92883
09/2013 - 03/2015	[redacted] Dakin Dr.,	Corona,	CA 92882
04/2008 - 09/2013	[redacted] Miami St.,	Riverside,	CA 92506
05/2002 - 04/2008	[redacted] Apple Valley Rd,.	[redacted] Apply Valley,	CA 92307
07/1995 - 05/2002	Alsalt, Jordan		
N/A			
N/A			
N/A			
N/A			
N/A			
N/A			

Applicant's initial M.T

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

04/2018 - Present	The Medicine Shoppe - 9194 Magnolia Ave., Riverside, CA 92503	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
CEO	Administration and Management	Self
Title	Description of Duties	Name of Supervisor
06/2015 - 04/2018	The Medicine Shoppe - 10237 Magnolia Ave., Riverside, CA 92503	Business Closure
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Human Resources Associate	Assist with employee training, relations, benefits, compensation	Michael Tadros
Title	Description of Duties	Name of Supervisor
12/2013 -	Allergan - 2525 Dupont Dr, Irvine, CA 92612	Laid off
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Compounding Management Associate	Compound inventory, preparation, and data entry	Nady Mettais
Title	Description of Duties	Name of Supervisor
07/2013 - 12/2013	Adecco Medical Sciences - 2525 Dupont Dr, Irvine, CA 92612	Hired at Allergan
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Compounding Management Associate	Compound inventory, preparation, and data entry	Nady Mettias
Title	Description of Duties	Name of Supervisor
09/2010 - 08/2012	LLVare - 710 Brookside Ave, Redlands, CA 92373	Personal Reasons
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Research Technician	Isolation of RNA & DNA, measurements of mRNA & pre-mRNA	Yossouf Amaar
Title	Description of Duties	Name of Supervisor
01/2009 - 06/2010	La Sierra University - 4500 Riverwalk Pkwy, Riverside, CA 92505	Contract Ended
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Teacher Assistant	Assistance in office & lab classes for Physics & Biology	Eugene Joseph
Title	Description of Duties	Name of Supervisor
10/2004 - 01/2009	N/A	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Unemployed		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A		
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial M.T

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Rindala Obeid	Home Loma Linda, CA 92354				[redacted]	12
Employer Kaiser	Business 9961 Sierra Ave, Fontana, CA 92335					
Name Miriam Nagoulat	Home San Bernardino, CA 92346					13
Employer Loma Linda University	Business 25455 Barton Rd., Loma Linda, CA 92354					
Name Uyan Azia	Home Eastvale, CA 92880					11
Employer Riverside University Health System	Business 4065 County Circle Dr., Riverside, CA 92503					
Name Dina Wasef	Home Corona, CA 92882					11
Employer Kaiser	Business 10800 Magnolia Ave, Riverside, CA 92505					
Name Hamsa Azar	Home Upland, CA 91784					10
Employer Kaiser	Business Sierra Ave, Fontana, CA 92335					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☑
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A			
N/A			
N/A			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☑ No ☐
If yes, state type, where and years held
Liquor - Irvine, CA - 2019
N/A
N/A

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☑ No ☐
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.
(Pharmacy; 04/2018 - Present; The Medicine Shoppe; 9194 Magnolia Ave., Riverside, CA 92503; California State Board of Pharmacy)
(Pharmacy; 02/2019 - Present; The Medicina Shoppe; 31946 Mission Trl., Ste. A-1, Lake Elsinore, CA 92530; California State Board of Pharmacy Partner - Fady Mosaad - 3100 Van Buren Blvd., #924, Riverside, CA 92503)
(Restaurant; 11/2014 - Present ; Cafe 350 - 350 Commerce, Unit 150, Irvine, CA 92602
Partner - Gerges 704 Pointe Vista Ln., Corona, CA 92881)

Applicant's initial M.T

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☑

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☑

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☑

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☑

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☑

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☑ No ☐

A



Date of photograph 7/2/2020

Applicant's initial MT

STATE OF California
ss.

COUNTY OF Riverside

I, Mariana Tadros, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Mariana A.
Original Signature of Applicant

Subscribed and Sworn to before me this 17 day of
July 2020
D. Antonio Mtn.
Notary Public

(seal)

D. ANTONIO MARTIN
Comm. #2239451
Notary Public California
Riverside County
Comm. Expires Jan 26, 2022

Applicant's initial M.T

N/A

Applicant's initial M-T

THE UNITED STATES OF AMERICA

No. [redacted]

CERTIFICATE OF [illegible]

Personal description of holder
as of date of naturalization

Date of birth: [redacted]

Sex: FEMALE

Height: [illegible]

Married person or child:
MARRIED

Name of former country of nationality:
JORDAN



Photograph of holder

Petition No. [redacted]

Pursuant to the provisions of the act of Congress approved June 29, 1906, as amended, and the Nationality Act of 1940, as amended, this certificate is issued to show that

[illegible]

has been duly admitted to the United States of America at a court with jurisdiction to naturalize aliens.

In Testimony Whereof, the seal of the court is affixed hereto.

Given under the seal of the court at

SAN BERNARDINO, CALIFORNIA

this

[illegible]

[illegible]

MARICARA WNUCZARCHOWSKI TADAUS

CORONA, CALIFORNIA

[illegible]

[illegible]

US DISTRICT COURT CENTRAL DISTRICT

LOS ANGELES, CALIFORNIA

OCTOBER 11, 1991

[illegible]

[illegible]

DUPLICATE

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 07/16/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy
Nature of License

The Medicine Shoppe LTC Pharmacy - 5801 Craig Dr., ~~Unit B~~ STE. 130, Las Vegas, NV 89130
Name and Address of Establishment for Which License Is Requested

N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
Anwar	Wael	Nabil

N/A
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[redacted] Lion St., Rancho Cucamonga, CA 91730
Present Residence Address-Street or RFD — City — State/Zip

1 World Way, Los Angeles, CA 90045 Dates 09/2012 - Present
Present Business Address — City — State/Zip

Flight Attendant Dates 06/2001 - Present
Occupation

Phone: Residence [redacted]

Business (800) 693-3582

[redacted] Cairo, Egypt
Date of Birth — Place of Birth (City, County, State)

Age	Social Security Number	Sex
43	[redacted]	Male

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Black	Light	185lbs		5'7"

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☑ No ☐ If alien, registration No

If naturalized, certificate No [redacted] Date 07/22/2005

Place Pomona, CA (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☑ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial WA

A. **Current Marriage** 05/21/2006 (Date) Mississauga, ON, Canada (City, County and State)

Spouse's full name (Maiden) Maria F. Kozman S.S. No [redacted]

Date of Birth [redacted] Place of Birth Cairo, Egypt

Resident address [redacted] Lion St., Rancho Cucamonga, CA 91730 (Street / City / State / Zip)

Telephone: Residence [redacted] Business N/A

Spouse's employer Self Occupation Homemaker

Address of employer [redacted] Lion St., Rancho Cucamonga, CA 91730 (Street / City / State / Zip)

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				
N/A				
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					
N/A					
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Paul Anwar	[redacted]	Glendora, CA	[redacted] Lion St., Rancho Cucamonga, CA 91730
Mina Anwar		Glendora, CA	[redacted] Lion St., Rancho Cucamonga, CA 91730
N/A			

B. Child Support Information:

Please mark the appropriate response:

☑ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial WA

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address N/A

Contact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Nabil Awad	[redacted]	[redacted] Archiblad Ave., Rancho Cucamonga, CA 91701	Manager
Mother	Zeizaf Ibrahim		[redacted] Archiblad Ave., Rancho Cucamonga, CA 91701	Home Maker
Father-in-Law	Fayez Mousa Kozman		[redacted] Mohamad Abdalla St., Cairo, Egypt	Public Relations Manager
Mother-in-Law	Kamilia Abdelsayed		[redacted] Lion St., Rancho Cucamonga, CA 91730	Home Maker

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Sameh Awad	[redacted]	[redacted] Elder Eastwood Ave., Orange, CA 92689	Business Owner
Spouse	Maria Botrous		[redacted] Elder Eastwood Ave., Orange, CA 92689	Home Maker
	N/A			
Spouse	N/A			
	N/A			
Spouse	N/A			
	N/A			
Spouse	N/A			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	College Patriarcal	Egypt	1981-1990	Yes ☑ No ☐
High School	College De La Salle	Egypt	1990 - 1993	Yes ☑ No ☐
College University	Helwan University	Egypt	1994 - 1998	Yes ☑ No ☐
Other	N/A			Yes ☐ No ☐

Type of degree obtained, if any Bachelor's of Science - Commerence & Business Administration

College or university where obtained Helwan University

Applicant's initial WA

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☑

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☑

County N/A State N/A Date registered N/A

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ 'No ☑ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					
N/A					
N/A					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☑ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☑

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☑

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☑

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☑
If yes, when? city, county and state

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☑
If yes when? city, county and state

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☑
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A				
N/A				
N/A				

Applicant's initial WA

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☑ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				
N/A				
N/A				

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☑ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		
N/A		
N/A		
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
09/2012 - Present	[redacted] Lion St.,	Rancho Cucamonga,	CA 91730
01/2007 - 08/2012	[redacted] Grove Ave., # [redacted]	Rancho Cucamonga,	CA 91730
02/2005 - 12/2006	[redacted] Lomita Dr., # [redacted]	Alta Loma,	CA 91701
02/2003 - 01/2005	[redacted] Placer St., # [redacted]	Rancho Cucamonga,	CA 91730
06/2002 - 01/2003	[redacted] Brevoort St.,	Kew Gardens,	NY 11415
01/2002 - 05/2002	[redacted] 118th St.,	Kew Gardens,	NY 11415
04/2001 - 12/2001	[redacted] Talbot St., # [redacted]	Kew Gardens,	NY 11415
01/2001 - 03/2001	[redacted] Cameron Ave.,	Rancho Cucamonga,	CA 91729
01/2000 - 12/2000	[redacted] Pacific Ave.,	Riverside,	CA 92509
10/1999 - 12/1999	[redacted] W. Badillo St.,	West Covina,	CA 91790
12/1994 - 09/1999	[redacted] Kaitbay St.,	Heliopolis, Cairo,	Egypt

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

06/2001 - Present	Delta Airlines - 1 World Way, Los Angeles, CA 90045	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Flight Attendant	Guide and assist the safety and comfort of passengers	Jesse Rhodes
Title	Description of Duties	Name of Supervisor
12/2010 - Present	Miracle Medical Industries, Inc. - 1701 S. Vineyard Ave., #E, Ontario, CA 91761	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
CEO	Importing and Distribution of Medical Supplies	Self
Title	Description of Duties	Name of Supervisor
09/2013 - 12/2014	Delicare Medical Supplies - 2132 S. Grove Ave., #6, Ontario, CA 91761	Closure of Business
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
President	Distribution of Medical Supplies	Self
Title	Description of Duties	Name of Supervisor
03/2005 - 12/2010	Valero - 01 W. 6th St., Corona, CA 92882	Sale of Business
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
President/Officer	Manage, own, and operate gas station	Self
Title	Description of Duties	Name of Supervisor
01/2003 - 02/2005	Valaro - 5700 Atlantic Blvd., Maywood, CA 90270	Sale of Business
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
President/Officer	Manage, own, and operate gas station	Self
Title	Description of Duties	Name of Supervisor
01/2000 - 05/2001	Mobil - 6824 Valley Way, Riverside, CA 92509	Hired at Delta Airlines
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Manager	Managing employees and daily operations	Nagy Attalla
Title	Description of Duties	Name of Supervisor
06-1999 - 09/1999	Delta Bank - 1191 Kornich El Nile , Downtown , Cairo , Egypt.	Immigrated to USA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Accountant	Process letter of credits to receive and send internationally	Tarek
Title	Description of Duties	Name of Supervisor
08/1998 - 05-1999	N/A	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Unemployed		
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial WA

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Adel Ebeid	Home [redacted] Church St., Apt 106, Rancho Cucamonga CA 91730				[redacted]	5
Employer The Medicine Shoppe	Business 9194 Magnolia ave Riverside CA, 92503					
Name Ramy Barsoum	Home [redacted] Shelby P., Apt 136 Rancho Cucamonga, CA 91739					5
Employer The Medicine Shoppe	Business 9194 Magnolia ave Riverside CA, 92503					
Name Philip Youssef	Home [redacted] Melbourne Pl., Riverside CA 92508					5
Employer The Medicine Shoppe	Business 9194 Magnolia ave Riverside CA, 92503					
Name Marianna Tadros	Home [redacted] Spyglass Dr., Corona, CA 92883					5
Employer The Medicine Shoppe	Business 9194 Magnolia ave Riverside CA, 92503					
Name Michael Tadros	Home [redacted] Spyglass Dr., Corona, CA 92883					5
Employer The Medicine Shoppe	Business 9194 Magnolia ave Riverside CA, 92503					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☑
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A			
N/A			
N/A			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☑
If yes, state type, where and years held
N/A

N/A

N/A

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☑
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.
N/A

N/A

N/A

Applicant's initial WA

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☑

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☑

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☑

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☑

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☑

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☑



Date of photograph 06/20/20

Applicant's initial WA

STATE OF Calfornia
ss.

COUNTY OF San Bernardino

I, WAEL N. ANWAR, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this ..... day of

.....

.....
Notary Public

(seal)

See Attached
Notarial Certificate

Applicant's initial WA

CALIFORNIA JURAT

(CALIFORNIA GOVERNMENT CODE § 8202)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA
COUNTY OF San Bernardino

Subscribed and sworn to (or affirmed) before me on this 16 day of July, 2020,
by Wael Nabil Anwar, proved to me on the basis of
(Name of Signer(s))
satisfactory evidence to be the person(s) who appeared before me.

CONTESSA RENEA LEE
Notary Public - California
San Bernardino County
Commission # 2180146
My Comm. Expires Jan 16, 2021

Signature of Notary Public (Notary Seal)

ADDITIONAL OPTIONAL INFORMATION

Description of Attached Document

Title or Type of Document: Personal History Document Date: 7/16/2020

Number of Pages: 10 Signer(s) Other Than Named Above: N/A

Additional Information: N/A

N/A

Applicant's initial WA

THE UNITED STATES OF AMERICA

CERTIFICATE OF NATURALIZATION

No. [redacted]

Personal description of holder as of date of naturalization:

Date of birth: [redacted]

Sex: **MALE**

Height: **5** feet **7** inches

Marital status: **SINGLE**

Country of former nationality:
EGYPT



CIS Registration No. [redacted]

I certify that the description given is true, and that the photograph affixed hereto is a likeness of me.

(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Secretary of Homeland Security

at: **LOS ANGELES, CALIFORNIA**

The Secretary having found that:

WAEL NABIL ANWAR

then residing in the United States, intends to reside in the United States when so required by the Naturalization Laws of the United States, and had in all other respects complied with the applicable provisions of such naturalization laws and was entitled to be admitted to citizenship, such person having taken the oath of allegiance in a ceremony conducted by the

US DISTRICT COURT CENTRAL DISTRICT

at: **POMONA CALIFORNIA** on: **JULY 22, 2005**

that such person is admitted as a citizen of the United States of America.

Director, U. S. Citizenship and Immigration Services

IT IS PUNISHABLE BY U. S. LAW TO COPY, PRINT OR PHOTOGRAPH THIS CERTIFICATE, WITHOUT LAWFUL AUTHORITY.

DEPARTMENT OF HOMELAND SECURITY

FORM N-550 REV. 4/04

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 07-16-2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy
Nature of License

The Medicine Shoppe LTC Pharmacy - 5801 Craig Dr., ~~Unit B~~ STE. 130, Las Vegas, NV 89130
Name and Address of Establishment for Which License Is Requested

N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Valencia (Last Name) | Chad (First Name) | Alexander (Middle Name)

N/A
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[redacted] Sardinia Sands Dr., Las Vegas, NV 89141
Present Residence Address-Street or RFD | City | State/Zip

6432 Beckman Glen Ct., Las Vegas, NV 89141 Dates 10/2019 - Present
Present Business Address | City | State/Zip

Data Analyst/Scientist, Consultant Dates 10/2019 - Present
Occupation

Phone: Residence [redacted]
Business

[redacted]
Date of Birth

Whitter, Los Angeles, CA
Place of Birth (City, County, State)

37 (Age) | [redacted] (Social Security Number) | Male (Sex)

Brown	Black	Tan	220lbs	Large	5'7"
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☑ No ☐ If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☑ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial CV

MARITAL INFORMATION-Continued

A. **Current Marriage**.....
Date City, County and State

Spouse's full name (Maiden)..... S.S. No.....

Date of Birth..... Place of Birth.....

Resident address.....
Street City State Zip

Telephone: Residence ..... Business .....

Spouse's employer..... Occupation.....

Address of employer.....
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				
N/A				
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					
N/A					
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
N/A			
N/A			
N/A			

B. Child Support Information:

Please mark the appropriate response:

☑ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial .....

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address N/A

Contact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Arturo Valencia Father	[redacted]	[redacted] Sardinia Sands Dr., Las Vegas, NV 89141	Business Development
Cristina Enrile Mother		[redacted] Sardinia Sands Dr., Las Vegas, NV 89141	Accountant
N/A Father-in-Law			
N/A Mother-in-Law			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Robert Valencia Spouse	[redacted]	[redacted] Sardinia Sands Dr., Las Vegas, NV 89141	Teacher
N/A			
N/A Spouse			
N/A			
N/A Spouse			
N/A			
N/A Spouse			
N/A			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	GSE / Suzanne Middle School	Walnut, CA	09/1991 - 06/1996	Yes ☑ No ☐
High School	Walnut High School	Walnut, CA	09/1997 - 06/2000	Yes ☑ No ☐
College University	UCLA	Los Angeles, CA	09/2000 - 06/2003	Yes ☑ No ☐
Other				Yes ☐ No ☐

Type of degree obtained, if any Bachelor's of Science, Mathematics-Economics

College or university where obtained University of California, Los Angeles

Applicant's initial CV

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☑

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☑

County N/A State N/A Date registered N/A

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☑ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					
N/A					
N/A					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☑ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☑

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☑

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☑

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☑
If yes, when? city, county and state

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☑
If yes when? city, county and state

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☑ No ☐
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
Art Valencia	Father	Immigration Fraud	Los Angeles, CA	2008
N/A				
N/A				

Applicant's initial

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☑ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				
N/A				
N/A				

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☑ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		
N/A		
N/A		
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
10/2019 - Present	[redacted] Sardinia Sands Dr.	Las Vegas	NV 89141
09/2018 - 10/2019	[redacted]52nd St., Apr. [redacted]	Woodside	NY 11377
03/2013 - 09/2018	[redacted] Laurel Ridge Dr.	Riverside	CA 92509
09/2012 - 03/2013	[redacted]Sardinia Sands Dr.	Las Vegas	NV 89141
09/2009 - 09/2012	[redacted] Beckman Glen Ct.	Las Vegas	NV 89141
01/2007 - 09/2009	[redacted] Laurel Ridge Dr.	Riverside	CA 92509
09/2005 - 01/2007	[redacted]52nd St., Apr. [redacted]	Woodside	NY 11377
06/2003 - 09/2005	[redacted] Muirfield Ln.	Walnut	CA 91789
06/2002 - 06/2003	[redacted] Gayley Ave.	Los Angeles	CA 90024
09/2000 - 06/2002	[redacted] De Neve Dr.	Los Angeles	CA 90024
12/1994 - 09/2000	[redacted] Muirfield Ln.	Walnut	CA 91789

Applicant's initial CW

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
05/2019 - 12/2019	Noble Desktop - 185 Madison Ave., New York, NY 10016	Moved to Las Vegas
Title	Description of Duties	Name of Supervisor
Instructor	Taught data science courses	Zach Cohen
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
05/2018 - 05/2019	Codecademy - 575 Broadway, New York, NY 10012	Moved to New York
Title	Description of Duties	Name of Supervisor
Instructor	Taught data science courses	Tracy Teague
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2017 - Present	Freelance Data Scientist	N/A
Title	Description of Duties	Name of Supervisor
Data Scientist	Independent Data Projects	Self
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2004 - 09/2017	Owl Homecare Pharmacy - 13851 Garvey Ave Suite A Baldwin Park, CA 91706	Business Closure
Title	Description of Duties	Name of Supervisor
Analyst	Billing Analysis and Consulting	Cristina Valencia
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2001 - 10/2004	Unemployed	N/A
Title	Description of Duties	Name of Supervisor
N/A	N/A	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2000 - 10/2001	UCLA Access Control - 330 De Neve Dr, Los Angeles, California 90024	Focus on graduating
Title	Description of Duties	Name of Supervisor
Volunteer	Access Monitor Security for Droms	Junji Toshima
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A		
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial SV

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Jane Lagunilla	Home [redacted]	White Sands Way, Arverne, NY 11692			[redacted]	15
Employer Memorial Sloan Kettering	Business	16 E. 60th St., New York, NY 10022				
Name Theresa Francisco	Home [redacted]	White Sands Way, Arverne, NY 11692				30
Employer Retired	Business	N/A				
Name Tony Chou	Home [redacted]	Walnut Canyon Rd., Walnut, CA 91789				25
Employer LA-USC	Business	2051 Marengo St., Los Angeles, CA 90033				
Name David Aure	Home [redacted]	Scotch Pine Ridge, Yorba Linda, CA 92886				25
Employer Realtor	Business [redacted]	Scotch Pine Ridge, Yorba Linda, CA 92886				
Name Brandon Nichols	Home [redacted]	Overland St., Riverside, CA 92503				10
Employer Self-Employed	Business [redacted]	Overland St., Riverside, CA 92503				

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☑
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A			
N/A			
N/A			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☑
If yes, state type, where and years held

N/A

N/A

N/A

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☑
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

N/A

N/A

Applicant's initial _____

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☑

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☑

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☑

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☑

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☑

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☑

ATTACH PHOTOGRAPH



Date of photograph 07-16-2020

Applicant's initial CV

STATE OF Nevada

ss.

COUNTY OF Clark

I, Chad Valencia, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent, and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 16th day of July 2020

Notary Public

STEPANIE PARLADE
Notary Public - State of Nevada
County of Clark
APPT. NO. 18-3080-1
My App. Expires July 12, 2022

Applicant's initial

ADDITIONAL INFORMATION

N/A

Applicant's initial CV

GEORGE S. CARDONA
United States Attorney
THOMAS P. O'BRIEN
Assistant United States Attorney
Chief, Criminal Division
ELISA FERNANDEZ (Cal. State Bar No. 172004)
Assistant United States Attorney
Public Corruption & Civil Rights Section
1300 United States Courthouse
312 North Spring Street
Los Angeles, California 90012
Telephone: (213) 894-7383
Facsimile: (213) 894-6436
E-mail: Elisa.fernandez@usdoj.gov

Attorneys for Plaintiff
UNITED STATES OF AMERICA

UNITED STATES DISTRICT COURT

FOR THE CENTRAL DISTRICT OF CALIFORNIA

UNITED STATES OF AMERICA Plaintiff, v. ARTURO VALENCIA, Defendant.	CR No. 05-0002-PA STIPULATION TO CONTINUE DEFENDANT ARTURO VALENCIA'S SENTENCING HEARING Sentencing Date: July 20, 2007 Proposed Date: January 7, 2008

Plaintiff United States of America, by and through its counsel of record, the United States Attorney for the Central District of California, defendant Arturo Valencia ("Valencia"), individually and through his counsel, Federal Public Defender Nadine Hettle, hereby agree and jointly stipulate, and request that the court continue defendant Valencia's sentencing hearing from July 20, 2007, at 8:30 a.m., to January 8, 2008, at 8:30

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///

a.m. for the following reasons:

1. On February 14, 2005, defendant Valencia pled guilty to a two-count information of conspiring to commit immigration fraud and his participation in an immigration fraud scheme which involved the law corporation of Korenberg, Abramowitz & Feldun ("KAF").

2. After defendant entered his guilty plea, the government continued its investigation into the illegal activities of KAF in relation to KAF's partners, associates and employees who participated in an immigration fraud scheme. To that end, defendant agreed to assist the government in completing its investigation, and has been doing so since entering his guilty plea.

3. Two partners of the KAF law firm, Daniel Korenberg ("Korenberg") & Steven Rodriguez ("Rodriguez"), have been indicted on presenting false immigration documents and petitions to the Immigration and Naturalization Service ("INS") in violation of Title 18, United States Code, Sections 371, 1001, and 1546(a). Korenberg and Rodriguez are set to proceed to trial on October 16, 2007.

4. Several defendants are scheduled to be sentenced in November and December 2007. Defendant Valencia's cooperation may be needed to prepare for those sentencings.

5. Defendant presently is on bond and has fully complied with all of the terms of pretrial release. Neither defendant nor defendant's counsel object to a continuance of the sentencing in this matter. Therefore, the parties request that defendant's sentencing date be continued to December 3, 2007 to provide

defendant further opportunity to cooperate and for the government to evaluate the scope and extent of defendant's cooperation and file a Section 5K1.1 motion, if warranted. The parties also request a continuance in the time to respond to the Presentence Report, and agree to serve the Probation Department their respective response by hand delivery.

Accordingly, the parties jointly request that the sentencing in this matter should be continued from July 20, 2007 to January 8, 2008, at 8:30 a.m.

June ___, 2007

Respectfully submitted

GEORGE S. CARDONA
United States Attorney

ELISA FERNANDEZ
Assistant United States Attorney

Attorneys for Plaintiff
United States of America

June ___, 2007

ARTURO VALENCIA
Defendant

June ___, 2007

NADINE HETTLE
Attorney for Defendant
ARTURO VALENCIA

GEORGE S. CARDONA
United States Attorney
THOMAS P. O'BRIEN
Assistant United States Attorney
Chief, Criminal Division
ELISA FERNANDEZ (Cal. State Bar No. 172004)
Assistant United States Attorney
Public Corruption & Civil Rights Section
1300 United States Courthouse
312 North Spring Street
Los Angeles, California 90012
Telephone: (213) 894-7383
Facsimile: (213) 894-6436

Attorneys for Plaintiff
UNITED STATES OF AMERICA

UNITED STATES DISTRICT COURT

FOR THE CENTRAL DISTRICT OF CALIFORNIA

UNITED STATES OF AMERICA, Plaintiff, v. ARTURO VALENCIA, Defendant.	CR No. 05-0002-PA [PROPOSED] ORDER REGARDING STIPULATION TO CONTINUANCE SENTENCING HEARING FOR DEFENDANT ARTURO VALENCIA Sentencing Date: July 20, 2007 Proposed Date: January 7, 2008

GOOD CAUSE HAVING BEEN SHOWN in the parties' stipulation to continue the sentencing in the above-entitled matter from July 20, 2007 to January 7, 2008, at 8:30 a.m., IT IS FOUND AND ORDERED that the sentencing in this matter is continued from July 20, 2007 to January 7, 2008, at 8:30 a.m. IT IS FURTHER ORDERED THAT Defendant Arturo Valencia appear on January 8, 2008,

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///

///

at 8:30 a.m. in the courtroom of the Honorable Percy Anderson located at 312 N. Spring Street, Los Angeles, California, Courtroom 15.

DATED: June __, 2007

THE HON. PERCY ANDERSON
United States District Judge

Submitted By:

ELISA FERNANDEZ

defendant further opportunity to cooperate and for the government to evaluate the scope and extent of defendant's cooperation and file a Section 5K1.1 motion, if warranted. The parties also request a continuance in the time to respond to the Presentence Report, and agree to serve the Probation Department their respective response by hand delivery.

Accordingly, the parties jointly request that the sentencing in this matter should be continued from July 20, 2007 to January 8, 2008, at 8:30 a.m.

June ___, 2007

Respectfully submitted

GEORGE S. CARDONA
United States Attorney

ELISA FERNANDEZ
Assistant United States Attorney

Attorneys for Plaintiff
United States of America

June ___, 2007

ARTURO VALENCIA
Defendant

June ___, 2007

NADINE HETTLE
Attorney for Defendant
ARTURO VALENCIA

FEDERAL PUBLIC DEFENDER
321 East 2nd Street
Los Angeles, California 90012-4202

Telephone (213) 894-2854
Facsimile (213) 894-0081

FACSIMILE TRANSMISSION COVER SHEET

Date Sent:

TO:

NAME: Arturo Valencia

FAX #: 951-727-0696 **VOICE #:**

Number of Pages to Follow: 5

FROM: Nadine Hetke

COMMENTS: Art, just return the signature page (p. 3)

IN EVENT OF TRANSMISSION ERROR OR FOR VOICE COMMUNICATION

FAX (213) 894-0081 or CALL (213) 894-2854

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

2 attorneys charged with work visa fraud

The immigration lawyers allegedly filed false applications for foreign nationals employed at their firm, and perhaps for others.

By Anna Gorman
Times Staff Writer

Two local immigration attorneys have been charged with fraud after allegedly filing false employment visa applications for 14 foreign nationals working for their firm, according to a federal grand jury indictment released Thursday.

The lawyers, of ASK Law Group in Sherman Oaks, filed the fraudulent applications and paid their employees in cash while awaiting approval for the visas, according to the indictment. Investigators believe the attorneys also filed false visa applications on behalf of hundreds of other foreigners looking for work at other companies.

"This is the largest immigration fraud probe ever mounted against a Los Angeles-area law firm," said Jennifer Silliman, deputy special agent in charge of the local office of Immigration and Customs Enforcement.

The indictment charges Daniel Korenberg, a senior partner at the law firm, and Steven James Rodriguez, a senior associate, with visa fraud and conspiracy to commit visa fraud. Korenberg faces a possible sentence of 225 years in federal prison. Rodriguez faces up to 15 years in prison.

Another partner in the firm, Philip Abramowitz, 53, has already pleaded guilty to conspiracy and visa fraud.

The indictment accused the men of committing fraud between 2000 and 2003.

To obtain an employment visa for a foreign worker, a company must prove it cannot find a qualified U.S. employee to fill a specific job. The H-1B visas are limited to foreign workers with at least a bachelor's degree. Firms must pay foreign workers the prevailing wage.

Investigators said Korenberg, 57, and Rodriguez, 40, wrote false job titles and salaries on the visa applications, citing jobs that didn't exist. They also allegedly lied about the foreigners' work experience.

The fake job titles included accountant, human resources specialist and systems analyst/programmer. The employees were actually doing secretarial work, investigators said.

Several were here on visitors' visas, which did not allow them to work, agents said.

U.S. Citizenship and Immigration Services plans to review all the visa applications that are suspect, said spokeswoman Marie Sebrechts. If applicants were complicit in any fraud, their visas could be revoked, she said.

The ASK Law Group is based in Sherman Oaks, but has offices in Los Angeles, San Diego, San Francisco and Las Vegas. According to the firm's website, lawyers provide services to individuals, small businesses and large corporations.

Because the defendants are attorneys, Silliman said, they know how to work the system and get around loopholes.

"It's always disturbing when attorneys manipulate the system for financial gain," said Thom Mrozek, spokesman for the U.S. attorney's office in Los Angeles.

Korenberg, Abramowitz and Rodriguez did not return calls for comment. Korenberg and Rodriguez are scheduled to appear in U.S. District Court in Los Angeles on March 29.

The firm had a decent reputation, so the charges were shocking, said John Ayala, vice chairman of the Southern California chapter of the American Immigration Lawyers Assn.

"We hope the allegations are not true," Ayala said. "If they are found true, I think it's an aberration. It doesn't reflect the immigration bar of Southern California."

anna.gorman@latimes.com

STOCK TRANSFER LEDGER

NAME OF STOCKHOLDER	PLACE OF RESIDENCE	TIME BECAME OWNER	CERTIFICATES ISSUED		FROM WHOM SHARES WERE TRANSFERRED (If Original Issue Enter As Such)	AMOUNT PAID THEREON	DATE OF TRANSFER OF SHARES	TO WHOM SHARES ARE TRANSFERRED	CERTIFICATES SURRENDERED	
			CERTIF. NOS.	NO. SHARES					CERTIF. NOS.	NO. SHARES
Mariana Tadros	[redacted] Spyglass Dr. Corona, CA 92883	9/6/19	1	2000	Original					
Wael Anwar	[redacted] Lion Street Rancho Cucamonga CA 91730	9/6/19	2	2000	Original					
Arturo I. Valencia	[redacted] Sardinia Sands Dr., Las Vegas, NV 89141	9/6/19	3	1000	Original		07/15/20	Chad Valencia	3	1000
Chad Valencia	[redacted] Sardinia Sands Dr. Las Vegas, NV 89141	07/15/20	4	1000	Arturo Valencia	$1.00				

9

855-28 -352

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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*** 02130

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

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☑ *Partnership - Pages 1,2,6,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: UpScript Pharmacy, LLC

Physical Address: 9826 S. Jordan Gateway

Mailing Address: 9826 S. Jordan Gateway

City: Sandy State: Utah Zip Code: 84070

Telephone: 855. 289. 3552 Fax: 833. 901. 0116

Toll Free Number: 855. 289. 3552 (Required per NAC 639.708)

E-mail: ldimick@upscripthealth.com Website: N/A

Managing Pharmacist: Lisa Dimick License Number: ~~153881-1701~~ 2/5809 ✓ ok Temp.

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☑	☐ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds____)	☐	☑ Parenteral **
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☑	☐ Mail Service
☐	☑ Community	☐	☑ Long Term Care
☐	☑ Other: _____	☐	☑ Sterile Compounding **
		☐	☑ Non Sterile Compounding
	All boxes must be checked	☐	☑ Mail Service Sterile Compounding **
	For the application to be complete	☐	☑ Other Services: _____

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

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

Peter Ax
Print Name of Authorized Person

10·06·21
Date

Board Use Only Date Processed:_____ Amount: 500 CHECK # 7001700

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP General _____ Limited X

Partnership Name: UpScript Health, LLC

Mailing Address: 7033 E. Greenway Pkwy, Suite 310

City: Scottsdale State: AZ Zip Code: 85254

Telephone Number: (480) 707-4534 Fax Number: (480) 707-4534

Contact Person: Peter Ax

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

Name	G or L	Percentage
See attached document - 'Ownership Details'		

List names of 4 largest partners and percentage of ownership:

Name: See attached document - 'Ownership Details' %: _____

Name: _____ %: _____

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 5:00 pm Saturday on call am _____ pm

Sunday on call am _____ 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

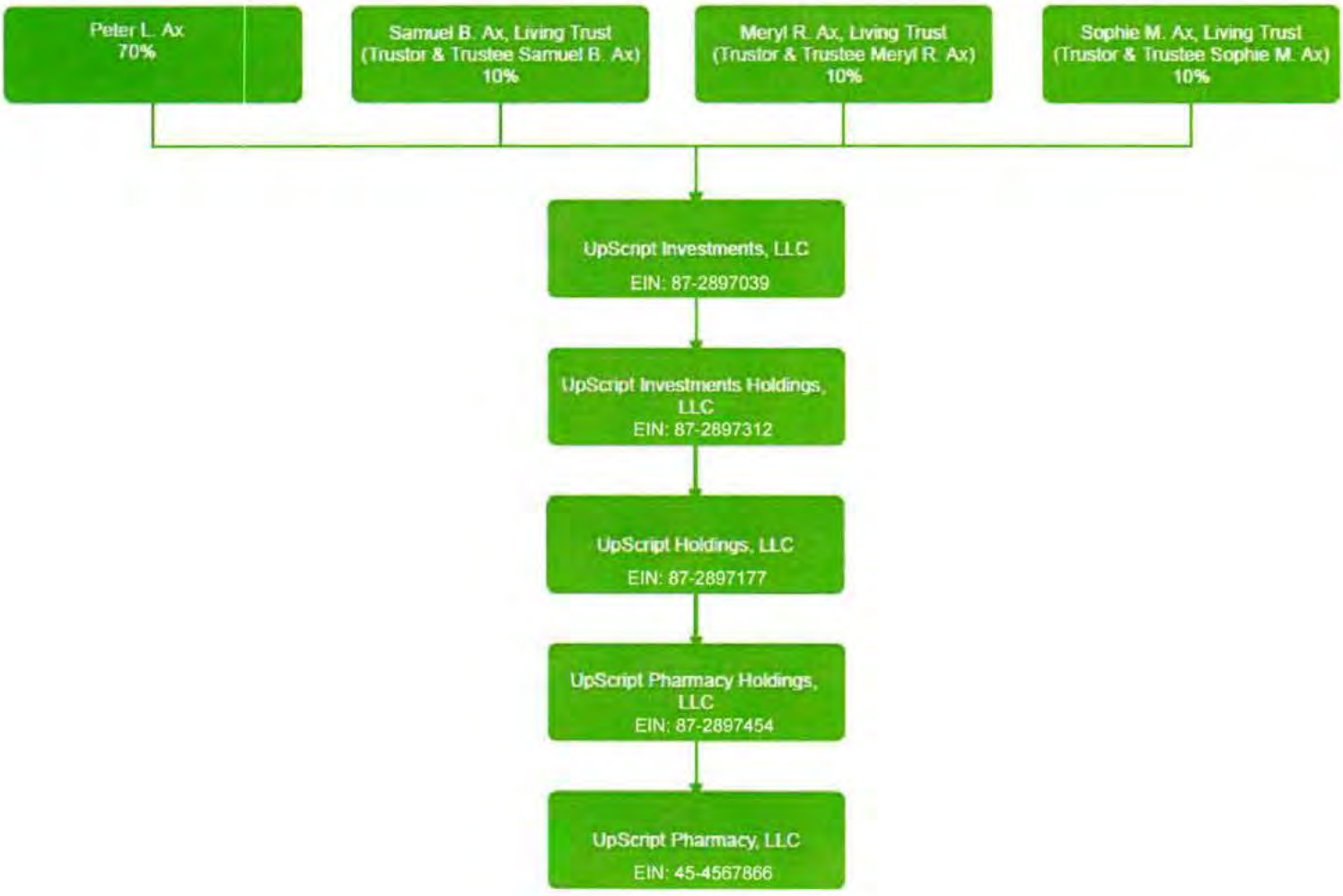
Bella Brands, LLC

Corporate Structure until 11.20.2021



UpScript Pharmacy, LLC

Corporate Structure after Ownership & Name Changes - 11/20/2021



Peter L. Ax - 70%
Social Security [redacted]
DOB: [redacted]

Samuel B. Ax Living Trust - 10%
Trustor: Samuel B. Ax
Trustee: Samuel B. Ax
Created: March 27, 2019
EIN: 35-7240251

Meryl R. Ax Living Trust - 10%
Trustor: Meryl R. Ax
Trustee: Meryl R. Ax
Created: February 27, 2019
EIN: 38-7227577

Sophie M. Ax Living Trust - 10%
Trustor: Sophie M. Ax
Trustee: Sophie M. Ax
Created: April 10, 2019
EIN: 37-6692988

UpScript Pharmacy, LLC

Ownership Details

Owner - Pharmacy Operations Holdings, LLC (100% Ownership)

Office Address

7033 East Greenway Parkway Suite 310

Scottsdale, AZ 85254

Ph: (480) 707-4534

Managing Member - Peter Ax

Social Security: [redacted]

DOB: [redacted]

Email: Pax@upscripthealth.com

Office Address

7033 East Greenway Parkway Suite 310

Scottsdale, AZ 85254

Ph: (480) 707-4534

Home Address

[redacted] East Cactus Wren Road

Scottsdale, AZ 85253

Phone: [redacted]

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Peter Ax

Responsible Person of UpScript 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

Peter Ax
Print Name of Authorized Person

09-21-2021
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Utah)
) ss.
Salt Lake COUNTY)

I, Lisa Dimick, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PIC for Bella Brands LLC (the Δ UpScript Pharmacy, LLC Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Lisa Dimick, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Lisa Dimick
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
22 day of September, 2021.

NOTARY PUBLIC

JAIME BARBA
Notary Public - State of Utah
Comm. No 715753
My Commission Expires on
Dec 14, 2024

Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: http://www.commerce.utah.gov

11/12/2021
8353766-016111122021-1689188

CERTIFICATE OF EXISTENCE

Registration Number:	8353766-0161
Business Name:	UPSCRIPT PHARMACY, LLC
Registered Date:	August 20, 2012
Entity Type:	LLC - Foreign
Status:	Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division **(unless Delinquent)**; and, that Articles of Dissolution have not been filed.

L. Veillette

Leigh Veillette
Director
Division of Corporations and Commercial Code

STATE OF ARIZONA

Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

UpScript Pharmacy, LLC

ACC file number: L17409450

was incorporated under the laws of the State of Arizona on 02/21/2012, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **12/20/2021**

Matthew Neubert, Executive Director

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

UpScript Pharmacy LLC

EFFECTIVE **11/19/2021**
EXPIRATION **09/30/2023**

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)
12533283-1704 Pharmacy - Class B
Closed Door

DBA: None Associated

IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

UPSCRIPT PHARMACY LLC
9826 S JORDAN GATEWAY
SANDY UT 84070

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING
ACTIVE LICENSE

EFFECTIVE DATE: **11/19/2021**

EXPIRATION DATE: **09/30/2023**

ISSUED TO: **UpScript Pharmacy LLC**
9826 S Jordan Gateway
Sandy UT 84070

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

12533283-1704 **Pharmacy - Class B** **Closed Door**

DBAs: **None Associated**

Form #1

SPENCER J. COX
Governor
DEIDRE M. HENDERSON
Lieutenant Governor

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

MARGARET W. BUSSE
Executive Director

MARK B. STEINAGEL
Division Director

VERIFICATION OF UTAH LICENSURE

Created On: 03/01/2022

This verification is considered a primary source from the State of Utah.

Name of Licensee (as it appears in our records): UpScript Pharmacy LLC

Classification of License Issued: Pharmacy - Class B

License Number: 12533283-1704

Obtained By: Application

Current Status: Active

Original Date of Licensure: 11/19/2021

Expiration Date: 09/30/2023

Agency and Disciplinary Action: NO

Docket Number: N/A

The information provided on this form is accurate and correct as of the verification creation date listed on the top of this form. Original issue dates listed, as 01/01/1910 and 01/01/1911 were unknown when the division implemented its first licensing database. This verification form does not show a complete history or interruptions in licensure. If you have any questions please contact the division.

Nevada Board of Pharmacy
License #PH02930

UpScript Pharmacy, LLC

Acknowledgment of Pharmacy Practice

UpScript Pharmacy, LLC, does not handle or dispense any controlled substances. Therefore, the pharmacy does not have a DEA number. If that changes in the future, the Pharmacist-in-Charge will contact the board immediately and obtain a controlled substance registration from the board.

UpScript Pharmacy, LLC, does not prepare or dispense compounded products. If that changes in the future, the Pharmacist-in-Charge will contact the board immediately and obtain a sterile compounding modifier registration from the board.

Thank you,

Lisa Dimick

Pharmacist In Charge

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

160 E 300 S
P.O. Box 16741
Salt Lake City, UT 84114-6741
Email: DOPLInvestigations@utah.gov
Telephone : (801) 530-6628
Toll Free in Utah: (866) 275-3675
Investigation Fax: (801) 530-6301
Website: www.dopl.utah.gov

CLASS B CLOSED DOOR INSPECTION

☐ Random
☒ Opening

INFORMATION

Pharmacy Name: Upscript Pharmacy, LLC Date: 1/21/22
License Number: 12533283-1704 Exp Date: 5/19/22
C.S. License Number: N/A Exp Date: N/A
DEA Registration: N/A Exp Date: N/A
Pharmacy FEIN # AS- 4567866
Pharmacy Email: LDimick@upscripthealth.com
Pharmacy Phone: (855 289 3552 Fax: 801 566 5596
Toll Free Number: 801 262 6601 - Local
Affiliated Websites: Upscriptpharmacy.com
Pharmacy Hours: Monday-Friday: 8-5p Saturday: Closed Sunday: Closed/on call
Pharmacy Address: 9826 S Jordan Gateway
City: Sandy State: UT Zip: 84070
Pharmacist In Charge (PIC): Lisa Dimick
PIC License # 153881-1101 Expiration Date: 9/30/23

Personnel

List ALL pharmacists, interns, pharmacy technicians and techs-in-training (attach a separate sheet, if necessary):

Name: See Attached	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
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Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:

INSPECTION

	YES	NO	
1	☒	☐	Class B pharmacy means a pharmacy located in Utah that is authorized to provide pharmaceutical care for patients in an institutional setting; and whose primary purpose is to provide a physical environment for patients to obtain health care services; and includes closed-door, hospital, clinic, nuclear, and branch pharmacies; and pharmaceutical administration and sterile product preparation facilities. [UCA 58-17b-102 (11)(a)(i-ii)(b)(i-ii)]
2	☒	☐	The facility shall maintain a current list of licensed employees involved in the practice of pharmacy at the facility. The list shall include individual licensee names, license classifications, license numbers, and license expiration dates. The list shall be readily retrievable. The list may be maintained in paper or electronic form. [UAC R156-17b-614a (5)]
3	☒	☐	Notification has been provided to the Division in regards to the unique email address used in self audits or alerts for the pharmacy. The pharmacy will notify the Division of any change in the email address within seven days of the change. [UAC R156-17b-603(3)(t) (i-ii)]
4	☒	☐	Notification has been provided to the Division in regards to the assignment of the PIC at the above stated pharmacy. The Division is notified of a change in PIC within 30 days of the change. [UAC R156-17b-603 (3) (s)]
5	☐	☐	If the facility has a pharmacy technician training program, the program and curriculum of education and training, meets standards established by Division rule made in collaboration with the Board. [UAC R156-17b-303a (3)] ☒ N/A
6	☒	☐	A pharmacy technician trainee shall practice only under the direct supervision of a pharmacist, and in a ratio not to exceed one pharmacy technician trainee to one pharmacist. [UAC R156-17b-601(4)(a)]
7	☒	☐	Pharmacy technicians shall have general supervision by a pharmacist. [UCA 58-17b-102 (56)]
8	☒	☐	The operating standards for a Pharmacist acting as a preceptor includes meeting the following criteria by providing direct, on-site supervision to no more than two pharmacy interns during a working shift. [UAC R156-17b-606(1)(d)(i)]
9	☒	☐	In accordance with Subsecton 58-17b-102(71)(b) all supportive personnel shall be under the supervision of a licensed pharmacist or DMP. The licensed pharmacist or DMP shall be present in the area where the person being supervised is performing services and shall be immediately available to assist the person being supervised in the serivces being performed except for the delivery of pre-filled prescriptions as provided in Subsection (1)(g) above. [UAC R156-17b-607 (3)]
10	☒	☐	In accordance with Subsection 58-17b-102(71)(a), supportive personnel may assist in any tasks not related to drug preparation or processing including: stock ordering and restocking; cashiering; billing; filing; receiving a written prescription and delivering it to the pharmacist, pharmacy intern, pharmacy technician, pharmacy technician trainee, DMP, or DMP desigenee; housekeeping; and delivering a pre-filled prescription to a patient. [UAC R156-17b-607 (1)(a-g)]

11 ☒ ☐ The pharmacist-in-charge (PIC) is responsible for assuring that no pharmacy or pharmacist operates the pharmacy or allows operation of the pharmacy with a ratio of pharmacist to pharmacy personnel which, under the circumstances of the particular practice setting, results in, or reasonably would be expected to result in, an unreasonable risk of harm to public health, safety, and welfare. [UAC R156-17b-603 (3) (r)]

12 ☒ ☐ All individuals employed in a pharmacy facility having any contact with the public or patients receiving services from that pharmacy facility does wear on their person a clearly visible and readable identification showing the individual's name and position. [UCA 58-17b-603 (1)]

13 ☒ ☐ When communicating by any means, written, verbal, or electronic, pharmacy personnel do identify themselves as to licensure classification. [UCA 58-17b-603 (2)]

14 ☒ ☐ The facility or parent company does maintain a record for not less than five years of the initials or identification codes that identify each dispensing pharmacist by name. The initials or identification codes shall be unique to ensure that each pharmacist can be identified; therefore identical initials or identification codes shall not be used. [UAC R156-17b-614a (8)]

15 ☒ ☐ The facility does have current and retrievable editions of the following reference publications in print or electronic format and readily available and retrievable to facility personnel: [UAC R156-17b-614a (4) (a-k)]

- ☒ UCA 58-1 (DOPL Licensing Act)
- ☒ UCA 58-17b (Pharmacy Practice Act)
- ☒ UCA 58-37 (Controlled Substance Act)
- ☒ UCA 58-37f (Controlled Substance Database Act)
- ☒ Code of Federal Regulations Title 21 parts 1300 to end
- ☒ General Drug References
- ☒ UAC R156-1 (General Rules of DOPL)
- ☐ UAC R156-17b(Pharmacy Practice Act Rules)
- ☒ UAC R156-37(Controlled Substance Act Rules)
- ☐ UAC R156-37f (Controlled Substance Database Act Rule)
- ☒ FDA Approved Drug Product(Orange Book)

16 ☒ ☐ The facility is well lighted, ventilated, clean and sanitary. [UAC R156-17b-614a (1) (a)]

17 ☒ ☐ If transferring a drug from a manufacturer's or distributor's original container to another container, the dispensing area, shall have a sink with hot and cold culinary water separate and apart from restroom facilities. All required equipment shall be clean and in good operating condition. [UAC R156-17b-614a (1) (b)]

18 ☒ ☐ The facility is equipped to permit the orderly storage of prescription drugs and durable medical equipment in a manner to permit clear identification, separation and easy retrieval of products and an environment necessary to maintain the integrity of the product inventory. [UAC R156-17b-614a (1) (c)]

19 ☒ ☐ The facility is equipped to permit practice within the standards and ethics of the profession as dictated by the usual and ordinary scope of practice to be conducted within that facility. [UAC R156-17b-614a (1) (d)]

20 ☒ ☐ All out of date legend drugs and controlled substances shall be removed from the inventory at regular intervals and in correlation to the beyond use date imprinted on the label. [UAC R156-17b-605 (1)]

21 ☒ ☐ The facility is stocked with the quality and quantity of product necessary for the facility to meet its scope of practice in a manner consistent with the public health, safety and welfare. [UAC R156-17b-614a (1) (e)]

22 ☐ ☐ N/A If dispensing controlled substances, the facility is equipped with a security system to permit detection of entry at all times when the facility is closed, and provide notice of unauthorized entry to an individual, and be equipped with a lock on any entrances to the facility where drugs are stored. [UAC R156-17b-614a (1) (f)(i-ii)(g)]

23 ☒ ☐ If the pharmacy does not store drugs in a locked cabinet and has a drop/false ceiling, the pharmacy's perimeter walls shall extend to the hard deck, or other measures shall be taken to prevent unauthorized entry into the pharmacy. [UAC R156-17b-614a (15)] ☐ N/A

24 ☒ ☐ Only a licensed Utah pharmacist or authorized pharmacy personnel does have access to the pharmacy when the pharmacy is closed. [UAC R156-17b-614a (7)]

25 ☒ ☐ A pharmacy shall not dispense a prescription drug or device to a patient unless a pharmacist is physically present and immediately available in the facility. [UAC R156-17b-614a(6)]

26 ☒ ☐ The temperature of the pharmacy is maintained within a range compatible with the proper storage of the drugs. [UAC R156-17b-614a (2)]

27 ☒ ☐ The temperature of the refrigerator and freezer is maintained within a range compatible with the proper storage of drugs requiring refrigeration or freezing. The pharmacy shall keep a daily written or electronic log of the temperature of the refrigerator or freezer on days of operation. The pharmacy shall retain the log entry for three years. [UAC R156-17b-614a (2)]

28 ☒ ☐ For the purpose of promoting therapeutic appropriateness, a pharmacist shall at the time of dispensing a prescription, or a prescription drug order, review the patient's medication record. Such review shall at a minimum identify clinically significant conditions, situations or items, such as: [UAC R156-17b-611 (2) (a-g)]

- ☒ Inappropriate drug utilization
- ☒ Drug-disease contraindications
- ☒ Incorrect drug dosage
- ☒ Drug-allergy interactions
- ☒ Therapeutic duplications
- ☒ Drug-drug interactions
- ☒ Incorrect duration of drug treatment
- ☒ Clinical abuse or misuse

29 ☒ ☐ Patient counseling shall not be required for inpatients of a hospital or institution where other licensed health care professionals are authorized to administer the patient's drugs. [R156-17b-610 (7)]

30 ☒ ☐ Every pharmacy shall verbally offer to counsel a patient or a patient's agent in a personal face-to-face discussion regarding each prescription drug dispensed. If the patient's agent delivers the prescription in person to the pharmacist or pharmacy intern; or receives the drug in person at the time it is dispensed at the facility. [UCA 58-17b-613 (1)]

31 ☒ ☐ A pharmacist or pharmacy intern that receives a prescription from a patient by means other than personal delivery, and that dispenses prescription drugs to the patient by means other than personal delivery shall provide patient counseling to a patient regarding each prescription drug the pharmacy dispenses and provide each patient with a toll-free telephone number by which the patient can contact the pharmacist or pharmacy intern at the pharmacy for counseling. [UCA 58-17b-613(2)]

32 ☐ ☐ If a prescription drug order is delivered to the patient or the patient's agent at the patient's or other designated location, the following is applicable: [UCA R156-17b-610(6)(a-c)

N/A

☐ the pharmacy shall provide the information specified in R156-17b-610(3) be delivered with the dispensed prescription in writing:
(a) the name and description of the prescription drug;
(b) the dosage form, dose, route of administration and duration of drug therapy;
(c) intended use of the drug, when known, and expected action;
(d) special directions and precautions for preparation, administration and use by the patient;
(e) common severe side or adverse effects or interactions and therapeutic contraindications that may be encountered,
including their avoidance, and the action required if they occur;
(f) techniques for self-monitoring drug therapy;
(g) proper storage;
(h) prescription refill information;
(i) action to be taken in the event of a missed dose;
(j) pharmacist comments relevant to the individual's drug therapy, including any other information specific to the patient or '
drug; and
(k) the date after which the prescription should not be taken or used, or the beyond use date.

☐ if prescriptions are routinely delivered outside the area covered by the pharmacy's local telephone service, the pharmacist shall place on the prescription container or on a separate sheet delivered with the prescription container, the telephone number of the pharmacy and the statement "Written information about this prescription has been provided for you. Please read this information before you take this medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions."

☐ written information provided in Subsection (b) of this section shall be in the form of patient information leaflets similar to USP-NF patient information monographs or equivalent information

33 ☒ ☐ Counseling shall be offered orally in person unless the patient or patient's agent is not at the pharmacy or a specific communication barrier prohibits oral communication [UAC R156-17b-610(1)]

34 ☒ ☐ A pharmacy facility shall orally offer to counsel but shall not be required to counsel a patient or patient's agent when the patient or patient's agent refuses counseling. [UAC R156-17b-610(2)]

35 ☐ ☐ The offer to counsel is documented and said documentation shall be available to the Division. These records must be maintained for a period of five years and be available for inspection within 7-10 business days. [UAC R156-17b-610 (4)]

36 ☒ ☐ A pharmacy may only deliver a prescription drug to a patient or a patient's agent in person at the pharmacy or via the United States Postal Service, a licensed common carrier, or supportive personnel, if the pharmacy takes reasonable precautions to ensure the prescription drug is delivered to the patient or patient's agent or return to the pharmacy. [UCA 58-17b-502 (9)(a)(b)(i-ii)]

37 ☒ ☐ A pharmacy that employs the United States Postal Service or other common carrier to deliver a filled prescription directly to a patient shall, under the direction of the PIC, or other responsible employee [UAC R156-17b-608 (1-5)]

☒ Use adequate storage or shipping containers and shipping processes to ensure drug stability and potency. The shipping processes shall include the use of appropriate packing material and devices, according to the recommendations of the manufacturer or the United States Pharmacopeia Chapter 1079, in order to ensure that the drug is kept at appropriate storage temperatures throughout the delivery process to maintain the integrity of the medication.

☑ Use shipping containers that are sealed in a manner to detect evidence of opening or tampering.

☐ Develop and implement policies and procedures to ensure accountability, safe delivery, and compliance with temperature requirements. The policies and procedures shall address when drugs do not arrive at their destination in a timely manner or when there is evidence that the integrity of a drug was compromised during shipment. In these instances, the pharmacy shall make provisions for the replacement of the drug.

☑ Provide for an electronic, telephonic, or written communication mechanism for a pharmacy to offer counseling to the patient as defined in section 58-17b-613; and provide documentation of such counseling.

☑ Provide information to the patient indicating what the patient should do if the integrity of the package or drug was compromised during shipment.

38 ☑ ☐ Each drug dispensed from the pharmacy does have a label securely affixed to the container indicating the required minimum information, including: [UCA 58-17b-602 (5) (a) (i-viii)]

- ☑ name, address, & phone number of pharmacy
- ☑ filling date or last dispensing date
- ☑ name of the prescriber
- ☑ trade, generic or chemical name *(Unless Otherwise Indicated by Prescriber)*
- ☑ serial number of prescription
- ☑ name of the patient or animal owner/species
- ☑ directions for use & cautionary statements
- ☑ amount dispensed & strength of dosage form
- ☑ beyond use date

39 ☑ ☐ Unless otherwise requested, child-resistant containers will be used for dispensing medications to patients. [UAC 58-1-502(6)& 16 CFR 1700.14]

N/A 40 ☐ ☐ Controlled substances are not accepted back for destruction unless allowed for by state and federal law. [UAC R156-37-606 (1-2) & 21 CFR 1307.21]

N/A 41 ☐ ☐ The registered pharmacy does only processes electronically signed prescriptions for controlled substances under the following conditions: the pharmacy uses a pharmacy application that meets all the applicable requirements; the prescription is otherwise in conformity with the requirements of the Code of Federal Regulations; and Certification Authority (CA) has been obtained. The electronic prescription must be transmitted from the practitioner to the pharmacy in its electronic form and at no time may the prescription be converted to another form *(i.e. facsimile)* for transmission. [UAC R156-17b-613(1) & CFR, Title 21, Chapter 11, Section 1311]

42 ☑ ☐ Prescription files, including refill information, are maintained for a minimum of five years and should be immediately retrievable in written or electronic format. [UAC R156-17b-612 (4)]

43 ☑ ☐ Prescription records may be maintained electronically so long as the original of each prescription, including telephone prescriptions, is maintained in a physical file and contains all of the information required by federal and state law; and an automated data processing system is used for the storage and immediate retrieval of refill information for prescription orders. [UAC R156-37-602 (4) (a-b)]

N/A 44 ☐ ☐ All records relating to Schedule II controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years. [UAC R156-37-602(3) (5)]

N/A 45 ☐ ☐ All records relating to Schedule III, IV, V controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years. [UAC R156-37-602(3) (6)]

N/A 46 ☐ ☐ Requirement for annual controlled substances inventory shall be within 12 months following the inventory date of each year and may be taken within four days of the specified inventory date and shall include all stocks including out-of-date drugs and drugs in automated pharmacy systems. [UAC R156-17b-605 (4)]

47 ☒ ☐ Requirements for taking the initial controlled substances inventory shall include the following: all pharmacies shall take an inventory on the opening day of business. Such inventory shall include all controlled substances including any out-of-date drugs and drugs in automated pharmacy systems. In the event a pharmacy commences business with no controlled substances on hand, the pharmacy shall record this fact as the initial inventory. An inventory reporting no Schedule I and II controlled substances shall be listed separately from an inventory reporting no Schedule III, IV, and V controlled substances. The initial inventory shall serve as the pharmacy's inventory until the next completed inventory as specified in Subsection (4) of this section. [UAC R156-17b-605 (3) (a-c)] ☐ N/A

zero inventory

N/A 48 ☐ ☐ General Requirements for inventory of a pharmacy shall include: [UAC R156-17b-605 (2)(a)(b)(c)(e)(f)(i)(j)]

- ☐ the PIC shall be responsible for taking all required inventories, but may delegate the performance of the inventory to another person or persons;
- ☐ the inventory records shall be maintained for a period of five years and be readily available for inspection
- ☐ the inventory shall be filed separately from all records
- ☐ the inventory may be taken either as the opening of the business or the close of business on the inventory date;
- ☐ the person taking the inventory and the PIC shall indicate the time the inventory was taken and shall sign and date the inventory with the date the inventory was taken. The signature of the PIC and the date of the inventory shall be documented within 72 hours or three working days of the completed initial, annual, change of ownership and closing inventory.
- ☐ the inventory of Schedule I and II controlled substances shall be listed separately from the inventory of Schedule III, IV and V controlled substances;
- ☐ if the pharmacy maintains a perpetual inventory of any of the drugs required to be inventories, the perpetual inventory shall be reconciled on the date of the inventory.

49 ☐ ☐ All pharmacies shall maintain a perpetual inventory of all Schedule II controlled substances. [UAC R156-17b-605(7)]

50 ☐ ☐ The pharmacy does reconcile its controlled substance inventory to account for shortages of controlled substances. [UAC R156-17b-603 (3) (k) & R156-37-502(4)]

51 ☐ ☐ Any facility who experiences any theft, including diversion, or significant loss of controlled substances shall immediately file the appropriate forms with the Drug Enforcement Administration, with a copy to the Division directed to the attention of the Investigation Bureau Division; and report the incident to the local law enforcement agency. [UAC R156-37-602 (2)]

N/A

52 ☐ ☐ Pharmacists or other responsible individuals do verify that the suppliers' invoices of controlled substances, listed on the invoices were actually received by clearly recording their initials and the actual date of receipt of the controlled substances. [UAC R156-17b-614a (11)]

53 ☐ ☐ The facility does maintain a record of suppliers' credit memos for controlled substances. [UAC R156-17b-614a (12)]

54 ☐ ☐ The facility does maintain a copy 3 of DEA order form (form 222) which has been properly dated, initialed, and filed and all copies of each unaccepted or defective order form and any attached statements or other documents. [UAC R156-17b-614a (9)]

N/A 55 ☐ ☐ The Division shall implement on a statewide basis, including non-resident pharmacies as defined in Section 58-17b-102, the following two options for a pharmacist to submit information: real-time submission of the information required to be submitted under this part of the controlled substance database; and 24-hour dail or next business day, whichever is later, batch submission of the information required to be submitted under this part to the controlled substance database. [UCA 58-37f-203(1)(a)(i,ii)]

N/A 56 ☐ ☐ In accordance with 58-37f-203(6), the pharmacist-in-charge and the pharmacist identified in Subsections 58-37f-203(2) and (3) shall provide the following data fields to the Division: the state that issued identification, type of identification used, and identification number used by individual picking up dispensed drug. [UCA R156-37f-203 (4) (aa-cc)]

57 ☐ ☒ The pharmacy maintains emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMT's, ambulances)? If the answer is "yes", note name(s) of facilities or entities.

58 ☐ ☒ The pharmacy maintains automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home? If the answer is "yes", note type and location.

59 ☐ ☒ The pharmacy utilizes an Automated Pharmacy System? If the answer is "yes" to this question, a automation questionnaire must be completed. [UAC R156-17b-620]

60 ☐ ☒ Does the pharmacy purchase any compound products from other entities for dispensing to patients? [UAC 58-17b-102(18)(b)(i)]

61 ☐ ☒ The facility is engaged in compounding with hazardous drugs as defined by USP-NF Chapter 800. If you answer "yes" to this question, a compounding questionnaire must be completed.

62 ☐ ☒ The facility is engaged in simple, medium, or complex compounding activities as defined by USP 35 Chapter 795. If you answer "yes" to this question, a compounding questionnaire must be completed. [(UAC R156-17b-614a (3)]

63 ☐ ☒ The facility is engaged in low, medium, or high risk *sterile* compounding as defined by USP 35 Chapter 797. If you answer "yes" to this question, a compounding questionnaire must be completed. [UAC R156-17b-614a (3)]

COMMENTS

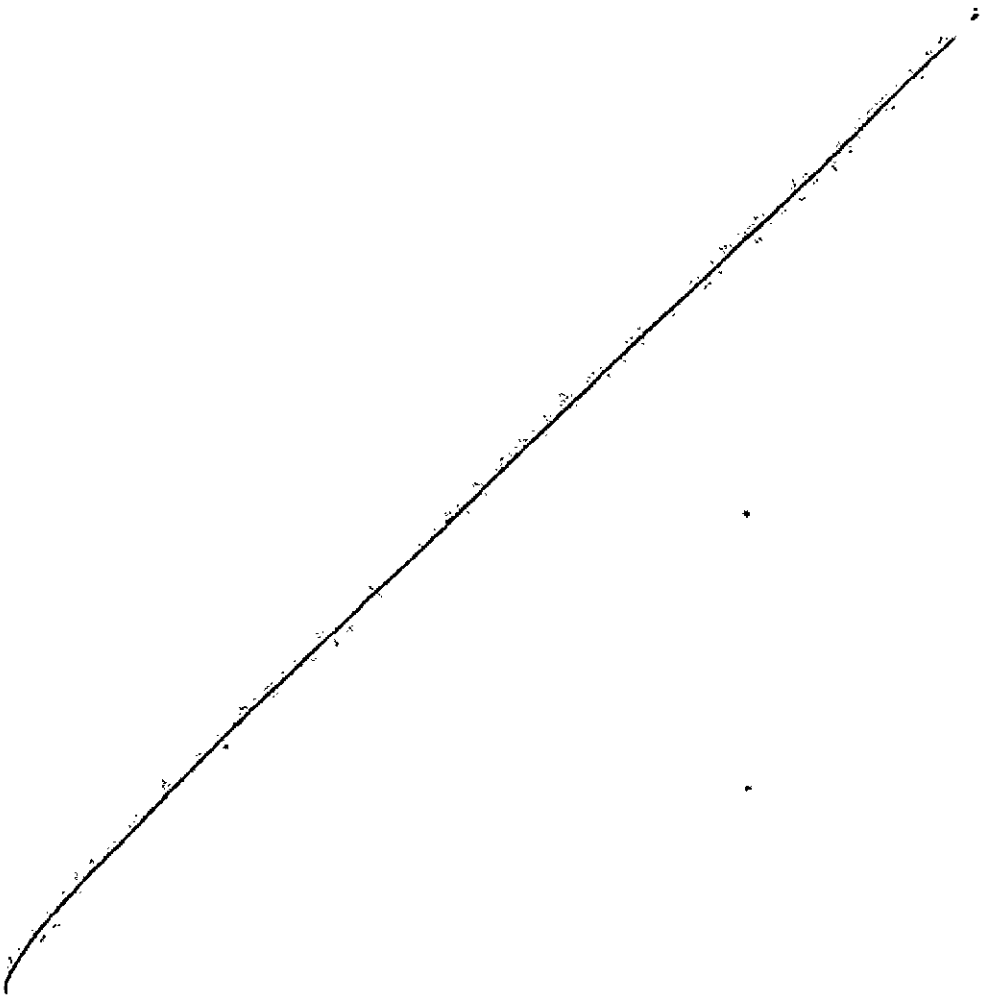
- I was assisted during the inspection by PIC Lisa Dimick.
- The facility does not carry any controlled substance presriptions. No controlled substance license. NO DEA registration.
- No outdated medications were found in the Pharmacy Stock.
- The facility pre-packages (blister + vials) some medications. Lot # + expiration date are on the packaging.

- The facility does not deliver medications to patients, but they do ship. Policies + procedures are compliant. Would like to see a separate policy + procedure for if a drug was damaged or compromised during shipment vs. a returned or cancelled order. Ms. Dimick stated she will review + add.

- The offer to counsel is documented.

- A zero inventory was recorded for controlled substances.

- The pharmacy does not compound.



☑ By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: Lisa Dimick Date: 1.21.22

Name of Responsible Party (Print): Lisa Dimick

Signature of Division Investigator: Alicia Moran Date: 1/21/22

Name of Division Investigator (Print): Alicia Moran

Revised 4/2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Bella Brands, LLC (undergoing name change to UpScript Pharmacy, LLC)

Physical Address 9826 South Jordan Gateway

City Sandy State UT Zip 84070

Mailing Address (if different from physical address) Same as physical address

City _____ State _____ Zip _____

Telephone (855) 289-3552 Website N/A

Licensing Company Email ldimick@upscripthealth.com

Section 2: Personal Information

First Lisa Middle Fife Last Dimick

Alias(es, nicknames, name changes, etc.) Brewer, Fife

Date of Birth [redacted] SSN or ITIN _____ Sex ☐ M ■ F ☐ X

Mailing Address [redacted] Autumn Farm Drive

City South Jordan State UT Zip 84095

Telephone [redacted] Email ldimick@upscripthealth.com [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials LM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of Minnesota			9/91-10/92	
Address		City	State	Zip
308 SE Harvard St.		Minneapolis	MN	55455
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Washington State University			09/88-05/91	
Address		City	State	Zip
		Pullman	WA	99163
Diploma/Degree obtained, if any				
Bachelor of Pharmacy				

School Name			From - To (MM/YY – MM/YY)	
Kearns High School			09/80-06/82	
Address		City	State	Zip
5525 Cougar Lane		Kearns	UT	84118
Diploma/Degree obtained, if any				
High School Diploma				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/04-present	[redacted] Autumn Farm Drive	South Jordan	UT	84095
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Bella Brands Pharmacy LLC			09/2012 to present	
Business Address		**City**	**State**	**Zip**
9826 South Jordan Gateway		Sandy	UT	84070
Phone	**Title**		**Number of Employed Hours**	
855-289-3552	PIC		18,720	
Description of Duties				
prescription fulfillment, DUR, inventory control, staff management, patient counseling and management, regulations, ordering of inventory, operational oversight				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials VD

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials LB

I, Lisa Dimick, **certify that as the designated representative for**

Bella Brands, LLC (undergoing name change to UpScript Pharmacy, LLC),

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Lisa Dimick

Print Name (First, Last)

Lisa Dimick

Original Signature (electronic, copies or stamps not accepted)

11.10.2021

Date

Applicant's initials LD

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lisa Dimick

Print Name (First, Last)

Lisa Dimick — 11.10.2021

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Utah, ss. County of Salt Lake

I, Lisa Dimick, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Lisa Dimick — 11.10.2021

Original Signature — **Date**

Subscribed and Sworn to before me this 10 day of November.

Notary Public Signature

JAIME BARBA
Notary Public - State of Utah
Comm. No. 715753
My Commission Expires on
Dec 14, 2024

(Seal)

Applicant's initials LD

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Lisa Dimick

Date: 11/02/2021
Amount:
License #: 21809

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:05/02/2022

Lisa Dimick

License #
21809
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 05/02/2022
STATUS: Temporary

License Type: Pharmacist
License #: 21809

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Lisa Dimick

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Bella Brands, LLC (changing name to UpScript Pharmacy, LLC 11/22/2021)

Physical Address 9826 South Jordan Gateway

City Sandy State UT Zip 84070

Mailing Address (if different from physical address) Same as physical address

City _____ State _____ Zip _____

Telephone (855) 289-3552 Website N/A

Licensing Company Email ldimick@upscripthealth.com

Section 2: Personal Information

First Samuel Middle Bradway Last Ax

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] East Cactus Wren

City Paradise Valley State AZ Zip 85253

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials SA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
The Wharton School - University of Pennsylvania			08/14-06/18	
Address		City	State	Zip
3733 Spruce Street, Vance Hall		Philadelphia	PA	19104
Diploma/Degree obtained, if any				
Bachelor of Science (B.S.), Economic				

School Name			From - To (MM/YY – MM/YY)	
Phoenix Country Day School			08/11-06/14	
Address		City	State	Zip
3901 E Stanford Drive		Paradise Valley	AZ	85253
Diploma/Degree obtained, if any				
High School Diploma				

School Name			From - To (MM/YY – MM/YY)	
Phillips Academy Andover			08/10-06/11	
Address		City	State	Zip
180 Main Street		Andover	MA	01810
Diploma/Degree obtained, if any				
N/A - Freshman Year Only - Diploma received from Phoenix Country Day School				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/20-present	[redacted] East Cactus Wren	Paradise Valley	AZ	85253
10/18-07/20	[redacted] East Exeter Blvd.	Scottsdale	AZ	85251
01/02-10/18	[redacted] East Caballo Drive	Paradise Valley	AZ	85253
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials SA

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Carlyle Group			07/21-present
Business Address	**City**	**State**	**Zip**
One Vanderbilt Avenue, Suite 3400	New York	NY	10017
Phone	**Title**		
212-813-4900	Associate		
Description of Duties			
U.S. Buyout - Healthcare			

Business Name			From - To (MM/YY – MM/YY)
Goldman Sachs			08/20-02/21
Business Address	**City**	**State**	**Zip**
200 West Street	New York	NY	10282
Phone	**Title**		
212-902-1000	Associate		
Description of Duties			
Healthcare Group			

Business Name			From - To (MM/YY – MM/YY)
Goldman Sachs			07/18-08/20
Business Address	**City**	**State**	**Zip**
200 West Street	New York	NY	10282
Phone	**Title**		
212-902-1000	Analyst		
Description of Duties			
Healthcare Group			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

11/21/2021
Date

Applicant's initials SA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Samuel Ax

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/21/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Samuel Ax, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/21/2021

Date

Subscribed and Sworn to before me this 21 day of November 2021

Notary Public Signature

CATHALYN HISE
COMMISSION #590598
NOTARY PUBLIC - MARICOPA COUNTY, AZ
EXP. 09-29-2024

(Seal)

Applicant's initials SA


CATHALYN HISE
COMMISSION #609598
NOTARY PUBLIC - MARICOPA COUNTY AZ
EXP. 08-29-2024

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Bella Brands, LLC (changing name to UpScript Pharmacy, LLC 11/22/2021)

Physical Address: 9826 South Jordan Gateway

City: Sandy State: UT Zip: 84070

Mailing Address (if different from physical address): Same as physical address

City: State: Zip:

Telephone: (855) 289-3552 Website: N/A

Licensing Company Email: ldimick@upscripthealth.com

Section 2: Personal Information

First: Meryl Middle: Ruby Last: Ax

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] East Cactus Wren

City: Paradise Valley State: AZ Zip: 85253

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials MRA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Denver		08/15-06/19	
Address	**City**	**State**	**Zip**
2199 S University Blvd	Denver	CO	80208
Diploma/Degree obtained, if any			
Bachelor of Arts - Communications			

School Name		From - To (MM/YY – MM/YY)	
Phoenix Country Day School		08/11-06/15	
Address	**City**	**State**	**Zip**
3901 E Stanford Drive	Paradise Valley	AZ	85253
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/20-present	[redacted] East Cactus Wren	Paradise Valley	AZ	85253
10/18-07/20	[redacted] East Exeter Blvd.	Scottsdale	AZ	85251
01/02-10/18	[redacted] East Caballo Drive	Paradise Valley	AZ	85253
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
BPCM			06/19-present	
Business Address		**City**	**State**	**Zip**
20 Jay Street, Suite 920		Brooklyn	NY	11201
Phone	**Title**			
212-741-0141	Associate Account Executive			
Description of Duties				
Builds and supports relationships with editors and broadcast experts. Ideates creative press strategies, events, mailers, and pitches to increase press coverage.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials MRA

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

11/22/21
Date

Applicant's initials MRA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Meryl Ax

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/22/21

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Meryl Ax, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/22/21

Date

Subscribed and Sworn to before me this 22 day of November 2021.

Notary Public Signature

CATHALYN HISE
COMMISSION #590598
NOTARY PUBLIC - MARICOPA COUNTY, AZ
EXP. 09-29-2024

(Seal)

Applicant's initials MRA


CATHALYN HISE
COMMISSION #550598
NOTARY PUBLIC - MARICOPA COUNTY, AZ
EXP. 09-29-2024

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Bella Brands, LLC (changing name to UpScript Pharmacy, LLC 11/22/2021)

Physical Address: 9826 South Jordan Gateway

City: Sandy State: UT Zip: 84070

Mailing Address (if different from physical address): Same as physical address

City: State: Zip:

Telephone: (855) 289-3552 Website: N/A

Licensing Company Email: ldimick@upscripthealth.com

Section 2: Personal Information

First: Sophie Middle: Moffitt Last: Ax

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] East Cactus Wren

City: Scottsdale State: AZ Zip: 85253

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials: _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
~~Phoenix~~ The Wharton School – University of Penn.			08/18 - 06/22
Address	City	State	Zip
3733 Spruce Street, Vance Hall	Philadelphia	PA	19104
Diploma/Degree obtained, if any			
* Currently enrolled			

School Name			From - To (MM/YY – MM/YY)
Phoenix Country Day School			
Address	City	State	Zip
3901 E. Stanford Drive	Paradise Valley	AZ	85253
Diploma/Degree obtained, if any			
High School Diploma			

School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/20 - present	[redacted] E. Cactus Wren	Paradise Valley	AZ	85253
10/18 - 07/20	[redacted] E. Exeter Blvd.	Scottsdale	AZ	85251
01/02 - 10/18	[redacted] E Caballo Drive	Paradise Valley	AZ	85253
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials AA

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name N/A - Student			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

11/22/21
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sophie Ax
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/22/21
Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Sophie Ax, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/22/21
Date

Subscribed and Sworn to before me this 22 day of November 2021

Notary Public Signature

CATHALYN HISE
COMMISSION #560588
NOTARY PUBLIC - MARICOPA COUNTY, AZ
EXP. 08-29-2024

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Y

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Bella Brands, LLC (changing name to UpScript Pharmacy, LLC 11/22/2021)

Physical Address: 9826 South Jordan Gateway

City: Sandy State: UT Zip: 84070

Mailing Address (if different from physical address): Same as physical address

City: State: Zip:

Telephone: (855) 289-3552 Website: N/A

Licensing Company Email: ldimick@upscripthealth.com

Section 2: Personal Information

First: Peter Middle: Lee Last: Ax

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] East Cactus Wren

City: Paradise Valley State: AZ Zip: 85253

Telephone: [redacted] Email: pax@upscripthealth.com

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials: AM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The Wharton School		1989-1991	
Address	**City**	**State**	**Zip**
3733 Spruce Street #111, Vance Hall	Philadelphia	PA	19104
Diploma/Degree obtained, if any			
MBA - Finance			

School Name		From - To (MM/YY – MM/YY)	
University of Arizona, James E. Rogers College of Law		1981-1984	
Address	**City**	**State**	**Zip**
1201 E Speedway Blvd.	Tucson	AZ	85721
Diploma/Degree obtained, if any			
Juris Doctor			

School Name		From - To (MM/YY – MM/YY)	
University of Arizona		1977-1981	
Address	**City**	**State**	**Zip**
The University of Arizona	Tucson	AZ	85271
Diploma/Degree obtained, if any			
BSBA, Accounting			

School Name		From - To (MM/YY – MM/YY)	
Tucson University High School		77	
Address	**City**	**State**	**Zip**
421 N Arcadia Ave.	Tucson	AZ	85711
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/20-present	[redacted] East Cactus Wren	Paradise Valley	AZ	85253
10/18-07/20	[redacted] East Exeter Blvd.	Scottsdale	AZ	85251
01/02-10/18	[redacted] East Caballo Drive	Paradise Valley	AZ	85253

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Phoenix Capital Management			01/01-present
Business Address	**City**	**State**	**Zip**
7033 East Greenway Parkway, Suite 310	Scottsdale	AZ	85254
Phone	**Title**		
(480) 707-4534	Member		
Description of Duties			
Member			

Business Name			From - To (MM/YY – MM/YY)
PCM Venture I, LLC			01/01-present
Business Address	**City**	**State**	**Zip**
7033 East Greenway Parkway, Suite 310	Scottsdale	AZ	85254
Phone	**Title**		
(480) 707-4534	Member		
Description of Duties			
Member			

Business Name			From - To (MM/YY – MM/YY)
Bella Brands, LLC			02/12-present
Business Address	**City**	**State**	**Zip**
7033 East Greenway Parkway, Suite 310		AZ	85254
Phone	**Title**		
(480) 707-4534	Member		
Description of Duties			
Member			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✔	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
See attachment				
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See attachment — disciplinary list for PCMVI, providing an explanation for each incident and the corresponding

Original Signature (electronic, copies or stamps not accepted)

11-19-2021
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Peter Ax

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/19/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Peter Ax, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/19/2021

Date

Subscribed and Sworn to before me this 19 day of November 2021

Notary Public Signature

CATHALYN HISE
COMMISSION #590598
NOTARY PUBLIC - MARICOPA COUNTY, AZ
EXP. 09-29-2024

(Seal)

Applicant's initials

Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, office or director) ever appeared before any licensing agency or similor authority in or outside the state of Nevada for any reason whatsoever (including any disciplinary board action)?

Introduction

Bella Brands pharmacy was incorporated in 2012 and received its first state pharmacy license in Nov, 2012. Bella Brands currently is licensed in all states requiring licensure except North Carolina. Bella Brands partners with major pharmaceutical manufacturers to make available non-scheduled medications to patients pursuant to telemedicine visits. All telemedicine visits are conducted consistent with the modality required by each state's laws. This business model allows for patients to access care conveniently at a lower cost. **No sanction or disciplinary action has ever been taken against Bella Brands, LLC.** However, PCM Venture I, LLC ("PCMVI") was previously owned and operated by the owner, Peter Ax, and has been the subject of disciplinary actions as outlined below. PCMVI ceased pharmacy operations over a period of several years by allowing its licenses to expire.

Background of PCMVI

In 2001, Peter Ax, acquired a Utah based online pharmacy which prescribed only non-controlled, non-scheduled medications on the internet pursuant to an online interaction with a physician. Mr. Ax was an experienced venture capitalist and he wanted to make healthcare more accessible, affordable and more patient centric.

Immediately upon acquiring the online pharmacy, Mr. Ax met with regulators in Utah to develop a health care model for delivering care which was fully compliant and safe for patients. In 2002, Phoenix Capital Management Venture I ("PCMVI") became the first online pharmacy to receive regulatory approval (State of Utah) to operate and to prescribe certain specific medications without a face-to-face consultation with a physician. Consistent with professional standards, PCMVI physicians conducted a medical examination sufficient to write a prescription however not in a face-to-face setting.

Prior to 2012, when Bella Brands pharmacy was incorporated, several states challenged PCMVI's method of doing business. In all cases PCMVI was transparent with regulators and worked proactively with them to accommodate specific nuances of their state laws. Below is a list of states where PCMVI was the subject of disciplinary action along with the specific facts of each case.

North Carolina

On May 21, 2008 PCMVI, Peter Ax, and Lisa Dimick (Pharmacist) entered into a consent decree with the State of North Carolina whereby the North Carolina State Board of Pharmacy contended that their actions in shipping, mailing and delivering drugs without annual registration or permit with the board, violated North Carolina general statutes. PCMVI, Mr Ax and Mrs Dimick agreed to cease shipping and have not shipped medication into North Carolina since 2008.

Oregon

On January 13, 2009 PCMVI agreed to pay a $50,000 civil penalty to the State of Oregon for shipping legend drugs (non-controlled substances) to residents of Oregon pursuant to an online consultation. PCMVI agreed to dispense medications into Oregon pursuant only to prescriptions resulting from an in person examination by the prescriber.

Texas

In 2016 PCM settled an administrative action with the State of Texas which dated back to 2008. The State alleged that PCMVI's manner of conducting business violated Texas law as it existed in 2005 and 2006 and that PCM shipped products into Texas for a brief period of time before receiving its final license in Texas.

Iowa

In 2015 PCMVI voluntarily surrendered its Iowa non-resident pharmacy license pursuant to discussions with the State of Iowa that PCMVI's manner of doing business, specifically writing a prescription for an Iowa resident, without a face-to-face physician visit, was at that time deemed to be a violation of Iowa law.

California

In January 2019 PCM settled a complaint with the State of California in which it was alleged that between the dates of December 10, 2012 and May 3, 2016, approximately 50 prescriptions (out of a total of more than 14,000 prescriptions) dispensed by PCM were not written by physicians licensed in California. Generally these patients were seen by their home state physician and were travelling in California when they received their package. We chose to settle this case rather than engage in protracted and expensive litigation.

Jack W. Campbell, IV
Executive Director

Mailing Address:
PO Box 4560
Chapel Hill, NC 27515-4560

919-246-1050
FAX: 919-246-1056
www.ncbop.org

Clinton R. Pinyan
Brooks, Pierce, McLendon,
Humphrey & Leonard, LLP
Legal Counsel
336-373-8850

NORTH CAROLINA

BOARD OF PHARMACY

President
Rebecca W. Chater

Vice President
Wallace E. Nelson

Members
L. Stan Haywood
J. Parker Chesson, Jr.
R. Joseph (Joey) McLaughlin, Jr.
Betty H. Dennis

April 26, 2007

Mr. Laird Edwards
Registered Agent
Precedent Management Systems, L.L.C.
[redacted]Tinian Avenue
Orlando, Florida 32837

VIA CERTIFIED MAIL &
FACSIMILE (407) 932-2700

CEASE AND DESIST

Dear Mr. Edwards:

An investigation by the North Carolina Board of Pharmacy has established that Precedent Management Systems, LLC, is soliciting pharmacies in North Carolina to act as fulfillment centers for prescription drug orders. Faxes have been sent to several North Carolina pharmacies soliciting pharmacies.

The Board has obtained copies of the solicitation materials. These materials indicate that Precedent Management Systems asks "patients" to answer a questionnaire, provides medical records and then is refereed to a physician for review and issuance of a prescription to a pharmacy that has agreed to act as a fulfillment center. For agreeing to act as a fulfillment center, Precedent Management Systems pays the pharmacy a "retainer in advance equal to the weekly average volume" a pharmacist desires. Payment also includes reimbursement for medications as well as a fulfillment fee per prescription.

North Carolina law specifically prohibits pharmacists from filling any prescriptions that they know or reasonably should know was issued with a physician examination and in the absence of a prior prescriber-patient relationship. 21 NCAC 46.1801. Precedent Management Systems' solicitation materials make it clear that it is facilitating the filling of prescriptions in the absence of a legitimate patient-prescriber relationship. Moreover, issuing prescriptions for controlled substances in the manner stated in your materials violates both the federal and state controlled substances act.

Our Board, with cooperation with other state and federal law enforcement, has been active in shutting down illegal internet business such as yours. And we are prepared to do the same in your case.

By copy of this letter, I am alerting the federal Drug Enforcement Administration and the North Carolina Attorney General's Office of the nature of your business.

Accordingly, you are ordered to **IMMEDIATELY CEASE AND DESIST** any further solicitation of North Carolina pharmacies to act as fulfillment centers for Precedent Management Systems or otherwise facilitate the dispensing of prescription drugs in violation of state and federal law. Failure to abide by this order will result in the Board taking all available legal options.

Please give this order your immediate, most serious attention.

Sincerely,

Jack W. Campbell IV
Executive Director

cc: Clinton Pinyan, Esq., Counsel to the Board
Karen Matthew, Director of Investigations & Inspections
Creecy Johnson, Assistant Attorney General
Brian Reise, Drug Enforcement Administration

STATE OF NORTH CAROLINA FILED IN THE GENERAL COURT OF JUSTICE
SUPERIOR COURT DIVISION
WAKE COUNTY 2008 MAY 21 PM 2:40 CASE NO. 08 CVS 4443
WAKE COUNTY, C.S.C.

NORTH CAROLINA BOARD OF PHARMACY,
BY_____

Plaintiff,

v.

PCM VENTURE I, LLC; PETER L. AX; and LISA F. DIMICK,

Defendants.

FINAL CONSENT ORDER

THIS MATTER comes before the Court, on the consent of the parties, before the Superior Court of Wake County, the undersigned Judge presiding. The parties stipulate and agree to this Final Consent Order. Defendants stipulate that the findings of fact and conclusions of law are legally sufficient to support this Final Consent Order and agree not to challenge the legal adequacy of the findings and conclusions in any potential future proceeding to enforce this Final Consent Order or seeking to hold any party in contempt for failure to comply with its terms. With the consent of the parties, the Court hereby enters the following:

FINDINGS OF FACT

1. Plaintiff, the North Carolina Board of Pharmacy ("the Board"), is an occupational licensing board that is responsible for enforcing the provisions of the North Carolina Pharmacy Practice Act and the laws pertaining to the distribution and use of drugs in the State of North Carolina. The Board is the proper body to bring this proceeding under the authority granted to it in the North Carolina Pharmacy Practice Act and the rules and regulations of the Board that are promulgated pursuant thereto.

2. PCM Venture I, LLC ("PCM") is, and has at all relevant times been, a limited liability company organized and existing under Utah law. PCM's only place(s) of business are located outside the State of North Carolina.

3. PCM does business through certain websites, including but not limited to kwikmed.com and selfserverx.com.

4. PCM has shipped, mailed and/or delivered legend drugs into the State of North Carolina.

5. PCM does not have an active annual registration or permit with the Board to ship, mail and/or deliver legend drugs into the State of North Carolina, nor has it ever had such a registration or permit.

6. In reviewing and entering this Final Consent Order, Plaintiff has been represented by Clinton R. Pinyan. Defendants have been represented by Kevin H. Marino. The parties represent, and the Court finds, that this Final Consent Order has been approved by appropriate action by both the North Carolina Board of Pharmacy and PCM Venture I, LLC and is binding on those entities.

CONCLUSIONS OF LAW

1. The Court has both personal jurisdiction over Defendants and subject matter jurisdiction in this case.

2. Plaintiff North Carolina Board of Pharmacy has the authority to bring this action pursuant to North Carolina General Statutes § 90-85.39.

3. North Carolina law requires any pharmacy operating outside the State of North Carolina to register annually with the Board if that pharmacy ships, mails or delivers in any manner a dispensed legend drug into the State of North Carolina. N.C. Gen. Stat. § 90-85.21A.

4. Plaintiff North Carolina Board of Pharmacy contends in this case that the actions of Defendants in shipping, mailing and/or delivering legend drugs into the State of North Carolina without an annual registration or permit with the Board violates North Carolina General Statutes Section 90-85.21A. Defendants agree to this consent order without admitting that they have violated North Carolina law.

ORDER

Based upon the foregoing findings of fact and conclusions of law and with the consent of the parties, IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that:

1. Defendant PCM Venture I, LLC is hereby permanently enjoined from shipping, mailing and/or delivering in any manner a dispensed legend drug into the State of North Carolina and from aiding or abetting others in doing so, unless and until the person or entity shipping, mailing and/or delivering the dispensed legend drug into the State of North Carolina secures an annual registration or permit from the North Carolina Board of Pharmacy pursuant to N.C. Gen. Stat. § 90-85.21A.

2. This Final Consent Order is binding upon Defendant PCM Venture I, LLC and any persons or entities affiliated with it, including but not limited to franchisors, franchisees, parents, subsidiaries, divisions or persons or entities affiliated by contract or otherwise by privity, their successors or assigns, and any persons, association of persons or entities employed, operated or controlled by or otherwise associated with Defendants who receive actual notice of this Final Consent Order, including but not limited to Peter L. Ax and Lisa F. Dimick. Defendants shall provide a copy of this Final Consent Order to all persons or entities affiliated, employed, operated by or otherwise associated with Defendants and involved in the operation of PCM Venture I, LLC, along with any successors and assigns.

3. Defendants shall take notice that any willful violation of this Permanent Injunction may be treated as civil and criminal contempt, leading to the imposition of sanctions upon them, including incarceration and fines.

4. The parties agree to bear their respective costs of this action, including their respective attorney's fees and expenses.

5. Plaintiff North Carolina Board of Pharmacy shall not be required to provide a bond or other security for the issuance of this injunctive order.

6. The court shall retain jurisdiction of the parties and this matter for further proceedings to enforce this Order, if necessary.

SO ORDERED, this, the 21 day of May, 2008.

Ronald L. Stephens
Superior Court Judge Presiding

By signing below, the parties affirm their consent and agreement to the entry of the foregoing Final Consent Order in Wake County Superior Court Case Number 08 CVS 4443.

NORTH CAROLINA BOARD OF PHARMACY

By: Jack W. Campbell, IV
Its Executive Director

PCM VENTURE I, LLC

By: Peter L. Ax
Its Manager and Chief Executive Officer

Peter L. Ax

Lisa F. Dimick

By signing below, the parties affirm their consent and agreement to the entry of the foregoing Final Consent Order in Wake County Superior Court Case Number 08 CVS 4443.

NORTH CAROLINA BOARD OF PHARMACY

By: Jack W. Campbell, IV
Its Executive Director

PCM VENTURE I, LLC

By: Peter L. Ax
Its Manager and Chief Executive Officer

Peter L. Ax

Lisa F. Dimick

By signing below, the parties affirm their consent and agreement to the entry of the foregoing Final Consent Order in Wake County Superior Court Case Number 08 CVS 4443.

NORTH CAROLINA BOARD OF PHARMACY

_____

By: Jack W. Campbell, IV
Its Executive Director

PCM VENTURE I, LLC

_____

By: Peter L. Ax
Its Manager and Chief Executive Officer

_____

Peter L. Ax

Lisa F. Dimick

Lisa F. Dimick

TEXAS STATE BOARD OF PHARMACY

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Waco

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Castle Hills

Dennis F. Wiesner, R.Ph.
Austin

Jenny Downing Yoakum, R.Ph.
Kilgore

Gay Dodson, R.Ph.
Executive Director Secretary
Austin

February 19, 2016

PCM VENTURE I LLC
C/O LISA DIMICK RPH
PHARMACIST IN CHARGE
9836 S JORDAN GATEWAY
SANDY UT 84070

RE: In the Matter of PCM Venture I, LLC

Dear Ms. Dimick:

Enclosed is a copy of Agreed Board Order (ABO) #K-13-013 that was entered by the Texas State Board of Pharmacy (TSBP) concerning the above-referenced matter. TSBP entered this Order on February 2, 2016. The requirements and conditions of the enclosed Order and matters relating to the Order are discussed below.

ADMINISTRATIVE PENALTY (FINE)

Under the terms of this Order, the pharmacy license issued to PCM Venture I (#25208) is fined an administrative penalty of $5,000.00. **This administrative penalty is due on or before June 1, 2016.** Please make your cashier's 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 (#K-13-013) on the cashier's check or money order. **Note:** TSBP will **not** accept partial payments. You must submit payment for the full amount by the due date.

LICENSE RENEWAL APPLICATIONS

Prior to the next expiration date of pharmacy license #25208, the pharmacy will complete a license renewal application for 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 #K-13-013, PCM Venture I must answer "yes" to this question for 36 months from the date of the termination of all sanctions. Consequently, a PCM Venture I representative must answer "yes" to this question on any renewal applications submitted beginning February 2, 2016, and ending June 1, 2019.

If you have any questions about this Order, please contact Mary Newman, Enforcement Specialist, at (512)305-8054.

Sincerely,

Carol Fisher / jd

Carol Fisher, R.Ph., M.P.A.
Director of Enforcement

CF:jd

Enclosure: Agreed Board Order #K-13-013

c: Kevin Marino
Marino, Tortorella & Boyle, PC
437 Southern Blvd.
Chatham, NJ 07928-1488

AGREED BOARD ORDER #K-13-013

RE: IN THE MATTER OF
PCM VENTURE I, LLC
(PHARMACY LICENSE #25208)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy ("Board") the matter of pharmacy license number 25208 issued to PCM Venture I, LLC ("Respondent"), 9836 South Jordan Gateway, Sandy, Utah 84070.

By letter dated October 20, 2008, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation, which produced evidence indicating that Respondent may have violated:

> Sections 560.001(b) and 565.002(a)(3) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2005), in that, allegedly:

COUNT

On or about June 19, 2006, through on or about August 21, 2006, PCM Venture I, LLC, 5201 Green Street, Suite 255, Murray, Utah, 84123, illegally delivered prescription drugs to Texas residents when the pharmacy was not licensed by the Texas State Board of Pharmacy (TSBP). On or about August 22, 2006, PCM Venture I, LLC, became licensed by TSBP as a Class E or nonresident pharmacy.

An informal conference was held in the office of the Texas State Board of Pharmacy on November 12, 2008, with Peter Ax, Managing Member of Respondent, and Kevin H. Marino, Legal Counsel for Respondent, in attendance. The informal conference was heard by a Board panel comprised of: Dennis F. Wiesner, R.Ph., Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; and Allison Benz, R.Ph., Director of Professional Services; with Kerstin E. Arnold, General Counsel. Julie C. Hildebrand, Litigation Counsel was also in attendance.

A second informal conference was held on January 8, 2009, with Peter Ax and Kevin H. Marino in attendance. The informal conference was heard by a Board panel comprised of: Kim A. Caldwell, R.Ph., Board Member; Gay Dodson, R.Ph.; and Allison Benz, R.Ph.; with Kerstin E. Arnold. Julie C. Hildebrand was also in attendance.

Subsequent to the informal conferences, a mediation was held at the State Office of Administrative Hearings on December 2, 2011, with Peter Ax and Kevin H. Marino in

attendance. The Board was represented by Dennis F. Wiesner, R.Ph. Also in attendance were Gay Dodson, R.Ph., Kerstin E. Arnold, and Julie C. Hildebrand.

By signing this Order, Respondent and Respondent's counsel neither admit nor deny the truth of the matters previously set out in this Order, and agree that the Board has jurisdiction in this matter and waive the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent shall pay an administrative penalty of five thousand dollars ($5,000) due one hundred twenty (120) days after the entry of this Order.

(2) Respondent shall allow Board staff to directly contact Respondent on any matter regarding the enforcement of this Order.

(3) Respondent shall not violate any pharmacy or drug statute or rule of this state, another state or the United States with respect to pharmacy, controlled substances, or dangerous drugs.

(4) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2015), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2015).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 2nd day of February, 2016.

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:

Peter Ax, Managing Member of PCM Venture I, LLC

Kevin H. Marino, Legal Counsel for PCM Venture I, LLC
Marino, Tortorella & Boyle, P.C.
437 Southern Boulevard
Chatham, New Jersey 07928-1488

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

Oregon
Theodore R. Kulongoski, Governor

Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Phone: 971/673-0001
Fax: 971/673-0002
Email: pharmacy.board@state.or.us
Web: www.pharmacy.state.or.us

October 24, 2008

PCM Venture I LLC
Lisa Dimick, Pharmacist-in-Charge
5201 Green St Ste 255
Murray UT 84123

Re: Case No. 2007-0309

The Board of Pharmacy is continuing to investigate a complaint regarding prescriptions dispensed from PCM Venture I LLC (PCM) into Oregon for Oregon residents. The complaint is that PCM is dispensing prescriptions that are based off of a questionnaire and not a valid patient-practitioner relationship.

Please respond by submitting a typed and signed statement by **November 14, 2008**. Include with your response a report listing the Oregon resident's name and address, prescription number, medication dispensed, prescriber's name, phone number and address, and the date it was dispensed, for the time period from September 1, 2007 through September 1, 2008. Please include with your response a copy of all action agreed upon, taken, proposed, or pending against PCM by another state. Please also send an empty unit of use container and prescription label that is representative of those being sent into Oregon and that comply with OAR 855-041-0065(6)(k).

PLEASE NOTE: The response is the formal statement to the Board's inquiry in this investigation. The Board uses the information provided in the response statement(s) to determine whether disciplinary action is warranted.

Thank you for your prompt attention. Please feel free to contact me at (971) 673-0001 should you have any questions.

Sincerely,

Joseph Ball, R.Ph.
Chief Investigator

CC Kevin Marino
Christopher W. Angius

MARINO TORTORELLA PC

KEVIN H. MARINO
JOHN D. TORTORELLA**
JOHN A. BOYLE*
ROSEANN BASSLER DAL PRA*

ATTORNEYS AT LAW
437 SOUTHERN BOULEVARD
CHATHAM, NEW JERSEY 07928-1488
TELEPHONE (973) 824-9300
FAX (973) 824-8425

*ALSO ADMITTED IN NEW YORK
**ALSO ADMITTED IN PENNSYLVANIA

e-mail: kmarino@khmarino.com

November 14, 2008

VIA FAX & FIRST-CLASS MAIL

Joseph Ball, R. Ph.
Chief Investigator
Oregon Board of Pharmacy
Portland State Office Building
800 NE Oregon Street, Suite 150
Portland, OR 97232

Re: PCM Venture I LLC
Case No. 2007-0309

Dear Mr. Ball:

On behalf of our client, PCM Venture I, LLC ("PCM"), we write in response to your letter dated October 24, 2008, regarding the above matter.

Your letter advises that the Oregon Board of Pharmacy (the "Board") is continuing to investigate a complaint that PCM is dispensing prescriptions based on a questionnaire and not on a valid patient-practitioner relationship. The letter also requests that PCM produce a variety of things and documents that purportedly relate to the Board's continuing investigation. The letter closes with the warning that the Board will use the information PCM provides to determine whether disciplinary action is warranted.

As you know, your October 24th letter tracks almost precisely a letter you sent to PCM on September 5, 2007, in which you first informed PCM that the Board was investigating it. PCM responded by letter dated October 12, 2007, explaining in detail why its practices do not violate Oregon law and providing the requested materials. The Board nevertheless issued a Notice of Proposed Disciplinary Action to PCM on December 18, 2007. Were it not for the unavailability of one of the Board's witnesses, the hearing in this matter would have been held last month. The hearing is currently scheduled for February 10-12, 2009.

Given that the Board has already instituted formal action against PCM in Case No. 2007-0309 and a hearing is scheduled, it is not appropriate for the Board to seek discovery under the guise of a continued investigation. Moreover, even if the information requested in the October 24th letter were made in a discovery request that complied procedurally with OAR 137-003-0570, the information requested is not relevant to the matters at issue in the upcoming hearing. For example, your request for a report listing all prescriptions dispensed into Oregon for the period September 1, 2007 through September 1, 2008 is, by definition, not relevant to the allegation made in the Notice of Proposed Disciplinary Action that PCM engaged in improper practices between June 17, 2006 and September 1, 2007.

MARINO TORTORELLA PC
ATTORNEYS AT LAW

Accordingly, we suggest that if the Board seeks discovery in connection with the upcoming hearing, it should do so in accordance with the OAR and limit its requests to information that would be admissible under OAR 137-003-0610.

Please feel free to call me if you have any questions.

Very truly yours,

Kevin H. Marino

cc: Mr. Peter Ax
Christopher Angius, Esq.

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Drug Outlet Registration of PCM VENTURE I, LLC Registrant	)	Case No. 2007-0309 CONSENT ORDER

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action; Answer Required ("Notice"), hereby incorporated by reference, regarding the registrant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the registrant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the registrant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the registrant admits that the facts alleged in the above-noted Notice are true, that the registrant's conduct, as admitted, violated the statutes and rules cited in the Notice, and that legal cause exists pursuant to ORS 689.405 for disciplinary action by the Board; and

WHEREAS, the licensee consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

1. The registrant shall pay the Board a civil penalty in the amount of $ 100,000, with $90,000 stayed pending compliance with all sanctions of this order. $10,000 balance of civil penalty to be made within ten days from the date this Consent Order becomes final.

2. PCM Venture I, LLC hereby agrees to no longer do business in Oregon.

3. The retail drug outlet registration of PCM Venture I, LLC is revoked. PCM Venture I, LLC shall return there registration to the Board office within ten days from the date this Consent Order becomes final.

4. This consent order is effective when signed by the Board.

4807074599 04:53:50 p.m. 11-15-2021 4/9

Oregon
Theodore R. Kulongoski, Governor

Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Phone: 971/673-0001
Fax: 971/673-0002
Email: pharmacy.board@state.or.us
Web: www.pharmacy.state.or.us

December 4, 2008

Kevin H. Marino
Marino Tortorella, P.C.
437 Southern Blvd.
Chatham, NJ 07928-1488

Re: Case No. 2007-0309
PCM VENTURE I, LLC.

The Oregon State Board of Pharmacy issued a Notice of Proposed Disciplinary Action; Answer Required on 12/18/2007. Upon review of additional information, the Oregon State Board of Pharmacy hereby issues the enclosed Amended Notice of Proposed Disciplinary Action; Answer Required.

Within twenty-one (21) days from the mailing date of this letter you may complete one of the following two options:

1) Submit a written answer to the new allegations set forth in the Amended Notice if you wish to *contest* the allegations listed in the Amended Notice and not accept the settlement offer in the Consent Order. **It is not necessary to send in a second hearing request, as your request for hearing received in response to our original notice is still valid. While current request for a hearing is still deemed to be a request, an answer to the new allegations still needs to be provided pursuant to OAR 855-001-0015.**

2) Sign and return the Consent Order if you wish to *accept* the settlement offer in the Consent Order.

If you have any questions regarding this matter, contact Board Counsel Thomas Cowan, Senior Assistant Attorney General at (503) 947-4520.

Sincerely,

Gary Miner, R.Ph.
Compliance Director

Enclosures: Amended Notice of Proposed Disciplinary Action; Answer Required
Consent Order

CONSENT

I hereby acknowledge that I am the authorized representative of registrant. On behalf of the registrant I further certify that I have read and understand the Notice and this Consent Order and on behalf of the registrant I agree to the Board entering the Consent Order.

_____ _____

Authorized Representative Date
PCM Venture I, LLC
Registrant (Registration No. RP-0002351)

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

_____ _____

Gary Miner, R.Ph.; Date
Compliance Director

6/9 11-15-2021 04:54:42 p.m. 4807074599

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Drug Outlet Registration PCM VENTURE I, LLC Registrant	)	Case No. 2007-0309 AMENDED NOTICE OF PROPOSED DISCIPLINARY ACTION; ANSWER REQUIRED

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy proposes to take disciplinary action against your Certificate of Registration No. RP-0002351. A Notice of Proposed Disciplinary Action (Notice) was issued in this matter on 12/18/2007. This Amended Notice of Proposed Disciplinary Action (Amended Notice) supersedes the prior Notice issued in this matter.

The Board proposes to take disciplinary action because PCM Venture I, LLC violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

PCM VENTURE I LLC located at 5201 Green Street Ste 255 in Murray, UT failed to cooperate and comply with requests from the Board and provide requested records, which is conduct contrary to accepted standards of practice and unprofessional conduct as defined by OAR 855-006-0005(25)(i) and in violation of and grounds for discipline pursuant to OAR 855-001-0035 and ORS 689.405(1)(a) and (e)(B).

Between approximately 6/17/2006 and 12/1/2008, your employees at PCM VENTURE I LLC located at 5201 Green Street Ste 255 in Murray, UT engaged in a practice whereby they dispensed prescriptions that were not issued pursuant to a valid physician-patient examination, the physician did not examine the patient prior to diagnosing, treating, or prescribing, and the physician wrote prescriptions for medications resulting from a consultation over the internet. Your employees failed to ensure that submitted prescriptions had been issued for a legitimate medical purpose in the usual course of the practitioner's professional practice for Oregon residents. Over the aforementioned period of time, your employees filled over 1,200 prescriptions for Viagra, Cialis, Levitra, or Propecia that were issued in response to a questionnaire on an internet site and without an examination of the patient by the prescribing practitioner and as such were not legitimate prescriptions. Failure of your pharmacist employees to ensure that prescriptions were issued pursuant to a valid patient-practitioner relationship and for a legitimate medical purpose in the usual course of the practitioner's professional practice and where the pharmacist knows or should know due to the apparent circumstances that the purported prescription is bogus or that the prescription is issued for other than a legitimate medical purpose and dispensing prescriptions that result from a questionnaire or an internet based relationship is in violation of ORS 689.525(1)(a) and (b) and (2), OAR 855-019-0210(2), and OAR 855-019-0310(12), constitutes repeated or gross negligence pursuant to ORS 689.405(1)(b) and previously OAR 855-019-0055(1)(b) and currently OAR 855-019-0310(2), and is unprofessional conduct

7/9 11-15-2021 04:54:56 p.m. 4807074599

as previously defined by OAR 855-019-0055(2)(a), (e), (f), and (h) and currently defined by OAR 855-006-0005(25)(d), (e), and (i), which is grounds for discipline pursuant to ORS 689.335, 689.405(1)(a), 689.405(1)(b), 689.405(1)(e)(B), and 689.445.

Based on these alleged violations, the Board proposes to revoke your Retail Drug Outlet Registration and impose a civil penalty in the amount of $1,000 per violation for violations occurring through 12/31/2007 and a civil penalty in the amount of $10,000 per violation for violations occurring since 12/31/2007, with a minimum of $100,000.

HEARING RIGHTS

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation's attorney must file a written request for hearing with the Board within 21 days from the date this notice was mailed. The corporation's attorney may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

If the corporation requests a hearing, the corporation's attorney will be notified of the time and place of the hearing. Before the commencement of the hearing, the corporation will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing.

If the corporation does not request a hearing within 21 days, or if it withdraws a hearing request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

ANSWER REQUIRED

Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you must also provide, within 21 days from the date this contested case notice was served, a written answer to the allegations set forth in this contested case notice. Your written answer must include an admission or denial of each factual matter alleged in the notice and a short and plain statement of each relevant affirmative defense you may have. Except for good cause, factual matters alleged in the notice and not denied in the answer shall be presumed admitted; failure to raise a particular defense in the answer will be considered a waiver of such defense; new matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and evidence shall not be taken on any issue not raised in the notice and the answer.

6/8 11-15-2021 04:55:34 p.m. 4807074599

Hearing Request and Answers:
Consequences of Failure to Answer
855-001-0015

(1) A hearing request, and answer when required, shall be made in writing to the Board by the party or his attorney and an answer shall include the following:

(a) An admission or denial of each factual matter alleged in the notice;

(b) A short and plain statement of each relevant affirmative defense the party may have.

(2) Except for good cause;

(a) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;

(b) Failure to raise a particular defense in the answer will be considered a waiver of such defense;

(c) New matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and

(d) Evidence shall not be taken on any issue not raised in the notice and the answer.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Gary Miner

Gary Miner, R.Ph.,
Compliance Director

12/8/08
Date

DATE OF MAILING 12/8/2008

6/6 11-15-2021 04:56:10 p.m. 4807074599

TEXAS STATE BOARD OF PHARMACY

June 5, 2017

VIA U.S. FIRST CLASS MAIL &
ELECTRONIC MAIL

Kevin H. Marino
Marino, Tortorella & Boyle, P.C.
Attorneys at Law
437 Southern Boulevard
Chatham, New Jersey 07928-1488
kmarino@khmarino.com

RE: Kwikmed, Pharmacy License #25208
Dismissal of Disciplinary Action

Dear Mr. Marino:

This letter will inform you that the allegations set forth in the Preliminary Notice Letter mailed to your client on March 9, 2017, have been dismissed. In addition, the informal conference set for July 27, 2017, has been cancelled.

If you have any questions concerning this matter, you may contact me at (512) 305-8033.

Sincerely,

Jessica Lance

Jessica Lance
Staff Attorney
jessica.lance@pharmacy.texas.gov

JML/ead

cc: Kwikmed
c/o Lisa Dimick, R.Ph.
Pharmacist-in-Charge
9836 South Jordan Gateway
Sandy, Utah 84070

S:\Attorneys\PNLs 0117 - 1217\Kwikmed\Kwikmed_Dismissal Letter.docx

TEXAS STATE BOARD OF PHARMACY

December 14, 2015

Kevin Marino
Marino, Tortorella & Boyle PC
437 Southern Blvd.
Chatham, New Jersey 07928-1488

Re: Texas State Board of Pharmacy v.
PCM Venture I, LLC, License No. 25208
SOAH Docket No. 515-14-4086; TSBP No. 2013-03823

Dear Mr. Marino,

On December 14, 2015, Texas State Board of Pharmacy (TSBP) filed a Motion to Dismiss and Abate the Hearing in this matter at the State Office of Administrative Hearings (SOAH). One of the allegations in this case was that on February 12, 2015, the Iowa Board of Pharmacy entered a Settlement Agreement and Final Order (the "Iowa Order") by which PCM Venture I, LLC ("PCM") voluntarily surrendered its Iowa non-resident pharmacy license (the "Iowa Allegation"). The Iowa Order contained a finding that between January 1, 2013, and September 28, 2013, PCM dispensed prescriptions to Iowa patients based on an internet-based patient evaluation without a pre-existing physician-patient relationship. Having alleged that the Iowa Order was a violation of Texas Pharmacy Act §565.002(a)(13), TSBP filed a Motion for Summary Disposition at SOAH based on the Iowa Order. Specifically, the Motion submitted the Iowa Order and the relevant Iowa and Texas laws and asked that the judge enter summary judgment in favor of TSBP on the Iowa Allegation. That Motion was denied based on the judge's finding that TSBP had failed to establish as a matter of law that the conduct covered by the statute underlying the Iowa Order is substantially equivalent to conduct proscribed by Texas law. On December 14, 2015, TSBP filed a Motion to Dismiss the Iowa Allegation with prejudice. That Motion was granted the same day. As a result, the allegation that PCM should suffer collateral consequences in Texas based on the Iowa Order cannot be brought again to SOAH.

Tyler Vance

Tyler Vance
Staff Attorney
tyler.vance@pharmacy.texas.gov

4807074599 04:56:29 p.m. 11-15-2021 1/11

SOAH DOCKET NO. 515-14-4086
TSBP NO. 2013-03823

TEXAS STATE BOARD OF	§	BEFORE THE STATE OFFICE
PHARMACY	§	
V.	§	OF
PCM VENTURE I, LLC	§	
LICENSE NO. 25208	§	ADMINISTRATIVE HEARINGS

MOTION TO DISMISS ALLEGATIONS AND ABATE

TO THE HONORABLE ADMINISTRATIVE LAW JUDGE ROY SCUDDAY:

The parties have reached a settlement agreement in this case, which is scheduled for hearing on December 15, 2015. TSBP requests that Allegations I, 3, and 4 be dismissed with prejudice. TSBP requests that the remaining complaint be abated until the entry of the agreed order at the Board's next quarterly meeting in February, 2016. TSBP will move to dismiss the case at that time.

Respectfully submitted,

Tyler Vance

Tyler Vance
State Bar No. 24070786
Staff Attorney
Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-600
Austin, Texas 78701
Phone No. (512) 305-9896
Fax No. (512) 305-8061

SOAH DOCKET NO. 515-14-4086
TSBP NO. 2013-03823

TEXAS STATE BOARD OF PHARMACY, Petitioner	§	BEFORE THE STATE OFFICE
	§	OF
v.	§	
PCM VENTURE I, LLC, Respondent	§	ADMINISTRATIVE HEARINGS

ORDER NO. 11
GRANTING MOTION TO DISMISS ALLEGATIONS AND ABATE PROCEEDING CONCERNING REMAINING ALLEGATION

On December 14, 2015, the parties filed an agreed Motion to Dismiss Allegations 1, 3, and 4. The parties further filed an Agreed Motion to Abate the hearing scheduled for December 15, 2015, regarding Allegation 2 until after the next meeting of the Texas State Board of Pharmacy in February 2016.

The Motion to Dismiss Allegations 1, 3, and 4 is granted. The Motion to Abate the hearing is granted and the hearing scheduled for December 15, 2015 is cancelled. The parties are directed to submit a report of the status of this case no later than February 29, 2016.

SIGNED December 14, 2015.

Roy G. Scudday

ROY G. SCUDDAY
ADMINISTRATIVE LAW JUDGE
STATE OFFICE OF ADMINISTRATIVE HEARINGS

STATE OFFICE OF ADMINISTRATIVE HEARINGS

AUSTIN OFFICE
300 West 15th Street Suite 502
Austin, Texas 78701
Phone: (512) 475-4993
Fax: (512) 322-2061

SERVICE LIST

AGENCY: Pharmacy, Texas State Board of (TSBP)

STYLE/CASE: PCM VENTURE I, LLC

SOAH DOCKET NUMBER: 515-14-4086

REFERRING AGENCY CASE:

STATE OFFICE OF ADMINISTRATIVE HEARINGS	ADMINISTRATIVE LAW JUDGE ALJ ROY SCUDDAY
REPRESENTATIVE / ADDRESS	**PARTIES**
LOUIS LEICHTER ATTORNEY LEICHTER LAW FIRM 1602 EAST 7TH STREET AUSTIN, TX 78702 (512) 495-9995 (PH) (512) 482-0164 (FAX) louis@leichterlaw.com	PCM VENTURE I, L.L.C.
TYLER VANCE STAFF ATTORNEY TEXAS STATE BOARD OF PHARMACY 333 GUADALUPE, TOWER 3, 600 AUSTIN, TX 78701 (512) 305-9896 (PH) (512) 305-8061 (FAX)	TEXAS STATE BOARD OF PHARMACY
KEVIN H. MARINO MARINO, TORTORELLA & BOYLE, P.C. 437 SOUTHERN BLVD. CHATHAM, NJ 07928-1488 (973) 824-9300 (PH) (973) 824-8425 (FAX)	PCM VENTURE I, L.L.C.

AGREED BOARD ORDER #K-13-013

RE: IN THE MATTER OF
PCM VENTURE I, LLC
(PHARMACY LICENSE #25208)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

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By letter dated October 20, 2008, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation, which produced evidence indicating that Respondent may have violated:

Sections 560.001(b) and 565.002(a)(3) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2005), in that, allegedly:

COUNT

On or about June 19, 2006, through on or about August 21, 2006, PCM Venture I, LLC, 5201 Green Street, Suite 255, Murray, Utah, 84123, illegally delivered prescription drugs to Texas residents when the pharmacy was not licensed by the Texas State Board of Pharmacy (TSBP). On or about August 22, 2006, PCM Venture I, LLC, became licensed by TSBP as a Class E or nonresident pharmacy.

An informal conference was held in the office of the Texas State Board of Pharmacy on November 12, 2008, with Peter Ax, Managing Member of Respondent, and Kevin H. Marino, Legal Counsel for Respondent, in attendance. The informal conference was heard by a Board panel comprised of: Dennis F. Wiesner, R.Ph., Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; and Allison Benz, R.Ph., Director of Professional Services; with Kerstin E. Arnold, General Counsel. Julie C. Hildebrand, Litigation Counsel was also in attendance.

A second informal conference was held on January 8, 2009, with Peter Ax and Kevin H. Marino in attendance. The informal conference was heard by a Board panel comprised of: Kim A. Caldwell, R.Ph., Board Member; Gay Dodson, R.Ph.; and Allison Benz, R.Ph.; with Kerstin E. Arnold. Julie C. Hildebrand was also in attendance.

Subsequent to the informal conferences, a mediation was held at the State Office of Administrative Hearings on December 2, 2011, with Peter Ax and Kevin H. Marino in

attendance. The Board was represented by Dennis F. Wiesner, R.Ph. Also in attendance were Gay Dodson, R.Ph., Kerstin E. Arnold, and Julie C. Hildebrand.

By signing this Order, Respondent and Respondent's counsel neither admit nor deny the truth of the matters previously set out in this Order, and agree that the Board has jurisdiction in this matter and waive the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent shall pay an administrative penalty of five thousand dollars ($5,000) due one hundred twenty (120) days after the entry of this Order.

(2) Respondent shall allow Board staff to directly contact Respondent on any matter regarding the enforcement of this Order.

(3) Respondent shall not violate any pharmacy or drug statute or rule of this state, another state or the United States with respect to pharmacy, controlled substances, or dangerous drugs.

(4) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2015), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2015).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS _____ day of _____, 2016.

_____
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:

_____
Peter Ax, Managing Member of PCM Venture I, LLC

_____
Kevin H. Marino, Legal Counsel for PCM Venture I, LLC
Marino, Tortorella & Boyle, P.C.
437 Southern Boulevard
Chatham, New Jersey 07928-1488

_____
Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

7/11 11-15-2021 04:58:59 p.m. 4807074599

SOAH DOCKET NO. 515-14-4086
TSBP NO. 2013-03823

TEXAS STATE BOARD OF PHARMACY v. PCM VENTURE I, LLC LICENSE NO. 25208	BEFORE THE STATE OFFICE OF ADMINISTRATIVE HEARINGS

RESPONDENT'S RESPONSES AND OBJECTIONS TO THE TSBP STAFF'S FIRST SET OF INTERROGATORIES AND REQUEST FOR PRODUCTION

Respondent PCM Venture I, LLC ("PCM") through its attorneys, Marino, Tortorella & Boyle, P.C., hereby responds to the Texas State Board of Pharmacy's Interrogatories and Requests for Production, as follows:

GENERAL OBJECTIONS

1. PCM objects to the Interrogatories on the ground and to the extent that they, or any of them, are overly broad, unduly burdensome, unreasonably cumulative, duplicative, vague or ambiguous.

2. PCM objects to the Interrogatories on the ground and to the extent that they, or any of them, seek discovery or otherwise purport to impose obligations beyond the requirements of applicable law.

3. PCM objects to the Interrogatories on the ground and to the extent that they, or any of them, seek information that is not relevant to the subject matter of this action.

4. PCM objects to the Interrogatories on the ground and to the extent that they, or any of them, are not reasonably calculated to lead to the discovery of admissible evidence.

5. PCM objects to the Interrogatories on the ground and to the extent that they, or any

of them, seek documents, including drafts, that were prepared for or in anticipation of litigation, constitute attorney work product, contain privileged attorney-client communications or fall within the panoply of any other privileges recognized by law.

6. PCM objects to the Interrogatories on the ground and to the extent that they, or any of them, are not limited to any specified time period.

7. PCM reserves the right to change or supplement any response or objection to the Interrogatories as may be appropriate or necessary.

8. Any response or partial response to any of the Interrogatories shall not constitute a waiver of any objection or other challenges to the competence, relevance, materiality, privilege, or admissibility of evidence as to any information disclosed thereby, whether in connection with this or any subsequent proceeding or trial in this or any other action. PCM specifically reserves all such objections or challenges.

INTERROGATORY NO. 1:

For each prescription dispensed to a Texas patient for the time period between November 1, 2005 and October 31, 2007, identify the following:

a. Name of the prescribing physician
b. Complete business address of the prescriber
c. Each and every state in which the prescriber held a license to practice medicine at that time.

RESPONSE: ***By letter from Kevin H. Marino to Chief Investigator Joseph Lewis dated December 8, 2007, PCM produced to the TSBP documents bearing production numbers PCM 00001 through PCM 01211, which contained the names and complete business addresses of the prescribing physicians for each prescription dispensed to a Texas patient for the time period between November 1, 2005, and October 31, 2007. A true and correct copy of the letter and report are submitted with this response. During that period, the following prescribers held licenses to practice medicine in the following states:***
Robert L. Moody, D.O.—Utah, Nevada
John H. Jurige, Jr., M.D.—Kentucky, Indiana, Utah
M. Stuart Adler, M.D.—New York

INTERROGATORY NO. 2:

Identify the full name of "Chen, M.D.", the prescribing physician on your prescription number 2008092337908890-1.

RESPONSE: ***Michael Mingchi Chen***

INTERROGATORY NO. 3:

Identify each and every state in which "Chen, M.D." held a license to practice medicine on October 7, 2008.

REPONSE: ***On October 7, 2008, Dr. Chen was licensed to practice medicine in Utah and Nevada.***

Dated: October 13, 2015

Respectfully submitted,

LEICHTER LAW FIRM, PC

MARINO, TORTORELLA & BOYLE, P.C.

Louis D. Leichter
1602 East 7th Street
Austin, TX 78702
Ph.: (512) 495-9995
Attorneys for Respondent, PCM Venture I, LLC

Kevin H. Marino
437 Southern Boulevard
Chatham, NJ 07928
Ph.: (973) 824-9300

4807074599 05:00:01 p.m. 11-15-2021 10/11

VERIFICATION

STATE OF ARIZONA)
) ss.:
COUNTY OF MARICOPA)

PETER AX, being duly sworn, hereby states under penalty of perjury that the following statements are true:

I am the President of Respondent, PCM Venture I, LLC ("PCM"). I have read PCM's Responses and Objections to the TSBP Staff's First Set Of Interrogatories and Request for Production and know the contents thereof, and the same are true to my knowledge, information and belief.

Peter Ax

SWORN TO and SUBSCRIBED
before me by Peter Ax on October 13, 2015.

LAUREN COOPERMAN
Notary Public, State of Arizona
Maricopa County
My Commission Expires
December 14, 2018

Notary Public in and for
the State of Arizona

BEFORE THE IOWA BOARD OF PHARMACY

Re: Nonresident Pharmacy License of **PCM VENTURE I LLC,** License No. 3677 Respondent.	))))))	CASE NO. 2013-3677 **INTERROGATORIES**

COMES NOW the State of Iowa, by and through Assistant Attorney General Sara Scott, and hereby propounds the following Interrogatories to PCM Venture I LLC, to be answered under oath and filed with the Board in accordance with the Iowa Rules of Civil Procedure. If any or different information is obtained which will require supplementation, deletion, or changes in the Answers to Interrogatories prior to the hearing scheduled in this matter, pursuant to those rules, you are directed to provide such supplementation, deletion, or changes to the State of Iowa and its attorney.

Respectfully submitted,

THOMAS J. MILLER
ATTORNEY GENERAL OF IOWA

SARA SCOTT
Assistant Attorney General
Hoover Building, 2nd Floor
1305 East Walnut Street
Des Moines, Iowa 50319
(515) 242-0104
sara.scott@iowa.gov
ATTORNEYS FOR THE STATE

Original to:

Kevin H. Marino
Marino, Tortorella & Boyle, P.C.
437 Southern Blvd.
Chatham, NJ 07928-1488
kmarino@khmarino.com
ATTORNEY FOR RESPONDENT

Proof of Service

The undersigned certifies that the foregoing instrument was served upon each of the persons identified as receiving a copy by delivery in the following manner on the 16th day of September, 2014.

_X_ U.S. Mail
___ Hand Delivery
___ Federal Express
_X_ Electronically
___ FAX
___ Overnight Courier
___ Other

Signature: R. Dales

INTERROGATORY NO. 1. Please identify all persons who participated in preparing your answers to these interrogatories.

ANSWER:

INTERROGATORY NO. 2. For each prescription dispensed to an Iowa patient for the time period January 1 to September 28, 2013, identify the following:

a. Name of the prescriber;

b. Complete business address of the prescriber, including street, city, state and zip code; and

c. Each and every state in which the prescriber holds active licensure from the applicable professional licensing authority.

ANSWER:

Interrogatories Answers

1) Peter Ax
2) Answers:
    a. Dr. Moody
    b. 12226 E 1000 Ste #10, Draper, UT 84020
    c. Utah, California

Patient First Name	Patient Last Name	Patient Address	Drug Quantity Name Strength, Form	Date of Dispensing	Prescription Number	Prescriber Address
[redacted]			30 Viagra 100mg blue tab	1/1/2013 8:12	20130101000253870	12226 E 1000 Ste. #10, Draper, UT 84020
			5 Cialis 20mg yellow tab	1/1/2013 14:01	20130101556614040	12226 E 1000 Ste. #10, Draper, UT 84020
			10 Cialis 20mg yellow tab	1/1/2013 16:46	20130101950334110	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Viagra 100mg blue tab	1/2/2013 19:43	20130102386245320	12226 E 1000 Ste. #10, Draper, UT 84020
			5 Viagra 100mg blue tab	1/4/2013 8:06	20130104360747980	12226 E 1000 Ste. #10, Draper, UT 84020
			1 Effa 30mg white tab	1/7/2013 7:38	20130107060451110	12226 E 1000 Ste. #10, Draper, UT 84020
			5 Levitra 20mg orange tab	1/8/2013 1:30	20130108580753110	12226 E 1000 Ste. #10, Draper, UT 84020
			5 Cialis 20mg yellow tab	1/8/2013 7:17	20130108439853320	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Viagra 100mg blue tab	1/9/2013 6:13	20130109757154490	12226 E 1000 Ste. #10, Draper, UT 84020
			15 Viagra 100mg blue tab	1/9/2013 11:59	20130109808855550	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Viagra 100mg blue tab	1/9/2013 12:30	20130109808855550	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Cialis 20mg yellow tab	1/9/2013 12:30	20130109808855550	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Levitra 20mg orange tab	1/9/2013 12:30	20130109808855550	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Viagra 100mg blue tab	1/9/2013 14:14	20130109833455580	2230 N. University Parkway #1-A, Provo, UT 84604
			3 Viagra 100mg blue tab	1/10/2013 12:16	20130110362757601	12226 E 1000 Ste. #10, Draper, UT 84020
			30 Viagra 100mg blue tab	1/11/2013 9:35	20130111017745920	12226 E 1000 Ste. #10, Draper, UT 84020
			10 Viagra 100mg blue tab	1/14/2013 12:39	20130114147463401	12226 E 1000 Ste. #10, Draper, UT 84020
			5 Viagra 100mg blue tab	1/14/2013 16:51	20130114777525420	12226 E 1000 Ste. #10, Draper, UT 84020
			15 Cialis 20mg yellow tab	1/15/2013 8:45	20130115551368001	11226 E 1000 Ste. #10, Draper, UT 84020
			30 Viagra 100mg blue tab	1/15/2013 9:34	20130115396466201	12226 E 1000 Ste. #10, Draper, UT 84020
			10 Viagra 100mg blue tab	1/16/2013 13:53	20130116874469601	12226 E 1000 Ste. #10, Draper, UT 84020
			30 Viagra 100mg blue tab	1/19/2013 7:26	20130119441774301	12226 E 1000 Ste. #10, Draper, UT 84020
			10 Viagra 100mg blue tab	1/19/2013 13:17	20130119643874701	12226 E 1000 Ste. #10, Draper, UT 84020
			5 Cialis 20mg yellow tab	1/20/2013 7:00	20130120633975201	12226 E 1000 Ste. #10, Draper, UT 84020
			30 Viagra 100mg blue tab	1/22/2013 12:11	20130122277079301	12226 E 1000 Ste. #10, Draper, UT 84020
			15 Cialis 20mg yellow tab	1/22/2013 15:18	20130122113179801	12226 E 1000 Ste. #10, Draper, UT 84020
			5 Cialis 20mg yellow tab	1/25/2013 7:03	20130125030685701	12226 E 1000 Ste. #10, Draper, UT 84020
			5 Levitra 20mg orange tab	1/25/2013 9:06	20130125127188001	12226 E 1000 Ste. #10, Draper, UT 84020
			10 Viagra 100mg blue tab	1/25/2013 12:30	20130125252786401	12226 E 1000 Ste. #10, Draper, UT 84020
			4 Staxyn 10mg white tab	1/25/2013 16:45	20130125872287001	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Viagra 100mg blue tab	1/26/2013 19:42	20130126511087801	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Viagra 100mg blue tab	1/27/2013 18:21	20130127905188701	12226 E 1000 Ste. #10, Draper, UT 84020
			20 Cialis 20mg yellow tab	1/28/2013 12:26	20130128115789901	12226 E 1000 Ste. #10, Draper, UT 84020
			5 Cialis 20mg yellow tab	1/28/2013 13:26	20130128209690301	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Viagra 100mg blue tab	1/28/2013 18:50	20130128209191001	12226 E 1000 Ste. #10, Draper, UT 84020
			10 Cialis 20mg yellow tab	1/28/2013 19:41	20130128662491101	12226 E 1000 Ste. #10, Draper, UT 84020
			10 Viagra 100mg blue tab	1/29/2013 14:16	20130129921893001	12226 E 1000 Ste. #10, Draper, UT 84020
			10 Viagra 100mg blue tab	1/29/2013 15:40	20130129950993201	12226 E 1000 Ste. #10, Draper, UT 84020
			5 Cialis 20mg yellow tab	1/30/2013 12:57	20130130076095101	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Viagra 100mg blue tab	1/30/2013 16:09	20130130731195501	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Viagra 100mg blue tab	1/31/2013 8:48	20130130978595501	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Cialis 20mg yellow tab	1/31/2013 8:48	20130130978595501	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Levitra 20mg orange tab	1/31/2013 8:48	20130130978595501	12226 E 1000 Ste. #10, Draper, UT 84020
			10 Viagra 100mg blue tab	2/4/2013 9:09	20130204250202401	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Viagra 100mg blue tab	2/4/2013 14:46	20130204968803501	12226 E 1000 Ste. #10, Draper, UT 84020
			10 Viagra 100mg blue tab	2/5/2013 13:29	20130205613405601	12226 E 1000 Ste. #10, Draper, UT 84020
			20 Cialis 20mg yellow tab	2/5/2013 14:27	20130205654505601	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Viagra 100mg blue tab	2/5/2013 15:04	20130205538305901	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Viagra 100mg blue tab	2/6/2013 2:49	20130206040906301	12226 E 1000 Ste. #10, Draper, UT 84020
			5 Viagra 100mg blue tab	2/6/2013 4:44	20130206921007001	12226 E 1000 Ste. #10, Draper, UT 84020
			5 Viagra 100mg blue tab	2/6/2013 16:44	20130206938209601	12226 E 1000 Ste. #10, Draper, UT 84020
			90 Propecia 1mg tan tab	2/6/2013 20:25	20130206979308701	12226 E 1000 Ste. #10, Draper, UT 84020

[redacted]

20 Cialis 20mg yellow tab	2/7/2013 11:31	20130207225710000 12226 E 1000 Sta. #10, Draper, UT 84020
5 Cialis 20mg yellow tab	2/7/2013 14:40	20130207781110400 12226 E 1000 Sta. #10, Draper, UT 84020
15 Viagra 100mg blue tab	2/7/2013 16:26	20130207955310600 12226 E 1000 Sta. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	2/8/2013 23:30	20130208656912500 12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	2/10/2013 5:41	20130210942513300 12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	2/10/2013 7:00	20130210860813400 12226 E 1000 Sta. #10, Draper, UT 84020
5 Cialis 20mg yellow tab	2/10/2013 12:54	20130211088811370 12226 E 1000 Sta. #10, Draper, UT 84020
5 Viagra 100mg blue tab	2/11/2013 11:04	20130211916016700 12226 E 1000 Sta. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	2/11/2013 11:28	20130211541717000 12226 E 1000 Sta. #10, Draper, UT 84020
5 Viagra 100mg blue tab	2/11/2013 13:02	20130211824917600 12226 E 1000 Sta. #10, Draper, UT 84020
5 Cialis 20mg yellow tab	2/11/2013 17:06	20130211993019400 12226 E 1000 Sta. #10, Draper, UT 84020
3 Viagra 100mg blue tab	2/12/2013 20:09	20130212101923400 12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	2/13/2013 11:35	20130213144424400 12226 E 1000 Sta. #10, Draper, UT 84020
5 Viagra 100mg blue tab	2/15/2013 13:00	20130215231118300 12226 E 1000 Sta. #10, Draper, UT 84020
20 Viagra 100mg blue tab	2/16/2013 18:36	20130216724729700 12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	2/18/2013 14:09	20130218402232500 12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	2/19/2013 19:51	20130219766135500 12226 E 1000 Sta. #10, Draper, UT 84020
5 Viagra 100mg blue tab	2/20/2013 7:53	20130220569836200 12226 E 1000 Sta. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	2/21/2013 12:15	20130221115939000 12226 E 1000 Sta. #10, Draper, UT 84020
30 Viagra 100mg blue tab	2/21/2013 20:56	20130221076940000 12226 E 1000 Sta. #10, Draper, UT 84020
3 Levitra 20mg orange tab	2/22/2013 8:38	20130222902840500 12226 E 1000 Sta. #10, Draper, UT 84020
5 Cialis 20mg yellow tab	2/23/2013 17:07	20130223496142600 12226 E 1000 Sta. #10, Draper, UT 84020
1 Ella 30mg white tab	2/24/2013 8:11	20130224578643100 12226 E 1000 Sta. #10, Draper, UT 84020
30 Cialis 20mg yellow tab	2/26/2013 9:57	20130226021146800 12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	2/27/2013 16:37	20130227721149800 12226 E 1000 Sta. #10, Draper, UT 84020
3 Cialis 20mg yellow tab	2/27/2013 18:02	20130227030349900 12226 E 1000 Sta. #10, Draper, UT 84020
5 Viagra 100mg blue tab	2/27/2013 23:07	20130227515750500 12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	3/3/2013 13:23	20130301103953700 12226 E 1000 Sta. #10, Draper, UT 84020
15 Viagra 100mg blue tab	3/3/2013 16:15	20130303418556000 12226 E 1000 Sta. #10, Draper, UT 84020
30 Viagra 100mg blue tab	3/4/2013 11:45	20130304818757600 12226 E 1000 Sta. #10, Draper, UT 84020
30 Cialis 20mg yellow tab	3/5/2013 8:20	20130305169059200 12226 E 1000 Sta. #10, Draper, UT 84020
20 Cialis 20mg yellow tab	3/5/2013 13:30	20130305395160400 12226 E 1000 Sta. #10, Draper, UT 84020
5 Viagra 100mg blue tab	3/7/2013 9:56	20130307133464300 12226 E 1000 Sta. #10, Draper, UT 84020
5 Viagra 100mg blue tab	3/7/2013 13:22	20130307527764800 12226 E 1000 Sta. #10, Draper, UT 84020
20 Viagra 100mg blue tab	3/8/2013 7:56	20130308211366100 12226 E 1000 Sta. #10, Draper, UT 84020
15 Cialis 20mg yellow tab	3/11/2013 18:25	20130311464971700 12226 E 1000 Sta. #10, Draper, UT 84020
20 Cialis 20mg yellow tab	3/13/2013 6:21	20130313629674900 12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	3/13/2013 9:47	20130313778476400 12226 E 1000 Sta. #10, Draper, UT 84020
15 Cialis 20mg yellow tab	3/13/2013 10:12	20130313939676600 12226 E 1000 Sta. #10, Draper, UT 84020
5 Viagra 100mg blue tab	3/14/2013 7:48	20130314763080500 12226 E 1000 Sta. #10, Draper, UT 84020
3 Viagra 100mg blue tab	3/18/2013 17:42	20130318229487600 12226 E 1000 Sta. #10, Draper, UT 84020
5 Viagra 100mg blue tab	3/19/2013 16:34	20130319719889700 12226 E 1000 Sta. #10, Draper, UT 84020
3 Viagra 100mg blue tab	3/20/2013 8:02	20130320120430800 12226 E 1000 Sta. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	3/20/2013 8:51	20130320569390900 12226 E 1000 Sta. #10, Draper, UT 84020
Chantix Continuous 56 1mg blue tab	3/21/2013 7:22	20130321462992900 12226 E 1000 Sta. #10, Draper, UT 84020
5 Viagra 100mg blue tab	3/21/2013 13:22	20130321380393700 12226 E 1000 Sta. #10, Draper, UT 84020
5 Cialis 20mg yellow tab	3/22/2013 10:42	20130322189939510 12226 E 1000 Sta. #10, Draper, UT 84020
30 Viagra 100mg blue tab	3/24/2013 15:23	20130324656997200 12226 E 1000 Sta. #10, Draper, UT 84020
1 Ella 30mg white tab	3/24/2013 23:20	20130324893397900 12226 E 1000 Sta. #10, Draper, UT 84020
30 Viagra 100mg blue tab	3/25/2013 6:05	20130325065398100 12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	3/25/2013 15:31	20130325700899700 12226 E 1000 Sta. #10, Draper, UT 84020
1 Ella 30mg white tab	3/26/2013 17:17	20130326989802200 12226 E 1000 Sta. #10, Draper, UT 84020
10 Cialis 10mg yellow tab	3/27/2013 11:55	20130327228104700 12226 E 1000 Sta. #10, Draper, UT 84020

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15 Cialis 20mg yellow tab	3/27/2013 14:25	20130327150805540 12226 E 1000 Ste. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	3/27/2013 16:09	20130327917005830 12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	3/28/2013 4:58	20130328533440700 12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	3/28/2013 5:05	20130328436507000 12226 E 1000 Ste. #10, Draper, UT 84020
20 Cialis 20mg yellow tab	3/28/2013 10:03	20130328081610780 12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	3/28/2013 14:08	20130328593960650 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	3/28/2013 17:18	20130328958800870 12226 E 1000 Ste. #10, Draper, UT 84020
5 Cialis 20mg yellow tab	3/29/2013 6:04	20130329616009920 12226 E 1000 Ste. #10, Draper, UT 84020
1 Ella 30mg white tab	3/29/2013 20:23	20130329948310030 12226 E 1000 Ste. #10, Draper, UT 84020
4 Staxyn 10mg white tab	3/30/2013 6:31	20130330482110050 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	4/1/2013 10:36	20130401443312790 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	4/1/2013 11:32	20130401050513310 12226 E 1000 Ste. #10, Draper, UT 84020
30 Cialis 20mg yellow tab	4/2/2013 12:18	20130402390415550 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	4/3/2013 10:00	20130403812217310 12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	4/3/2013 13:35	20130403446817790 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	4/3/2013 13:41	20130403433317790 12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	4/5/2013 13:16	20130405432021700 12226 E 1000 Ste. #10, Draper, UT 84020
Chantix Starter $3	4/7/2013 18:19	20130407867824100 12226 E 1000 Ste. #10, Draper, UT 84020
3 Cialis 20mg yellow tab	4/9/2013 0:59	20130409605626700 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	4/11/2013 11:32	20130411780132200 12226 E 1000 Ste. #10, Draper, UT 84020
10 Levitra 20mg orange tab	4/12/2013 7:02	20130412354033100 12226 E 1000 Ste. #10, Draper, UT 84020
3 Cialis 20mg yellow tab	4/12/2013 7:51	20130412870831200 12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	4/14/2013 11:02	20130414929535700 12226 E 1000 Ste. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	4/14/2013 12:04	20130414448035900 12226 E 1000 Ste. #10, Draper, UT 84020
Chantix Starter $3	4/15/2013 6:21	20130415612537100 12226 E 1000 Ste. #10, Draper, UT 84020
20 Viagra 100mg blue tab	4/15/2013 8:39	20130415536130300 12226 E 1000 Ste. #10, Draper, UT 84020
20 Cialis 20mg yellow tab	4/15/2013 13:02	20130415631140300 12226 E 1000 Ste. #10, Draper, UT 84020
20 Cialis 20mg yellow tab	4/15/2013 13:03	20130415771544020 12226 E 1000 Ste. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	4/15/2013 14:49	20130415018440700 12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	4/16/2013 12:59	20130416768244000 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	4/16/2013 14:40	20130416273944200 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	4/18/2013 16:00	20130418429948400 12226 E 1000 Ste. #10, Draper, UT 84020
5 Cialis 20mg yellow tab	4/18/2013 17:46	20130418972648500 12226 E 1000 Ste. #10, Draper, UT 84020
1 Ella 30mg white tab	4/21/2013 15:08	20130421228251700 12226 E 1000 Ste. #10, Draper, UT 84020
15 Viagra 100mg blue tab	4/24/2013 4:11	20130424494056900 12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	4/25/2013 5:49	20130425479959500 12226 E 1000 Ste. #10, Draper, UT 84020
1 Ella 30mg white tab	4/25/2013 11:38	20130425187560600 12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	4/26/2013 8:21	20130426521461800 12226 E 1000 Ste. #10, Draper, UT 84020
1 Ella 30mg white tab	4/28/2013 5:55	20130428057563700 12226 E 1000 Ste. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	4/28/2013 11:41	20130428340064000 12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	4/29/2013 12:58	20130429584666540 12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	4/30/2013 11:48	20130430076768500 12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	4/30/2013 11:52	20130430533668500 12226 E 1000 Ste. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	5/1/2013 0:31	20130501305169800 12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	5/1/2013 14:44	20130501215771400 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	5/1/2013 17:08	20130501319371500 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	5/3/2013 4:21	20130503421274200 12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	5/4/2013 4:57	20130504101975600 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	5/4/2013 10:57	20130504950875900 12226 E 1000 Ste. #10, Draper, UT 84020
5 Levitra 20mg orange tab	5/6/2013 23:03	20130506934880700 12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	5/8/2013 8:04	20130507123282600 12226 E 1000 Ste. #10, Draper, UT 84020
3 Cialis 20mg yellow tab	5/8/2013 8:04	20130507123282600 12226 E 1000 Ste. #10, Draper, UT 84020
4 Staxyn 10mg white tab	5/8/2013 8:04	20130507123282600 12226 E 1000 Ste. #10, Draper, UT 84020

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3 Viagra 100mg blue tab	5/7/2013 22:41	20130507836083.00 12226 E 1000 Ste. #10, Draper, UT 84020
20 Cialis 20mg yellow tab	5/8/2013 4:46	20130508868878320 12226 E 1000 Ste. #10, Draper, UT 84020
15 Levitra 20mg orange tab	5/8/2013 4:48	20130508868878320 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	5/8/2013 8:13	20130508678983360 12226 E 1000 Ste. #10, Draper, UT 84020
20 Cialis 20mg yellow tab	5/8/2013 10:43	20130508436784000 12226 E 1000 Ste. #10, Draper, UT 84020
5 Cialis 20mg yellow tab	5/10/2013 13:02	20130510172188870 12226 E 1000 Ste. #10, Draper, UT 84020
5 Cialis 20mg yellow tab	5/10/2013 13:20	20130510454284870 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	5/11/2013 10:37	20130511577989960 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	5/14/2013 11:11	20130514504994300 12226 E 1000 Ste. #10, Draper, UT 84020
5 Cialis 20mg yellow tab	5/14/2013 12:33	20130514562894500 12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	5/16/2013 10:01	20130516425501800 12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	5/16/2013 15:10	20130516047702800 12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	5/17/2013 6:33	20130517776003400 12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	5/17/2013 12:01	20130517434703900 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	5/19/2013 4:07	20130519355505500 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	5/20/2013 16:36	20130520432708500 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	5/21/2013 13:53	20130521170210700 12226 E 1000 Ste. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	5/21/2013 17:25	20130521498011100 12226 E 1000 Ste. #10, Draper, UT 84020
Chantix Full Starter Regiment 165	5/22/2013 8:53	20130522786112500 12226 E 1000 Ste. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	5/25/2013 15:20	20130525916817500 12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	5/28/2013 11:13	20130528176421800 12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	5/28/2013 12:29	20130528747912000 12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	5/29/2013 9:01	20130529411624800 12226 E 1000 Ste. #10, Draper, UT 84020
20 Cialis 20mg yellow tab	5/29/2013 10:11	20130529625326700 12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	5/29/2013 13:20	20130529188628900 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	5/30/2013 12:58	20130530764932200 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	5/31/2013 3:24	20130531774483000 12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	6/3/2013 14:11	20130603309437600 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	6/4/2013 7:22	20130604437638600 12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	6/4/2013 11:32	20130604118539400 12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	6/4/2013 14:23	20130604351539900 12226 E 1000 Ste. #10, Draper, UT 84020
Chantix Starter 53	6/7/2013 14:13	20130607202845400 1979 North State St Orem UT 84057
10 Viagra 100mg blue tab	6/7/2013 21:50	20130607378045900 12226 E 1000 Ste. #10, Draper, UT 84020
20 Cialis 20mg yellow tab	6/8/2013 8:41	20130608968846200 12226 E 1000 Ste. #10, Draper, UT 84020
3 Cialis 20mg yellow tab	6/9/2013 17:13	20130609129147500 12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	6/9/2013 19:15	20130609995947600 12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	6/10/2013 9:13	20130610090148400 12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	6/10/2013 14:36	20130610438449100 12226 E 1000 Ste. #10, Draper, UT 84020
90 Propecia 1mg tan tab	6/11/2013 7:59	20130611236335300 12226 E 1000 Ste. #10, Draper, UT 84020
3 Cialis 20mg yellow tab	6/12/2013 9:04	20130612555453500 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	6/12/2013 14:09	20130612091655200 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	6/12/2013 18:14	20130612144756300 12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	6/12/2013 20:32	20130612810556700 12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	6/13/2013 10:41	20130613145957900 12226 E 1000 Ste. #10, Draper, UT 84020
5 Cialis 20mg yellow tab	6/14/2013 12:23	20130614885659500 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	6/17/2013 8:31	20130617924762200 12226 E 1000 Ste. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	6/17/2013 8:38	20130617903162300 12226 E 1000 Ste. #10, Draper, UT 84020
30 Cialis 5mg yellow tab	6/18/2013 5:01	20130618814564200 12226 E 1000 Ste. #10, Draper, UT 84020
15 Cialis 20mg yellow tab	6/18/2013 11:53	20130618495865500 12226 E 1000 Ste. #10, Draper, UT 84020
3 Cialis 20mg yellow tab	6/20/2013 5:35	20130620868465900 12226 E 1000 Ste. #10, Draper, UT 84020
30 Cialis 20mg yellow tab	6/21/2013 10:04	20130621554771500 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	6/22/2013 2:34	20130622184697200 12226 E 1000 Ste. #10, Draper, UT 84020
4 Staxyn 10mg white tab	6/22/2013 9:41	20130622655273200 12226 E 1000 Ste. #10, Draper, UT 84020



Chantix Starter 53	6/23/2013 17:17	20130623056974B0	12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	6/23/2013 21:39	20130623116575 10	12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	6/24/2013 16:37	20130624123877 20	12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	6/24/2013 17:17	20130624459377 20	12226 E 1000 Ste. #10, Draper, UT 84020
3 Cialis 20mg yellow tab	6/26/2013 0:47	20130626434280 10	12226 E 1000 Ste. #10, Draper, UT 84020
20 Cialis 20mg yellow tab	6/26/2013 9:11	20130626375833 40	12226 E 1000 Ste. #10, Draper, UT 84020
30 Cialis 20mg yellow tab	6/26/2013 10:21	20130626648081 70	12226 E 1000 Ste. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	6/26/2013 20:04	20130626426684 20	12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	6/28/2013 12:15	20130628836687 80	12226 E 1000 Ste. #10, Draper, UT 84020
1 Ella 30mg white tab	6/30/2013 19:31	20130630655589 60	12226 E 1000 Ste. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	7/2/2013 8:48	20130702758793 20	12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	7/2/2013 15:15	20130702294394 10	12226 E 1000 Ste. #10, Draper, UT 84020
5 Cialis 20mg yellow tab	7/5/2013 12:02	20130705886697 70	12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	7/5/2013 13:39	20130705491297 90	12226 E 1000 Ste. #10, Draper, UT 84020
30 Cialis 5mg yellow tab	7/7/2013 18:42	20130707063200 20	12226 E 1000 Ste. #10, Draper, UT 84020
5 Levitra 20mg orange tab	7/8/2013 8:22	20130708267101 20	12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	7/8/2013 8:44	20130708915601 20	12226 E 1000 Ste. #10, Draper, UT 84020
5 Cialis 20mg yellow tab	7/8/2013 16:01	20130708561802 50	12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	7/10/2013 5:44	20130710442205 30	12226 E 1000 Ste. #10, Draper, UT 84020
Chantix Continuous 112 1mg blue tab	7/10/2013 19:12	20130710815605 80	12226 E 1000 Ste. #10, Draper, UT 84020
30 Cialis 5mg yellow tab	7/10/2013 21:47	20130710515907 10	12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	7/11/2013 10:19	20130711580108 00	12226 E 1000 Ste. #10, Draper, UT 84020
Chantix Continuous 56 1mg blue tab	7/11/2013 12:41	20130712996110 00	12226 E 1000 Ste. #10, Draper, UT 84020
15 Cialis 20mg yellow tab	7/14/2013 8:30	20130714136111 50	12226 E 1000 Ste. #10, Draper, UT 84020
1 Ella 30mg white tab	7/15/2013 7:09	20130715126012 50	12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	7/16/2013 12:58	20130716210017 20	12226 E 1000 Ste. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	7/16/2013 20:23	20130716426919 10	12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	7/18/2013 10:24	20130718371022 40	12226 E 1000 Ste. #10, Draper, UT 84020
15 Cialis 20mg yellow tab	7/21/2013 8:32	20130721278225 60	12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	7/21/2013 15:01	20130721730026 00	12226 E 1000 Ste. #10, Draper, UT 84020
15 Viagra 100mg blue tab	7/23/2013 8:14	20130723648425 40	12226 E 1000 Ste. #10, Draper, UT 84020
1 Ella 30mg white tab	7/23/2013 8:29	20130723048029 40	12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	7/23/2013 9:17	20130723503429 60	12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	7/24/2013 5:24	20130724474931 40	12226 E 1000 Ste. #10, Draper, UT 84020
3 Cialis 20mg yellow tab	7/24/2013 18:01	20130724856732 90	12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	7/25/2013 5:23	20130725236213 30	12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	7/25/2013 7:59	20130725349033 70	12226 E 1000 Ste. #10, Draper, UT 84020
20 Cialis 20mg yellow tab	7/25/2013 17:11	20130725493634 80	12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	7/25/2013 19:58	20130725714234 90	12226 E 1000 Ste. #10, Draper, UT 84020
30 Cialis 20mg yellow tab	7/27/2013 7:06	20130727846336 60	12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	7/29/2013 6:34	20130729847838 90	12226 E 1000 Ste. #10, Draper, UT 84020
30 Cialis 5mg yellow tab	7/30/2013 15:49	20130730321744 10	12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	7/30/2013 21:13	20130730053745 30	12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	7/31/2013 13:40	20130731840448 70	12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	8/1/2013 7:04	20130801901447 70	12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	8/1/2013 16:39	20130801454548 80	12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	8/1/2013 19:31	20130801001749 00	12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	8/2/2013 10:29	20130802154749 70	12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	8/5/2013 11:23	20130805440053 30	12226 E 1000 Ste. #10, Draper, UT 84020
Chantix Starter 53	8/5/2013 14:48	20130805136534 10	12226 E 1000 Ste. #10, Draper, UT 84020
1 Ella 30mg white tab	8/6/2013 7:46	20130806639455 20	12226 E 1000 Ste. #10, Draper, UT 84020
30 Cialis 20mg yellow tab	8/6/2013 9:51	20130806719455 50	12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	8/6/2013 16:29	20130806511656 40	12226 E 1000 Ste. #10, Draper, UT 84020

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5 Viagra 100mg blue tab	8/6/2013 20:23	20130806962156840	12226 E 1000 Sta. #10, Draper, UT 84020
30 Cialis 20mg yellow tab	8/7/2013 15:55	20130807222855880	12226 E 1000 Sta. #10, Draper, UT 84020
30 Viagra 100mg blue tab	8/7/2013 16:07	20130807017458840	12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	8/7/2013 20:39	20130807287559110	12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	8/8/2013 12:49	20130808333306040	12226 E 1000 Sta. #10, Draper, UT 84020
5 Cialis 10mg yellow tab	8/9/2013 13:52	20130809970162[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
30 Cialis 5mg yellow tab	8/9/2013 14:54	20130809085862[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	8/10/2013 4:58	20130810216062[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
90 Propecia 1mg tan tab	8/10/2013 22:48	20130810870363[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
30 Cialis 20mg yellow tab	8/12/2013 20:17	20130812837667[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	8/13/2013 7:10	20130813208967[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
5 Viagra 100mg blue tab	8/13/2013 8:14	20130813066868[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
3 Viagra 100mg blue tab	8/13/2013 14:33	20130813709970[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
90 Cialis 20mg yellow tab	8/14/2013 14:03	20130814170873[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
4 Staxyn 10mg white tab	8/14/2013 14:12	20130814481173[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
30 Cialis 20mg yellow tab	8/14/2013 15:36	20130814120973[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
Qhantix Continuous 56 1mg blue tab	8/19/2013 5:00	20130819345378[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	8/19/2013 7:08	20130819030978[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
3 Cialis 20mg yellow tab	8/19/2013 9:03	20130819511179[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	8/19/2013 9:58	20130819655979[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	8/19/2013 10:23	20130819256279[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
5 Levitra 20mg orange tab	8/19/2013 18:08	20130819115880[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
3 Viagra 100mg blue tab	8/19/2013 18:14	20130819154480[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	8/22/2013 14:03	20130822854786[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
5 Cialis 20mg yellow tab	8/23/2013 4:17	20130823904687[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	8/23/2013 6:25	20130823591587[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	8/23/2013 6:44	20130823660087[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
1 Ella 30mg white tab	8/25/2013 10:49	20130825026689[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	8/25/2013 4:16	20130825002390[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
5 Viagra 100mg blue tab	8/26/2013 16:46	20130826499092[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
30 Viagra 100mg blue tab	8/27/2013 19:19	20130827632954[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	8/28/2013 6:56	20130828028258[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
3 Cialis 20mg yellow tab	8/28/2013 19:52	20130828928997[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
5 Viagra 100mg blue tab	8/28/2013 20:37	20130828838973[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
10 Cialis 5mg yellow tab	8/28/2013 21:07	20130828856497[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
20 Cialis 20mg yellow tab	8/29/2013 7:58	20130829852697[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
3 Viagra 100mg blue tab	8/29/2013 14:48	20130829553599[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
30 Viagra 100mg blue tab	8/30/2013 13:13	20130830488706[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
30 Viagra 100mg blue tab	8/30/2013 20:53	20130830790000[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
3 Viagra 100mg blue tab	9/3/2013 8:42	20130901207501[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
3 Cialis 20mg yellow tab	9/3/2013 8:42	20130901207501[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
4 Staxyn 10mg white tab	9/3/2013 8:42	20130901207501[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	9/3/2013 5:48	20130903485803[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
3 Viagra 100mg blue tab	9/3/2013 8:12	20130903405703[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
30 Viagra 100mg blue tab	9/3/2013 14:26	20130903737104[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
5 Viagra 100mg blue tab	9/4/2013 12:00	20130904942906[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	9/6/2013 11:38	20130906889[illegible]000	12226 E 1000 Sta. #10, Draper, UT 84020
3 Viagra 100mg blue tab	9/9/2013 8:29	20130908291911[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
3 Cialis 20mg yellow tab	9/9/2013 8:29	20130908291911[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
4 Staxyn 10mg white tab	9/9/2013 8:29	20130908291911[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
1 Ella 30mg white tab	9/8/2013 22:01	20130908214112[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
90Propecia 1mg tan tab	9/10/2013 7:20	20130910116716[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
3 Viagra 100mg blue tab	9/10/2013 13:15	20130910257118[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020

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15 Cialis 20mg yellow tab	9/12/2013 7:34	20130912585222590 12226 E 1000 Ste. #10, Draper, UT 84020
30 Cialis 5mg yellow tab	9/14/2013 13:45	20130914483126890 12226 E 1000 Ste. #10, Draper, UT 84020
1 Ella 30mg white tab	9/15/2013 13:59	20130915055427760 12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	9/15/2013 18:39	20130915585232800 12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	9/19/2013 12:36	20130919177213510 12226 E 1000 Ste. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	9/19/2013 13:12	20130919381995520 12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	9/23/2013 8:33	20130923329942390 12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	9/23/2013 8:58	20130923164042490 12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	9/23/2013 13:27	20130923411443330 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	9/23/2013 14:12	20130923222443490 12226 E 1000 Ste. #10, Draper, UT 84020
30 Cialis 20mg yellow tab	9/24/2013 10:38	20130924204446000 12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	9/24/2013 11:44	20130924852046630 12226 E 1000 Ste. #10, Draper, UT 84020
15 Cialis 20mg yellow tab	9/24/2013 12:24	20130924777146550 12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	9/24/2013 16:37	20130924952647770 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	9/24/2013 19:51	20130924660248840 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	9/24/2013 20:58	20130924204948850 12226 E 1000 Ste. #10, Draper, UT 84020
20 Viagra 100mg blue tab	9/27/2013 11:22	20130927358052600 12226 E 1000 Ste. #10, Draper, UT 84020
4 Staxyn 10mg white tab	9/27/2013 11:28	20130927358052600 12226 E 1000 Ste. #10, Draper, UT 84020
3 Levitra 20mg orange tab	9/27/2013 11:30	20130927858052600 12226 E 1000 Ste. #10, Draper, UT 84020
1 Ella 30mg white tab	9/28/2013 10:48	20130928987253600 12226 E 1000 Ste. #10, Draper, UT 84020

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LINDA K. SCHNEIDER
Senior Assistant Attorney General
JOSHUA A. ROOM
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San Francisco, CA 94102-7004
Telephone: (415) 703-1299
Facsimile: (415) 703-5480
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **PCM VENTURE 1 LLC DBA KWIKMED** **Peter Ax, Member** **9836 S. Jordan Gateway** **Sandy, UT 84070** **Non-Resident Pharmacy Permit No. NRP 1593** **and** **PCM VENTURE 1 LLC DBA** **PCM VENTURE 1 LLC** **Peter Ax, Member** **5201 Green Street, Suite 255** **Murray, UT 84123** **Non-Resident Pharmacy Permit No. NRP 792** Respondents.	Case No. 5998 **ACCUSATION**

Complainant alleges:

PARTIES

1. Virginia Herold (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

2. On or about May 10, 2016, the Board of Pharmacy issued Non-Resident Pharmacy Permit Number NRP 1593 to PCM Venture 1 LLC dba PCM Venture 1 LLC dba Kwikmed (Respondent Kwikmed). The records of the Board show that Peter Ax is and has been a member

and 100% shareholder since May 5, 2016. The Permit was in full force and effect at all times relevant to the charges herein and will expire on May 1, 2018, unless renewed.

3. On or about June 11, 2007, the Board of Pharmacy issued Non-Resident Pharmacy Permit Number NRP 792 to PCM Venture 1 LLC dba PCM Venture 1 LLC. (Respondent PCM). The records of the Board show that Peter Ax was a member and 100% shareholder from June 11, 2007 to May 17, 2016. The Permit was in full force and effect at all times relevant to the charges herein. The license was canceled on or about May 17, 2016.

JURISDICTION

4. This Accusation is brought before the Board of Pharmacy (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

5. Section 4011 of the Code provides that the Board shall administer and enforce both the Pharmacy Law [Bus. & Prof. Code, § 4000 et seq.] and the Uniform Controlled Substances Act [Health & Safety Code, § 11000 et seq.].

6. Section 4300(a) of the Code provides that every license issued by the Board may be suspended or revoked.

7. Section 4300.1 of the Code provides that the expiration, cancellation, forfeiture, or suspension of a Board-issued license, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee, shall not deprive the Board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

STATUTORY AND REGULATORY PROVISIONS

8. Section 4301 of the Code provides, in pertinent part, that the Board shall take action against any holder of a license who is guilty of "unprofessional conduct," defined to include, but not be limited to, any of the following:

(j) The violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs.

///

(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency.

9. Section 4067, subdivision (a), of the Code provides, in pertinent part, that no person or entity shall dispense or furnish, or cause to be dispensed or furnished, dangerous drugs or dangerous devices, as defined in section 4022 of the Code, on the internet for delivery to any person in this state without a prescription issued pursuant to a good faith prior examination of a human or animal for whom the prescription is meant if the person or entity either knew or reasonably should have known that the prescription was not issued pursuant to a good faith prior examination of a human or animal, or if the person or entity did not act in accordance with California Code of Regulations, title 16, section 1761.

10. California Code of Regulations, title 16, section 1761, provides that no pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain information needed to validate the prescription. Even after conferring with the prescriber, a pharmacist shall not compound or dispense a controlled substance prescription where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose.

11. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation of the licensing act to pay a sum not to exceed its reasonable costs of investigation and enforcement.

DANGEROUS DRUGS

12. Section 4022 of the Code states, in pertinent part:

"'Dangerous drug' or 'dangerous device' means any drug or device unsafe for self use, except veterinary drugs that are labeled as such, and includes the following:

"(a) Any drug that bears the legend: 'Caution: federal law prohibits dispensing without prescription,' 'Rx only,' or words of similar import.

. . .

"(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006."

13. **Viagra** is a brand name for **sildenafil**, a dangerous drug as designated by Business and Professions Code section 4022, intended as a treatment for erectile dysfunction.

14. **Cialis** is a brand name for **tadalafil**, a dangerous drug as designated by Business and Professions Code section 4022, intended as a treatment for erectile dysfunction.

FACTUAL SUMMARY

15. On or about February 23, 2012, Respondent PCM was the subject of Citation No. CI 2010 47703 issued under the authority of the Board. That citation alleged that Respondent PCM had dispensed 14,807 prescriptions for patients in California that were obtained over the internet, not issued pursuant to a good faith prior examination, and were pursuant to prescriptions written by physicians not licensed in California to treat California patients. Respondent PCM appealed the citation. A subsequent Stipulated Settlement was reached between Respondent PCM and the Executive Officer for the Board of Pharmacy whereby Respondent PCM withdrew its appeal, agreed to pay a fine, and agreed to the following order of abatement to be added to the citation:

"Henceforth and without limitation as to time:

(a) Neither Respondent, nor any owner of Respondent or Respondent's stock, nor any manager, administrator, member, officer, director, trustee, associate, or partner of Respondent, nor any other entity, individual, or group sharing ownership, management, administration, membership, officer(s), director(s), trustee(s), associate(s) or partner(s) with Respondent, shall furnish or dispense dangerous drugs or controlled substances to any person in California, or cause, aid, abet, or facilitate furnishing or dispensing of dangerous drugs or controlled substances to any person in California, except when all of the following conditions are met:

(1) The dangerous drug or controlled substance is dispensed or furnished pursuant to a valid, current prescription issued by a prescriber with a valid, current California license that authorizes issuance of a prescription for the drug in question to a California patient, as well as any federal registration that may be required by the prescription in question; and

(2) Respondent has complied with all federal and state laws and regulations pertaining to dispensing or furnishing of controlled substances and dangerous drugs.

(b) Any violation of these requirements shall be deemed unprofessional conduct and shall constitute cause for discipline against Respondent."

16. Between on or about December 10, 2012 and on or about May 3, 2016, Respondent Kwikmed and/or Respondent PCM, and/or Respondents, dispensed or furnished forty nine (49) prescriptions for patients in California that were written by physicians not licensed in California. Most of these prescriptions were written for **Viagra** or **Cialis** or their generic equivalents.

FIRST CAUSE FOR DISCIPLINE

(Dispensing or Furnishing Invalid Internet Prescriptions)

17. Respondents are subject to discipline under section 4301(j) and/or (o) of the Code, and/or section 4067(a) of the Code, and/or California Code of Regulations, title 16, section 1761, in that Respondents, as described in paragraph 16 above, dispensed or furnished, or caused to be dispensed or furnished, conspired to dispense or furnish, and/or assisted in or abetted dispensing or furnishing of, a dangerous drug, as defined in section 4022 of the Code, on the internet for delivery to any person in this state without a prescription issued pursuant to a good faith prior examination when Respondents either knew or reasonably should have known the prescription was not issued pursuant to a good faith prior examination, and/or Respondents dispensed or furnished, or cause to be dispensed or furnished, conspired to dispense or furnish, and/or assisted in or abetted dispensing or furnishing of, a prescription which contained a significant error, omission, irregularity, uncertainty, ambiguity or alteration.

SECOND CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

18. Respondent is subject to discipline under section 4301 of the Code in that Respondent, as described in paragraphs 15 to 17 above, engaged in unprofessional conduct.

///

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Non Resident Pharmacy Permit Number NRP 1593, issued to PCM Venture 1 LLC dba PCM Venture 1 LLC dba Kwikmed (Respondent Kwikmed);

2. Revoking or suspending Non Resident Pharmacy Permit Number NRP 792, issued to PCM Venture 1 LLC dba PCM Venture 1 LLC. (Respondent PCM);

3. Ordering Respondents to pay the Board the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

4. Taking such other and further action as is deemed necessary and proper.

DATED: 1/3/18

Virginia Herold

VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

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XAVIER BECERRA
Attorney General of California
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Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	Case No. 5998
PCM VENTURE 1 LLC DBA KWIKMED	**STATEMENT TO RESPONDENT**
and	[Gov. Code §§ 11504, 11505(b)]
PCM VENTURE 1 LLC DBA PCM VENTURE 1 LLC	
Respondents.	

TO RESPONDENT:

Enclosed is a copy of the Accusation that has been filed with the Board of Pharmacy of the Department of Consumer Affairs (Board), and which is hereby served on you.

Unless a written request for a hearing signed by you or on your behalf is delivered or mailed to the Board, represented by Supervising Deputy Attorney General Joshua A. Room, within fifteen (15) days after a copy of the Accusation was personally served on you or mailed to you, you will be deemed to have waived your right to a hearing in this matter and the Board may proceed upon the Accusation without a hearing and may take action thereon as provided by law.

The request for hearing may be made by delivering or mailing one of the enclosed forms entitled "Notice of Defense," or by delivering or mailing a Notice of Defense as provided in section 11506 of the Government Code, to

Joshua A. Room
Supervising Deputy Attorney General
455 Golden Gate Avenue, Suite 11000
San Francisco, California 94102

You may, but need not, be represented by counsel at any or all stages of these proceedings.

The enclosed Notice of Defense, if signed and filed with the Board, shall be deemed a specific denial of all parts of the Accusation, but you will not be permitted to raise any objection to the form of the Accusation unless you file a further Notice of Defense as provided in section 11506 of the Government Code within fifteen (15) days after service of the Accusation on you.

If you file any Notice of Defense within the time permitted, a hearing will be held on the charges made in the Accusation.

The hearing may be postponed for good cause. If you have good cause, you are obliged to notify the Office of Administrative Hearings, 1515 Clay Street, Suite 206, Oakland, CA 94612, within ten (10) working days after you discover the good cause. Failure to notify the Office of Administrative Hearings within ten (10) days will deprive you of a postponement.

Copies of sections 11507.5, 11507.6, and 11507.7 of the Government Code are enclosed.

If you desire the names and addresses of witnesses or an opportunity to inspect and copy the items mentioned in section 11507.6 of the Government Code in the possession, custody or control of the Board you may send a Request for Discovery to the above designated Supervising Deputy Attorney General.

NOTICE REGARDING STIPULATED SETTLEMENTS

It may be possible to avoid the time, expense and uncertainties involved in an administrative hearing by disposing of this matter through a stipulated settlement. A stipulated settlement is a binding written agreement between you and the government regarding the matters charged and the discipline to be imposed. Such a stipulation would have to be approved by the Board of Pharmacy but, once approved, it would be incorporated into a final order.

Any stipulation must be consistent with the Board's established disciplinary guidelines; however, all matters in mitigation or aggravation will be considered. A copy of the Board's Disciplinary Guidelines will be provided to you on your written request to the state agency bringing this action.

If you are interested in pursuing this alternative to a formal administrative hearing, or if you have any questions, you or your attorney should contact Supervising Deputy Attorney General Joshua A. Room at the earliest opportunity.

Dated: January 23, 2018

XAVIER BECERRA
Attorney General of California
LINDA K. SCHNEIDER
Senior Assistant Attorney General

JOSHUA A. ROOM
Supervising Deputy Attorney General
Attorneys for Complainant

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BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **PCM VENTURE 1 LLC DBA KWIKMED** **and** **PCM VENTURE 1 LLC DBA** **PCM VENTURE 1 LLC** Respondents.	Case No. 5998 **NOTICE OF DEFENSE** [Gov. Code §§ 11505 and 11506]

I, the undersigned Respondent in the above-entitled proceeding, hereby acknowledge receipt of a copy of the Accusation; Statement to Respondent; Government Code sections 11507.5, 11507.6 and 11507.7, Complainant's Request for Discovery; and a Notice of Defense.

Date: _____
Respondent's Name: _____
Respondent's Signature: _____
Respondent's Address: _____
_____
Phone: _____
FAX: _____
E-mail _____

Check appropriate boxes:

☐ I hereby request a hearing to permit me to present my defense to Accusation.

☐ I wish to be considered for a stipulated settlement.

☐ I wish to surrender my license.

☐ I am represented by counsel, whose name, address and telephone number appear below:
Counsel's Name _____
Counsel's Mailing Address _____
_____
Phone: _____
FAX: _____
E-mail: _____

☐ I am not now represented by counsel. If and when counsel is retained, immediate notification of the attorney's name, address and telephone number will be filed with the Office of Administrative Hearing and a copy sent to counsel for Complainant so that counsel will be on record to receive legal notices, pleadings and other papers.

☐ I do not consent to electronic reporting.

The hearing in this case will be electronically reported/recorded, unless you check the above-left box to indicate that you do not consent to electronic recording, in which case the hearing will be reported by a stenographic reporter. If you do not check this box, you may withdraw your consent to electronic recording at any point up to fifteen (15) calendar days prior to the date set for hearing, by a written statement served on the Office of Administrative Hearings and on counsel for Complainant. If the box is not checked, and no written withdrawal of consent is served on the Office of Administrative Hearing and on counsel for Complainant by fifteen (15) calendar days prior to the hearing, you waive any right to stenographic reporting.

The agency taking the action described in the Accusation may have formulated guidelines to assist the administrative law judge in reaching an appropriate penalty. You may obtain a copy of the guidelines by requesting them from in writing from the agency.

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BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **PCM VENTURE 1 LLC DBA KWIKMED** **and** **PCM VENTURE 1 LLC DBA** **PCM VENTURE 1 LLC** Respondents.	Case No. 5998 **NOTICE OF DEFENSE** [Gov. Code §§ 11505 and 11506]

I, the undersigned Respondent in the above-entitled proceeding, hereby acknowledge receipt of a copy of the Accusation; Statement to Respondent; Government Code sections 11507.5, 11507.6 and 11507.7, Complainant's Request for Discovery; and a Notice of Defense.

Date: _____
Respondent's Name: _____
Respondent's Signature: _____
Respondent's Address: _____
_____
Phone: _____
FAX: _____
E-mail _____

Check appropriate boxes:

☐ I hereby request a hearing to permit me to present my defense to Accusation.

☐ I wish to be considered for a stipulated settlement.

☐ I wish to surrender my license.

☐ I am represented by counsel, whose name, address and telephone number appear below:
Counsel's Name _____
Counsel's Mailing Address _____
_____
Phone: _____
FAX: _____
E-mail: _____

☐ I am not now represented by counsel. If and when counsel is retained, immediate notification of the attorney's name, address and telephone number will be filed with the Office of Administrative Hearing and a copy sent to counsel for Complainant so that counsel will be on record to receive legal notices, pleadings and other papers.

☐ I do not consent to electronic reporting.

The hearing in this case will be electronically reported/recorded, unless you check the above-left box to indicate that you do not consent to electronic recording, in which case the hearing will be reported by a stenographic reporter. If you do not check this box, you may withdraw your consent to electronic recording at any point up to fifteen (15) calendar days prior to the date set for hearing, by a written statement served on the Office of Administrative Hearings and on counsel for Complainant. If the box is not checked, and no written withdrawal of consent is served on the Office of Administrative Hearing and on counsel for Complainant by fifteen (15) calendar days prior to the hearing, you waive any right to stenographic reporting.

The agency taking the action described in the Accusation may have formulated guidelines to assist the administrative law judge in reaching an appropriate penalty. You may obtain a copy of the guidelines by requesting them from in writing from the agency.

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Facsimile: (415) 703-5480
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	Case No. 5998
PCM VENTURE 1 LLC DBA KWIKMED	**REQUEST FOR DISCOVERY**
and	
PCM VENTURE 1 LLC DBA PCM VENTURE 1 LLC	
Respondents.	

TO RESPONDENT:

Under section 11507.6 of the Government Code of the State of California, parties to an administrative hearing, including the Complainant, are entitled to certain information concerning the opposing party's case. A copy of the provisions of section 11507.6 of the Government Code concerning such rights is included among the papers served.

PURSUANT TO SECTION 11507.6 OF THE GOVERNMENT CODE, YOU ARE HEREBY REQUESTED TO:

1. Provide the names and addresses of witnesses to the extent known to the Respondent, including, but not limited to, those intended to be called to testify at the hearing, and

2. Provide an opportunity for the Complainant to inspect and make a copy of any of the following in the possession or custody or under control of the Respondent:

a. A statement of a person, other than the Respondent, named in the initial administrative pleading, or in any additional pleading, when it is claimed that

the act or omission of the Respondent as to this person is the basis for the administrative proceeding;

b. A statement pertaining to the subject matter of the proceeding made by any party to another party or persons;

c. Statements of witnesses then proposed to be called by the Respondent and of other persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, not included in (a) or (b) above;

d. All writings, including but not limited to reports of mental, physical and blood examinations and things which the Respondent now proposes to offer in evidence;

e. Any other writing or thing which is relevant and which would be admissible in evidence, including but not limited to, any patient or hospital records pertaining to the persons named in the pleading;

f. Investigative reports made by or on behalf of the Respondent pertaining to the subject matter of the proceeding, to the extent that these reports (1) contain the names and addresses of witnesses or of persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, or (2) reflect matters perceived by the investigator in the course of his or her investigation, or (3) contain or include by attachment any statement or writing described in (a) to (e), inclusive, or summary thereof.

IN ADDITION, if cost recovery is requested in the pleading prayer, provide all writings which will support any objection which may be made by the Respondent, to Respondent's payment of investigation and enforcement costs to the Board.

For the purpose of this Request for Discovery, "statements" include written statements by the person, signed, or otherwise authenticated by him or her, stenographic, mechanical, electrical or other recordings, or transcripts thereof, of oral statements by the person, and written reports or summaries of these oral statements.

YOU ARE HEREBY FURTHER NOTIFIED that nothing in this Request for Discovery should be deemed to authorize inspection or copying of any writing or thing which is privileged from disclosure by law or otherwise made confidential or protected as attorney's work product.

Your response to this Request for Discovery should be directed to the undersigned attorney for the Complainant at the address on the first page of this Request for Discovery within 30 days after service of the Accusation.

Failure without substantial justification to comply with this Request for Discovery may subject the Respondent to sanctions pursuant to sections 11507.7 and 11455.10 to 11455.30 of the Government Code.

Dated: January 23, 2018

XAVIER BECERRA
Attorney General of California
LINDA K. SCHNEIDER
Senior Assistant Attorney General

JOSHUA A. ROOM
Supervising Deputy Attorney General
Attorneys for Complainant

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COPY OF GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7 PROVIDED PURSUANT TO GOVERNMENT CODE SECTIONS 11504 AND 11505

SECTION 11507.5: Exclusivity of discovery provisions

The provisions of Section 11507.6 provide the exclusive right to and method of discovery as to any proceeding governed by this chapter.

SECTION 11507.6: Request for discovery

After initiation of a proceeding in which a respondent or other party is entitled to a hearing on the merits, a party, upon written request made to another party, prior to the hearing and within 30 days after service by the agency of the initial pleading or within 15 days after the service of an additional pleading, is entitled to (1) obtain the names and addresses of witnesses to the extent known to the other party, including, but not limited to, those intended to be called to testify at the hearing, and (2) inspect and make a copy of any of the following in the possession or custody or under the control of the other party:

(a) A statement of a person, other than the respondent, named in the initial administrative pleading, or in any additional pleading, when it is claimed that the act or omission of the respondent as to this person is the basis for the administrative proceeding;

(b) A statement pertaining to the subject matter of the proceeding made by any party to another party or person;

(c) Statements of witnesses then proposed to be called by the party and of other persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, not included in (a) or (b) above;

(d) All writings, including, but not limited to, reports of mental, physical and blood examinations and things which the party then proposes to offer in evidence;

(e) Any other writing or thing which is relevant and which would be admissible in evidence;

(f) Investigative reports made by or on behalf of the agency or other party pertaining to the subject matter of the proceeding, to the extent that these reports (1) contain the names and addresses of witnesses or of persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, or (2) reflect matters perceived by the investigator in the course of his or her investigation, or (3) contain or include by attachment any statement or writing described in (a) to (e), inclusive, or summary thereof.

For the purpose of this section, "statements" include written statements by the person signed or otherwise authenticated by him or her, stenographic, mechanical, electrical or other recordings, or transcripts thereof, of oral statements by the person, and written reports or summaries of these oral statements.

Nothing in this section shall authorize the inspection or copying of any writing or thing which is privileged from disclosure by law or otherwise made confidential or protected as the attorney's work product.

SECTION 11507.7: Petition to compel discovery; Order; Sanctions

(a) Any party claiming the party's request for discovery pursuant to Section 11507.6 has not been complied with may serve and file with the administrative law judge a motion to compel discovery, naming as respondent the party refusing or failing to comply with Section 11507.6. The motion shall state facts showing the respondent party failed or refused to comply with Section 11507.6, a description of the matters sought to be discovered, the reason or reasons why the matter is discoverable under that section, that a reasonable and good faith attempt to contact the respondent for an informal resolution of the issue has been made, and the ground or grounds of respondent's refusal so far as known to the moving party.

(b) The motion shall be served upon respondent party and filed within 15 days after the respondent party first evidenced failure or refusal to comply with Section 11507.6 or within 30 days after request was made and the party has failed to reply to the request, or within another time provided by stipulation, whichever period is longer.

(c) The hearing on the motion to compel discovery shall be held within 15 days after the motion is made, or a later time that the administrative law judge may on the judge's own motion for good cause determine. The respondent party shall have the right to serve and file a written answer or other response to the motion before or at the time of the hearing.

(d) Where the matter sought to be discovered is under the custody or control of the respondent party and the respondent party asserts that the matter is not a discoverable matter under the provisions of Section 11507.6, or is privileged against disclosure under those provisions, the administrative law judge may order lodged with it matters provided in subdivision (b) of Section 915 of the Evidence Code and examine the matters in accordance with its provisions.

(e) The administrative law judge shall decide the case on the matters examined in camera, the papers filed by the parties, and such oral argument and additional evidence as the administrative law judge may allow.

(f) Unless otherwise stipulated by the parties, the administrative law judge shall no later than 15 days after the hearing make its order denying or granting the motion. The order shall be in writing setting forth the matters the moving party is entitled to discover under Section 11507.6. A copy of the order shall forthwith be served by mail by the administrative law judge upon the parties. Where the order grants the motion in whole or in part, the order shall not become effective until 10 days after the date the order is served. Where the order denies relief to the moving party, the order shall be effective on the date it is served.

****

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DECLARATION OF SERVICE BY CERTIFIED MAIL

In the Matter of the Accusation Against: ***PCM Venture 1 LLC dba Kwikmed, et al.***
Case No. **5998**

I declare:

I am employed in the Office of the Attorney General, which is the office of a member of the California State Bar at which member's direction this service is made. I am 18 years of age or older and not a party to this matter. I am familiar with the business practice at the Office of the Attorney General for collection and processing of correspondence for mailing with the United States Postal Service. In accordance with that practice, correspondence placed in the internal mail collection system at the Office of the Attorney General is deposited with the United States Postal Service with postage thereon fully prepaid that same day in the ordinary course of business.

On January 23, 2018, I served the attached **Accusation, Statement to Respondent, Request for Discovery, Notice of Defense (2) and Discovery Statute** by placing a true copy thereof enclosed in a sealed envelope as certified mail and return receipt requested, in the internal mail collection system at the Office of the Attorney General at 455 Golden Gate Avenue, Suite 11000, San Francisco, CA 94102-7004, addressed as follows:

PCM Venture 1 LLC dba Kwikmed
Peter Ax, Member
9836 S. Jordan Gateway
Sandy, UT 84070

Certified Article Number
7196 9008 9111 1583 7750
SENDERS RECORD

PCM Venture 1 LLC dba
PCM Venture 1 LLC
Peter Ax, Member
5201 Green Street, Suite 255
Murray, Utah 84123

Certified Article Number
7196 9008 9111 1583 7743
SENDERS RECORD

I declare under penalty of perjury under the law of the State of California the foregoing is true and correct and that this declaration was executed on January 23, 2018, at San Francisco, California.

FE M. DOMINGO
Declarant

FM Domingo
Signature

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California State Board of Pharmacy
1625 N. Market Blvd, N219
Sacramento, CA 95834
Phone: (916) 574-7900 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

February 5, 2019

CERTIFIED MAIL

PCM Venture 1 LLC dba KwikMed
Peter Ax, Member
9836 S. Jordan Gateway
Sandy, UT 84070

RE: PCM Venture 1 LLC dba KwikMed, NRP 1593
PCM Venture 1 LLC dba PCM Venture 1 LLC, NRP 792
Administrative Case No. 5998

Dear Mr. Ax

Attached is the Decision and Order of the Board of Pharmacy (Board) regarding the above-referenced matter. Your attention is directed to page 4 of the Stipulated Settlement and Disciplinary Order.

Effective at 5:00 p.m. on March 7, 2019, Non-Resident Pharmacy Permit No. NRP 1593 issued to PCM Venture 1 LLC dba KwikMed and Non-Resident Pharmacy Permit No. NRP 792 issued to PCM Venture 1 LLC dba PCM Venture 1 LLC, shall be subject to a public reproval. The Respondents are jointly and severally liable for and responsible to pay a civil penalty in the amount of $275,000.00 to the Board. If you fail to pay the full civil penalty as ordered, Respondent(s) will not be allowed to renew their pharmacy permit and subject to further license discipline.

If you wish to file a petition for reconsideration pursuant to Government Code section 11521, the petition must be received prior to the effective date of the decision. However, please be aware the Board needs approximately five days to process a petition for reconsideration. Attached is a copy of the Government Code section for your review. **Please note that reconsideration is NOT available to you if you entered into a stipulated settlement with the Board.**

If you have any questions concerning this matter, you may contact Raymond Flores, Administrative Case Analyst, at (916) 574-7731.

Sincerely,

Anne Sodergren
Interim Executive Officer

By Susan Cappello

Susan Cappello
Enforcement Manager

Enclosure

cc: Joshua A Room, SDAG
Alan Castillo, Esq.

DECLARATION OF SERVICE BY CERTIFIED MAIL

RE: PCM Venture 1 LLC dba KwikMed; NRP 1593
PCM Venture 1 LLC dba PCM Venture 1 LLC, NRP 792
Case No. 5998

I am over 18 years of age, and not a party to the within cause; my business address is 1625 N. Market Blvd, Suite N 219, Sacramento, California 95834. I served a copy of the:

LETTER AND DECISION

on each of the following, by placing same in an envelope(s) addressed as follows:

NAME	CERTIFIED NO.
PCM Venture 1 LLC dba KwikMed Peter Ax, Member 9836 S. Jordan Gateway Sandy, UT 84070	7017 2620 0001 1136 9196
Alan Castillo, Esq. SoCal Law Network 23152 Verdugo Drive, Suite 201 Laguna Hills, CA 92653	7017 2620 0001 1136 9202

and that said envelope was then sealed and deposited and certified in the United States Post Office at Sacramento, California, on February 5, 2019, as certified mail with postage fully prepaid thereon and return receipt service by United States mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct. Executed on February 5, 2019, at Sacramento, California.

Raymond Flores

Raymond Flores, Administrative Case Analyst

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **PCM VENTURE 1 LLC DBA KWIKMED** **Peter Ax, Member** **9836 S. Jordan Gateway** **Sandy, UT 84070** **Non-Resident Pharmacy Permit No. NRP 1593** **and** **PCM VENTURE 1 LLC DBA** **PCM VENTURE 1 LLC** **Peter Ax, Member** **5201 Green Street, Suite 255** **Murray, UT 84123** **Non-Resident Pharmacy Permit No. NRP 792** **Respondents.**	Case No. 5998 OAH No. 2018090429 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER FOR PUBLIC REPROVAL** **[Bus. & Prof. Code § 495]**

The attached Stipulated Settlement and Disciplinary Order for Public Reproval is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on March 7, 2019.

It is so ORDERED on February 5, 2019.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA



By

Victor Law, R.Ph.
Board President

XAVIER BECERRA
Attorney General of California
LINDA K. SCHNEIDER
Senior Assistant Attorney General
JOSHUA A. ROOM
Supervising Deputy Attorney General
State Bar No. 214663
455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004
Telephone: (415) 510-3512
Facsimile: (415) 703-5480
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **PCM VENTURE 1 LLC DBA KWIKMED** **Peter Ax, Member** **9836 S. Jordan Gateway** **Sandy, UT 84070** **Non-Resident Pharmacy Permit No. NRP 1593** **and** **PCM VENTURE 1 LLC DBA** **PCM VENTURE 1 LLC** **Peter Ax, Member** **5201 Green Street, Suite 255** **Murray, UT 84123** **Non-Resident Pharmacy Permit No. NRP 792** Respondents.	Case No. 5998 OAH No. 2018090429 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER FOR PUBLIC REPROVAL** **[Bus. & Prof. Code § 495]**

In the interest of a prompt and speedy settlement of this matter, consistent with the public interest and responsibilities of the Board of Pharmacy, Department of Consumer Affairs, the parties hereby agree to the following Stipulated Settlement and Disciplinary Order for Public Reproval to be submitted to the Board for approval as the final disposition of the Accusation.

PARTIES

1. Virginia Herold (Complainant) is the Executive Officer of the Board of Pharmacy (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Joshua A. Room, Supervising Deputy Attorney General.

2. PCM Venture 1 LLC dba Quikmed and PCM Venture 1 LLC dba PCM Venture 1 LLC (Respondents) are represented in this proceeding by attorney Alan Castillo, Esq., whose address is: The SoCal Law Network, 23152 Verdugo Drive, Suite 201, Laguna Hills, CA 92653.

JURISDICTION

3. On or about May 10, 2016, the Board of Pharmacy issued Non-Resident Pharmacy Permit Number NRP 1593 to PCM Venture 1 LLC dba Kwikmed. The Permit was in full force and effect at all times relevant to the charges in Accusation No. 5998 and will expire on May 1, 2019, unless renewed. On or about June 11, 2007, the Board of Pharmacy issued Non-Resident Pharmacy Permit Number NRP 792 to PCM Venture 1 LLC dba PCM Venture 1 LLC. The Permit was in full force and effect at all times relevant to the charges in Accusation No. 5998. The Permit was canceled on or about May 17, 2016.

4. Accusation No. 5998 was filed before the Board and is currently pending against Respondents. The Accusation and all other statutorily required documents were properly served on Respondents on January 23, 2018. Respondents timely filed a Notice of Defense. A copy of Accusation No. 5998 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondents have carefully read, fully discussed with counsel, and understand the charges and allegations in Accusation No. 5998. Respondents have also carefully read, fully discussed with counsel, and understand the effects of this Stipulated Settlement and Disciplinary Order for Public Reproval.

6. Respondents are fully aware of their legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at their own expense; the right to confront and cross-examine the witnesses against them; the right

to present evidence and to testify on their own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondents voluntarily, knowingly, and intelligently waive and give up each and every right set forth above.

CULPABILITY

8. Respondents admit the truth of each and every charge and allegation in Accusation No. 5998. Respondents agree that Non Resident Pharmacy Permit No. NRP 1593 and Non Resident Pharmacy Permit No. 792 are each and severally subject to discipline and they agree to be bound by the Disciplinary Order below.

RESERVATION

9. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Board or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

MITIGATING FACTS

10. Respondents have acknowledged and accepted full responsibility for the errors that led to the filling of these prescriptions, and have taken steps to prevent any recurrence.

CONTINGENCY

11. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or its counsel. By signing the stipulation, Respondent understands and agrees that they may not withdraw its agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order for Public Reproval shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

12. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this stipulation, including Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

13. This Stipulated Settlement and Disciplinary Order for Public Reproval is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order for Public Reproval may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

14. In consideration of the foregoing, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Non Resident Pharmacy Permit No. NRP 1593 and Non Resident Pharmacy Permit No. NRP 792, issued to Respondents, shall be publicly reproved by the Board of Pharmacy under Business and Professions Code section 495 in resolution of Accusation No. 5998, attached as exhibit A.

Civil Penalty. Respondents shall be jointly and severally liable for and responsible for paying to the Board a civil penalty of $275,000.00, with the full amount of the civil penalty due and payable within one (1) year of the effective date of this decision. Failure to timely pay the civil penalty in full shall be considered unprofessional conduct and shall subject Respondents to further license discipline. In addition, if Respondents fail to make full payment within one (1) year, Respondents shall not be allowed to renew any existing license or receive any new license until Respondents have made payment in full.

Respondent understands and agrees that this civil penalty is an administrative fine pursuant to 11 U.S.C. § 523(a)(7), and as such is not dischargeable in bankruptcy.

///

ACCEPTANCE

I am authorized to sign on behalf of Respondent PCM Venture 1 LLC dba Kwikmed. I have carefully read the above Stipulated Settlement and Disciplinary Order for Public Reproval and have fully discussed it with my attorney, Alan Castillo. I understand the stipulation and the effect it will have on my Non Resident Pharmacy Permit. I enter into this Stipulated Settlement and Disciplinary Order for Public Reproval voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: _____

Peter Ax, Member, for
PCM VENTURE 1 LLC dba KWIKMED
Respondent

I am authorized to sign on behalf of Respondent PCM Venture 1 LLC dba PCM Venture 1 LLC. I have carefully read the above Stipulated Settlement and Disciplinary Order for Public Reproval and have fully discussed it with my attorney, Alan Castillo. I understand the stipulation and the effect it will have on my Non Resident Pharmacy Permit. I enter into this Stipulated Settlement and Disciplinary Order for Public Reproval voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: _____

Peter Ax, Member, for
PCM VENTURE 1 LLC dba PCM VENTURE 1 LLC
Respondent

I have read and fully discussed with representatives for Respondents the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order for Public Reproval. I approve its form and content.

DATED: _____

ALAN CASTILLO, ESQ.
The SoCal Law Network
Attorneys for Respondents

ACCEPTANCE

I am authorized to sign on behalf of Respondent PCM Ventures, LLC. I have read and fully discussed with my attorney, Alan Cash, the foregoing Stipulated Settlement and Disciplinary Order for Public Reproval and have fully discussed it with my attorney. Alan Cash. I understand the stipulation and the effect it will have on my Non-Resident Pharmacy Permit. I enter into this Stipulated Settlement and Disciplinary Order for Public Reproval voluntarily, knowingly, and intelligently and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: 12/27/18

Peter Ax, Member for
PCM VENTURES, LLC
Respondent

I am authorized to sign on behalf of Respondent PCM Ventures, LLC. I have carefully read the above Stipulated Settlement and Disciplinary Order for Public Reproval and have fully discussed it with my attorney, Alan Cash. I understand the stipulation and the effect it will have on my Non-Resident Pharmacy Permit. I enter into this Stipulated Settlement and Disciplinary Order for Public Reproval voluntarily, knowingly, and intelligently and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: 12/27/18

Peter Ax, Member for
PCM VENTURES, LLC
Respondent

I have read and fully discussed with Respondent the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order for Public Reproval. I approve its form and content.

DATED: 12/31/2018

ALAN CASH
The Cash Law Firm

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order for Public Reproval is hereby respectfully submitted for consideration by the Board of Pharmacy of the Department of Consumer Affairs.

Dated: 1/8/19

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
LINDA K. SCHNEIDER
Senior Assistant Attorney General

JOSHUA A. ROOM
Supervising Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 5998

XAVIER BECERRA
Attorney General of California
LINDA K. SCHNEIDER
Senior Assistant Attorney General
JOSHUA A. ROOM
Supervising Deputy Attorney General
State Bar No. 214663
455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004
Telephone: (415) 703-1299
Facsimile: (415) 703-5480
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **PCM VENTURE 1 LLC DBA KWIKMED** **Peter Ax, Member** **9836 S. Jordan Gateway** **Sandy, UT 84070** **Non-Resident Pharmacy Permit No. NRP 1593** **and** **PCM VENTURE 1 LLC DBA** **PCM VENTURE 1 LLC** **Peter Ax, Member** **5201 Green Street, Suite 255** **Murray, UT 84123** **Non-Resident Pharmacy Permit No. NRP 792** Respondents.	Case No. 5998 **ACCUSATION**

Complainant alleges:

PARTIES

1. Virginia Herold (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

2. On or about May 10, 2016, the Board of Pharmacy issued Non-Resident Pharmacy Permit Number NRP 1593 to PCM Venture 1 LLC dba PCM Venture 1 LLC dba Kwikmed (Respondent Kwikmed). The records of the Board show that Peter Ax is and has been a member

and 100% shareholder since May 5, 2016. The Permit was in full force and effect at all times relevant to the charges herein and will expire on May 1, 2018, unless renewed.

3. On or about June 11, 2007, the Board of Pharmacy issued Non-Resident Pharmacy Permit Number NRP 792 to PCM Venture 1 LLC dba PCM Venture 1 LLC. (Respondent PCM). The records of the Board show that Peter Ax was a member and 100% shareholder from June 11, 2007 to May 17, 2016. The Permit was in full force and effect at all times relevant to the charges herein. The license was canceled on or about May 17, 2016.

JURISDICTION

4. This Accusation is brought before the Board of Pharmacy (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

5. Section 4011 of the Code provides that the Board shall administer and enforce both the Pharmacy Law [Bus. & Prof. Code, § 4000 et seq.] and the Uniform Controlled Substances Act [Health & Safety Code, § 11000 et seq.].

6. Section 4300(a) of the Code provides that every license issued by the Board may be suspended or revoked.

7. Section 4300.1 of the Code provides that the expiration, cancellation, forfeiture, or suspension of a Board-issued license, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee, shall not deprive the Board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

STATUTORY AND REGULATORY PROVISIONS

8. Section 4301 of the Code provides, in pertinent part, that the Board shall take action against any holder of a license who is guilty of "unprofessional conduct," defined to include, but not be limited to, any of the following:

(j) The violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs.

///

(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency.

9. Section 4067, subdivision (a), of the Code provides, in pertinent part, that no person or entity shall dispense or furnish, or cause to be dispensed or furnished, dangerous drugs or dangerous devices, as defined in section 4022 of the Code, on the internet for delivery to any person in this state without a prescription issued pursuant to a good faith prior examination of a human or animal for whom the prescription is meant if the person or entity either knew or reasonably should have known that the prescription was not issued pursuant to a good faith prior examination of a human or animal, or if the person or entity did not act in accordance with California Code of Regulations, title 16, section 1761.

10. California Code of Regulations, title 16, section 1761, provides that no pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain information needed to validate the prescription. Even after conferring with the prescriber, a pharmacist shall not compound or dispense a controlled substance prescription where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose.

11. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation of the licensing act to pay a sum not to exceed its reasonable costs of investigation and enforcement.

DANGEROUS DRUGS

12. Section 4022 of the Code states, in pertinent part:

"'Dangerous drug' or 'dangerous device' means any drug or device unsafe for self use, except veterinary drugs that are labeled as such, and includes the following:

"(a) Any drug that bears the legend: 'Caution: federal law prohibits dispensing without prescription,' 'Rx only,' or words of similar import.

. . .

"(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006."

13. **Viagra** is a brand name for **sildenafil**, a dangerous drug as designated by Business and Professions Code section 4022, intended as a treatment for erectile dysfunction.

14. **Cialis** is a brand name for **tadalafil**, a dangerous drug as designated by Business and Professions Code section 4022, intended as a treatment for erectile dysfunction.

FACTUAL SUMMARY

15. On or about February 23, 2012, Respondent PCM was the subject of Citation No. CI 2010 47703 issued under the authority of the Board. That citation alleged that Respondent PCM had dispensed 14,807 prescriptions for patients in California that were obtained over the internet, not issued pursuant to a good faith prior examination, and were pursuant to prescriptions written by physicians not licensed in California to treat California patients. Respondent PCM appealed the citation. A subsequent Stipulated Settlement was reached between Respondent PCM and the Executive Officer for the Board of Pharmacy whereby Respondent PCM withdrew its appeal, agreed to pay a fine, and agreed to the following order of abatement to be added to the citation:

"Henceforth and without limitation as to time:

(a) Neither Respondent, nor any owner of Respondent or Respondent's stock, nor any manager, administrator, member, officer, director, trustee, associate, or partner of Respondent, nor any other entity, individual, or group sharing ownership, management, administration, membership, officer(s), director(s), trustee(s), associate(s) or partner(s) with Respondent, shall furnish or dispense dangerous drugs or controlled substances to any person in California, or cause, aid, abet, or facilitate furnishing or dispensing of dangerous drugs or controlled substances to any person in California, except when all of the following conditions are met:

(1) The dangerous drug or controlled substance is dispensed or furnished pursuant to a valid, current prescription issued by a prescriber with a valid, current California license that authorizes issuance of a prescription for the drug in question to a California patient, as well as any federal registration that may be required by the prescription in question; and

(2) Respondent has complied with all federal and state laws and regulations pertaining to dispensing or furnishing of controlled substances and dangerous drugs.

(b) Any violation of these requirements shall be deemed unprofessional conduct and shall constitute cause for discipline against Respondent."

16. Between on or about December 10, 2012 and on or about May 3, 2016, Respondent Kwikmed and/or Respondent PCM, and/or Respondents, dispensed or furnished forty nine (49) prescriptions for patients in California that were written by physicians not licensed in California. Most of these prescriptions were written for **Viagra** or **Cialis** or their generic equivalents.

FIRST CAUSE FOR DISCIPLINE

(Dispensing or Furnishing Invalid Internet Prescriptions)

17. Respondents are subject to discipline under section 4301(j) and/or (o) of the Code, and/or section 4067(a) of the Code, and/or California Code of Regulations, title 16, section 1761, in that Respondents, as described in paragraph 16 above, dispensed or furnished, or caused to be dispensed or furnished, conspired to dispense or furnish, and/or assisted in or abetted dispensing or furnishing of, a dangerous drug, as defined in section 4022 of the Code, on the internet for delivery to any person in this state without a prescription issued pursuant to a good faith prior examination when Respondents either knew or reasonably should have known the prescription was not issued pursuant to a good faith prior examination, and/or Respondents dispensed or furnished, or cause to be dispensed or furnished, conspired to dispense or furnish, and/or assisted in or abetted dispensing or furnishing of, a prescription which contained a significant error, omission, irregularity, uncertainty, ambiguity or alteration.

SECOND CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

18. Respondent is subject to discipline under section 4301 of the Code in that Respondent, as described in paragraphs 15 to 17 above, engaged in unprofessional conduct.

///

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Non Resident Pharmacy Permit Number NRP 1593, issued to PCM Venture 1 LLC dba PCM Venture 1 LLC dba Kwikmed (Respondent Kwikmed);

2. Revoking or suspending Non Resident Pharmacy Permit Number NRP 792, issued to PCM Venture 1 LLC dba PCM Venture 1 LLC. (Respondent PCM);

3. Ordering Respondents to pay the Board the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

4. Taking such other and further action as is deemed necessary and proper.

DATED: 1/3/18

Virginia Herold

VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

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GOVERNMENT CODE - GOV

TITLE 2. GOVERNMENT OF THE STATE OF CALIFORNIA [8000 - 22980] *(Title 2 enacted by Stats. 1943, Ch. 134.)*

DIVISION 3. EXECUTIVE DEPARTMENT [11000 - 15986] *(Division 3 added by Stats. 1945, Ch. 111.)*

PART 1. STATE DEPARTMENTS AND AGENCIES [11000 - 11898] *(Part 1 added by Stats. 1945, Ch. 111.)*

CHAPTER 5. Administrative Adjudication: Formal Hearing [11500 - 11529] *(Heading of Chapter 5 amended by Stats. 1995, Ch. 938, Sec. 22.)*

11521. (a) The agency itself may order a reconsideration of all or part of the case on its own motion or on petition of any party. The agency shall notify a petitioner of the time limits for petitioning for reconsideration. The power to order a reconsideration shall expire 30 days after the delivery or mailing of a decision to a respondent, or on the date set by the agency itself as the effective date of the decision if that date occurs prior to the expiration of the 30-day period or at the termination of a stay of not to exceed 30 days which the agency may grant for the purpose of filing an application for reconsideration. If additional time is needed to evaluate a petition for reconsideration filed prior to the expiration of any of the applicable periods, an agency may grant a stay of that expiration for no more than 10 days, solely for the purpose of considering the petition. If no action is taken on a petition within the time allowed for ordering reconsideration, the petition shall be deemed denied.

(b) The case may be reconsidered by the agency itself on all the pertinent parts of the record and such additional evidence and argument as may be permitted, or may be assigned to an administrative law judge. A reconsideration assigned to an administrative law judge shall be subject to the procedure provided in Section 11517. If oral evidence is introduced before the agency itself, no agency member may vote unless he or she heard the evidence.

(Amended by Stats. 2004, Ch. 865, Sec. 34. Effective January 1, 2005.)

Pharmacy Employee List

Lisa F Dimick, RPH - Pharmacist in Charge
153881-1701 (exp. 09.30.2023)
153881-8911

Robert M Lammle, RPH
148582-1701 (exp. 09.30.2023)
148582-8911

Stacey Ann Navincopa, RPH
6553967-1701 (exp. 09.30.2023)
6553967-8911

Catherine Leone Sharp, CPHT
5179368-1717 (exp. 09.30.2023)
560107010204207 (exp. 10.31.2023) PTCB

Sharon Maria Talbot, CPHT
338215-1717 (exp. 09.30.2023)

Tyson Scott Hussey, CPHT
7771819-1717 (exp. 09.30.2023)

Mindee Miller - Clerk

Candice Harris - Clerk

Megan Thornton - Clerk

UpScript Pharmacy, LLC

The UpScript Pharmacy, LLC pharmacy platform utilizes the Mckesson EnterpriseRx System along with UpScript Health's proprietary E-Commerce platform

UpScript Pharmacy, LLC makes extensive use of electronic record keeping via a well-established pharmacy software vendor, Mckesson EnterpriseRx. This software stores all data in two redundant databases with Azure. Both databases meet the highest encryption and security standards.

UpScript Pharmacy, LLC adheres to all state and federal laws pertaining to pharmacy regulations. The pharmacy also maintains prescription hard-copies for a seven-year period.

UpScript Pharmacy, LLC does not have a DEA number and therefore does not stock or dispense controlled substances.

UpScript Health E-Commerce Platform:

The UpScript Health (USH) E-Commerce system runs parallel to the EnterpriseRx pharmacy systems. The UpScript platform is hosted at Amazon Web Services (AWS) and employs multiple redundant data systems to ensure that data will survive virtually any disaster event.

The primary AWS region pushes all data to a Disaster Recovery environment in real-time. This serves as the primary and main backup. In addition, USH employs another real-time data-push to a system hosted in the Lumen cloud environment. Multiple daily snapshots are taken of the data in the Lumen cloud environment and are stored in yet another Lumen datacenter.

9826 S. Jordan Gateway • Sandy, UT 84070 • Phone: 855.289.3552 • Fax: 801.566.5596

UpScript Pharmacy, LLC

DESCRIPTION OF PHARMACY PRACTICE

UpScript Pharmacy, LLC Pharmacy will have a Pharmacist Manager (Pharmacist in Charge) maintain a schedule that ensures all orders to Patients/Consumers are shipped as soon as they print at the pharmacy. Pharmacy will have a dedicated 800 number available so patients can contact the pharmacist with any questions or concerns. The pharmacy staff will have access to patient records during hours of operation.

UpScript Pharmacy, LLC Pharmacy receives prescriptions from Physicians across the United States. Pharmacy staff verifies prescriptions received are valid, stores details in the system before packing and shipping order to Patient. All patient information is entered into a proprietary mail order pharmacy system. All fills have been reviewed and verified by the pharmacist, then are packaged and shipped. UpScript Pharmacy, LLC does not fill controlled substances, time or temperature sensitive products, drugs for acute illness. If UpScript Pharmacy cannot fill a prescription it can arrange to have the prescription transferred to a local pharmacy to be filled there. We comply with all state and federal requirements governing the operation of a mail order pharmacy.

Each prescription is shipped with a single sheet of paper that contains information on six topics related to the drug.

- Uses for the drug
- How to use the medication
- Side effects of the Drug
- Instructions on the typical treatment regimen
- Drug interactions
- Precautions before and after using the drug

Hours of Operation

Monday – Friday 8:00am to 5:00pm

All Saturday's and Sunday's a Pharmacist is "on call". When "on call", calls to the toll-free number are forwarded to the pharmacist. Patient records can be accessed by Web-based login.

Normal turn-around time: Monday – Friday orders placed by 1pm PST are typically shipped the same day. Orders placed after 1pm PST go out the following business day. Saturday and Sunday orders are shipped on Monday.

PHARMACY PROCEDURE OF MEDS NOT AVAILABLE OR DELIVERY DELAYED

UpScript Pharmacy, LLC Customer Service manages the order processing and is responsible to ensure orders do not print at the pharmacy unless adequate inventory is available. It is PIC's responsibility to ensure proper inventory is ordered and delivered to the pharmacy. If there is an inventory issue PIC and pharmacy staff needs to notify Customer Service, Operations and QA of the problem within that same day the problem was identified.

In the event UpScript Pharmacy, LLC Pharmacy does not have sufficient product supply to complete fulfillment of a Patient's order, or if the product is out of stock, UpScript Pharmacy Pharmacy staff will contact Customer Service who will contact Patient to determine the next steps. Although not all inclusive, options are:

- Ship a partial portion of the product immediately, and ship the balance when replacement stock is received
- Credit the Patient and cancel the order until inventory is available at which time Customer Service will replace order for Patient and process when it is known that Pharmacy will be able to dispense and ship order.

Notarized Supplement to Application for South Dakota Resident/Non-Resident Pharmacy Licensure or Renewal

This document should be signed by the owner if sole proprietorship, by partner if partnership, and corporate officer if a corporation. The person signing this document needs to appear in the listing of owner/operators of the facility that has been provided.

If Notarized Supplement to Application Form is signed by an individual who has been granted Power of Attorney Authority, a copy of the Power of Attorney authorizing document must be uploaded with this Notarized Supplement to Application Form.

Must be Completed if Pharmacist-in-Charge Applicant is *not* Sole Owner of Merchandise and Fixtures

NOTARIZED AFFIDAVIT

Complete first portion of form as a Sole Proprietorship/Partnership or second portion, if Corporation/LLC

1. **Sole Proprietorship or Partnership:** I, _____ (Printed Name), being first duly sworn, depose and say that I am the owner of _____ percent of the merchandise and fixtures in _____ (Pharmacy Name) in the application for a license to provide Pharmacy Services in or into South Dakota. **OR**

2. **Corporation/LLC:** I, Peter Ax (Printed Name), being first duly sworn, depose and say that I am the Member (Printed Title) of UpScript Pharmacy, LLC (Printed Corporation/LLC Name), a corporation/LLC, and one of its members of the LLC, managing officers or directors of the corporation/LLC; that said corporation/LLC is the owner of the merchandise and fixtures in UpScript Pharmacy, LLC (Pharmacy Name) in the application form for a license to provide Pharmacy Services in South Dakota.

That said place of business may be registered as a resident/nonresident pharmacy and conducted in accordance with the laws of the State of South Dakota and Sole Proprietorship/Partnership or Corporation/LLC hereby delegate(s) complete responsibility for the pharmaceutical services to the Registered Pharmacist-in-Charge

Lisa Dimick	153881-1704	Utah
Printed name - Same as pharmacist-in-charge signing application	Pharmacist License #	State Licensed In

to have full charge of the merchandise and fixtures at said place of business in the same manner and to the same degree as if said pharmacist were the sole owner of such merchandise and fixtures. Per SDCL 36-11-34: "No permit to conduct a pharmacy shall be issued to any pharmacist applicant unless such pharmacist applicant is owner, or part owner, of the merchandise and fixtures of the place of business for which such pharmacy registration is applied for, or unless application is made jointly with a registered pharmacist owner, or unless the non-pharmacist owner of the merchandise and fixtures of the place of business for which pharmacy registration is applied for, has made affidavit on a form prescribed by the state board of pharmacy delegating complete responsibility for the pharmaceutical services in said place of business to the pharmacist applicant."

9-23-2021
Date

Signature of Non-Pharmacist Owner, Partner, Member, or Corporate Officer

Peter Ax
Printed name of Non-Pharmacist Owner, Partner, Member, or Corporate Officer

Member
Title

NOTARY PUBLIC USE ONLY

Subscribed and verified before me in the County of Maricopa, State of Arizona

This 23rd day of September, 2021

CATHALYN HISE
Notary Public, State of Arizona
Maricopa County
Commission # 590598
My Commission Expires
September 29, 2024

Notary Public Signature

Sept. 29, 2024
My Commission Expires

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing
160 E 300 S
P.O. Box 16741
Salt Lake City, UT 84114-6741
Email: DOPLInvestigations@utah.gov
Telephone : (801) 530-6628
Toll Free in Utah: (866) 275-3675
Investigation Fax: (801) 530-6301
Website: www.dopl.utah.gov

CLASS B CLOSED DOOR INSPECTION

☐ Random
☒ Opening

INFORMATION

Pharmacy Name: Bella Brands LLC Date: 10-4-2021
License Number: 8449100-1704 Exp Date: 9-30-2023
C.S. License Number: n/a Exp Date:
DEA Registration: n/a Exp Date:
Pharmacy FEIN # 45-4567866
Pharmacy Email: ldinick@upscripthealth.com
Pharmacy Phone: 855-289-3552 Fax: 801-566-5596
Toll Free Number: "
Affiliated Websites: n/a
Pharmacy Hours: Monday-Friday: 8-5 Saturday: on call Sunday: on call
Pharmacy Address: 9826 S Jordan Gateway
City: Sandy State: UT Zip: 84070
Pharmacist In Charge (PIC): Lisa F Dinick
PIC License # 153881-1701 Expiration Date: 9-30-2023

Personnel

List ALL pharmacists, interns, pharmacy technicians and techs-in-training (attach a separate sheet, if necessary):

Name:	License # see list	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
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Name:	License #	Exp:

INSPECTION

	YES	NO	
1	☑	☐	Class B pharmacy means a pharmacy located in Utah that is authorized to provide pharmaceutical care for patients in an institutional setting; and whose primary purpose is to provide a physical environment for patients to obtain health care services; and includes closed-door, hospital, clinic, nuclear, and branch pharmacies; and pharmaceutical administration and sterile product preparation facilities. [UCA 58-17b-102 (11)(a)(i-ii)(b)(i-ii)]
2	☑	☐	The facility shall maintain a current list of licensed employees involved in the practice of pharmacy at the facility. The list shall include individual licensee names, license classifications, license numbers, and license expiration dates. The list shall be readily retrievable. The list may be maintained in paper or electronic form. [UAC R156-17b-614a (5)]
3	☑	☐	Notification has been provided to the Division in regards to the unique email address used in self audits or alerts for the pharmacy. The pharmacy will notify the Division of any change in the email address within seven days of the change. [UAC R156-17b-603(3)(t) (i-ii)]
4	☑	☐	Notification has been provided to the Division in regards to the assignment of the PIC at the above stated pharmacy. The Division is notified of a change in PIC within 30 days of the change. [UAC R156-17b-603 (3) (s)]
5	☐	☐	If the facility has a pharmacy technician training program, the program and curriculum of education and training, meets standards established by Division rule made in collaboration with the Board. [UAC R156-17b-303a (3)] ☑ N/A
6	☑	☐	A pharmacy technician trainee shall practice only under the direct supervision of a pharmacist, and in a ratio not to exceed one pharmacy technician trainee to one pharmacist. [UAC R156-17b-601(4)(a)]
7	☑	☑	Pharmacy technicians shall have general supervision by a pharmacist. [UCA 58-17b-102 (56)]
8	☑	☐	The operating standards for a Pharmacist acting as a preceptor includes meeting the following criteria by providing direct, on-site supervision to no more than two pharmacy interns during a working shift. [UAC R156-17b-606(1)(d)(i)]
9	☑	☐	In accordance with Subsecton 58-17b-102(71)(b) all supportive personnel shall be under the supervision of a licensed pharmacist or DMP. The licensed pharmacist or DMP shall be present in the area where the person being supervised is performing services and shall be immediately available to assist the person being supervised in the serivces being performed except for the delivery of pre-filled prescriptions as provided in Subsection (1)(g) above. [UAC R156-17b-607 (3)]
10	☑	☐	In accordance with Subsection 58-17b-102(71)(a), supportive personnel may assist in any tasks not related to drug preparation or processing including: stock ordering and restocking; cashiering; billing; filing; receiving a written prescription and delivering it to the pharmacist, pharmacy intern, pharmacy technician, pharmacy technician trainee, DMP, or DMP desigenee; housekeeping; and delivering a pre-filled prescription to a patient. [UAC R156-17b-607 (1)(a-g)]

11 ☑ ☐ The pharmacist-in-charge (PIC) is responsible for assuring that no pharmacy or pharmacist operates the pharmacy or allows operation of the pharmacy with a ratio of pharmacist to pharmacy personnel which, under the circumstances of the particular practice setting, results in, or reasonably would be expected to result in, an unreasonable risk of harm to public health, safety, and welfare. [UAC R156-17b-603 (3) (r)]

12 ☑ ☐ All individuals employed in a pharmacy facility having any contact with the public or patients receiving services from that pharmacy facility does wear on their person a clearly visible and readable identification showing the individual's name and position. [UCA 58-17b-603 (1)]

13 ☑ ☐ When communicating by any means, written, verbal, or electronic, pharmacy personnel do identify themselves as to licensure classification. [UCA 58-17b-603 (2)]

14 ☑ ☐ The facility or parent company does maintain a record for not less than five years of the initials or identification codes that identify each dispensing pharmacist by name. The initials or identification codes shall be unique to ensure that each pharmacist can be identified; therefore identical initials or identification codes shall not be used. [UAC R156-17b-614a (8)]

15 ☑ ☐ The facility does have current and retrievable editions of the following reference publications in print or electronic format and readily available and retrievable to facility personnel: [UAC R156-17b-614a (4) (a-k)]

- ☑ UCA 58-1 (DOPL Licensing Act)
- ☑ UCA 58-17b (Pharmacy Practice Act)
- ☑ UCA 58-37 (Controlled Substance Act)
- ☑ UCA 58-37f (Controlled Substance Database Act)
- ☑ Code of Federal Regulations Title 21 parts 1300 to end
- ☑ General Drug References
- ☑ UAC R156-1 (General Rules of DOPL)
- ☑ UAC R156-17b (Pharmacy Practice Act Rules)
- ☑ UAC R156-37 (Controlled Substance Act Rules)
- ☑ UAC R156-37f (Controlled Substance Database Act Rule)
- ☑ FDA Approved Drug Product (Orange Book)

16 ☑ ☐ The facility is well lighted, ventilated, clean and sanitary. [UAC R156-17b-614a (1) (a)]

17 ☑ ☐ If transferring a drug from a manufacturer's or distributor's original container to another container, the dispensing area, shall have a sink with hot and cold culinary water separate and apart from restroom facilities. All required equipment shall be clean and in good operating condition. [UAC R156-17b-614a (1) (b)]

18 ☑ ☐ The facility is equipped to permit the orderly storage of prescription drugs and durable medical equipment in a manner to permit clear identification, separation and easy retrieval of products and an environment necessary to maintain the integrity of the product inventory. [UAC R156-17b-614a (1) (c)]

19 ☑ ☐ The facility is equipped to permit practice within the standards and ethics of the profession as dictated by the usual and ordinary scope of practice to be conducted within that facility. [UAC R156-17b-614a (1) (d)]

20 ☑ ☐ All out of date legend drugs and controlled substances shall be removed from the inventory at regular intervals and in correlation to the beyond use date imprinted on the label. [UAC R156-17b-605 (1)]

21 ☑ ☐ The facility is stocked with the quality and quantity of product necessary for the facility to meet its scope of practice in a manner consistent with the public health, safety and welfare. [UAC R156-17b-614a (1) (e)]

22 ☑ ☐ If dispensing controlled substances, the facility is equipped with a security system to permit detection of entry at all times when the facility is closed, and provide notice of unauthorized entry to an individual, and be equipped with a lock on any entrances to the facility where drugs are stored. [UAC R156-17b-614a (1) (f)(i-ii)(g)]

23 ☑ ☐ If the pharmacy does not store drugs in a locked cabinet and has a drop/false ceiling, the pharmacy's perimeter walls shall extend to the hard deck, or other measures shall be taken to prevent unauthorized entry into the pharmacy. [UAC R156-17b-614a (15)] ☐ N/A

24 ☑ ☐ Only a licensed Utah pharmacist or authorized pharmacy personnel does have access to the pharmacy when the pharmacy is closed. [UAC R156-17b-614a (7)]

25 ☑ ☐ A pharmacy shall not dispense a prescription drug or device to a patient unless a pharmacist is physically present and immediately available in the facility. [UAC R156-17b-614a(6)]

26 ☑ ☐ The temperature of the pharmacy is maintained within a range compatible with the proper storage of the drugs. [UAC R156-17b-614a (2)]

27 ☑ ☐ n/a The temperature of the refrigerator and freezer is maintained within a range compatible with the proper storage of drugs requiring refrigeration or freezing. The pharmacy shall keep a daily written or electronic log of the temperature of the refrigerator or freezer on days of operation. The pharmacy shall retain the log entry for three years. [UAC R156-17b-614a (2)]

28 ☑ ☐ For the purpose of promoting therapeutic appropriateness, a pharmacist shall at the time of dispensing a prescription, or a prescription drug order, review the patient's medication record. Such review shall at a minimum identify clinically significant conditions, situations or items, such as: [UAC R156-17b-611 (2) (a-g)]

- ☑ Inappropriate drug utilization
- ☑ Therapeutic duplications
- ☑ Drug-disease contraindications
- ☑ Drug-drug interactions
- ☑ Incorrect drug dosage
- ☑ Incorrect duration of drug treatment
- ☑ Drug-allergy interactions
- ☑ Clinical abuse or misuse

29 ☐ ☐ n/a Patient counseling shall not be required for inpatients of a hospital or institution where other licensed health care professionals are authorized to administer the patient's drugs. [R156-17b-610 (7)]

30 ☑ ☐ Every pharmacy shall verbally offer to counsel a patient or a patient's agent in a personal face-to-face discussion regarding each prescription drug dispensed. If the patient's agent delivers the prescription in person to the pharmacist or pharmacy intern; or receives the drug in person at the time it is dispensed at the facility. [UCA 58-17b-613 (1)]

31 ☑ ☐ A pharmacist or pharmacy intern that receives a prescription from a patient by means other than personal delivery, and that dispenses prescription drugs to the patient by means other than personal delivery shall provide patient counseling to a patient regarding each prescription drug the pharmacy dispenses and provide each patient with a toll-free telephone number by which the patient can contact the pharmacist or pharmacy intern at the pharmacy for counseling. [UCA 58-17b-613(2)]

32 ☑ ☐ If a prescription drug order is delivered to the patient or the patient's agent at the patient's or other designated location, the following is applicable: [UCA R156-17b-610(6)(a-c)

☑ the pharmacy shall provide the information specified in R156-17b-610(3) be delivered with the dispensed prescription in writing:
(a) the name and description of the prescription drug;
(b) the dosage form, dose, route of administration and duration of drug therapy;
(c) intended use of the drug, when known, and expected action;
(d) special directions and precautions for preparation, administration and use by the patient;
(e) common severe side or adverse effects or interactions and therapeutic contraindications that may be encountered,
including their avoidance, and the action required if they occur;
(f) techniques for self-monitoring drug therapy;
(g) proper storage;
(h) prescription refill information;
(i) action to be taken in the event of a missed dose;
(j) pharmacist comments relevant to the individual's drug therapy, including any other information specific to the patient or
drug; and
(k) the date after which the prescription should not be taken or used, or the beyond use date.

☑ If prescriptions are routinely delivered outside the area covered by the pharmacy's local telephone service, the pharmacist shall place on the prescription container or on a separate sheet delivered with the prescription container, the telephone number of the pharmacy and the statement "Written information about this prescription has been provided for you. Please read this information before you take this medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions."

☑ written information provided in Subsection (b) of this section shall be in the form of patient information leaflets similar to USP-NF patient information monographs or equivalent information

33 ☑ ☐ Counseling shall be offered orally in person unless the patient or patient's agent is not at the pharmacy or a specific communication barrier prohibits oral communication [UAC R156-17b-610(1)]

34 ☑ ☐ A pharmacy facility shall orally offer to counsel but shall not be required to counsel a patient or patient's agent when the patient or patient's agent refuses counseling. [UAC R156-17b-610(2)]

35 ☑ ☐ The offer to counsel is documented and said documentation shall be available to the Division. These records must be maintained for a period of five years and be available for inspection within 7-10 business days. [UAC R156-17b-610 (4)]

36 ☑ ☐ A pharmacy may only deliver a prescription drug to a patient or a patient's agent in person at the pharmacy or via the United States Postal Service, a licensed common carrier, or supportive personnel, if the pharmacy takes reasonable precautions to ensure the prescription drug is delivered to the patient or patient's agent or return to the pharmacy. [UCA 58-17b-602 (9)(a)(b)(i-ii)]

37 ☑ ☐ A pharmacy that employs the United States Postal Service or other common carrier to deliver a filled prescription directly to a patient shall, under the direction of the PIC, or other responsible employee: [UAC R156-17b-608 (1-5)]

☑ Use adequate storage or shipping containers and shipping processes to ensure drug stability and potency. The shipping processes shall include the use of appropriate packing material and devices, according to the recommendations of the manufacturer or the United States Pharmacopeia Chapter 1079, in order to ensure that the drug is kept at appropriate storage temperatures throughout the delivery process to maintain the integrity of the medication.

- [x] Use shipping containers that are sealed in a manner to detect evidence of opening or tampering.
- [x] Develop and implement policies and procedures to ensure accountability, safe delivery, and compliance with temperature requirements. The policies and procedures shall address when drugs do not arrive at their destination in a timely manner or when there is evidence that the integrity of a drug was compromised during shipment. In these instances, the pharmacy shall make provisions for the replacement of the drug.
- [x] Provide for an electronic, telephonic, or written communication mechanism for a pharmacy to offer counseling to the patient as defined in section 58-17b-613; and provide documentation of such counseling.
- [x] Provide information to the patient indicating what the patient should do if the integrity of the package or drug was compromised during shipment.

38 [x] [ ] Each drug dispensed from the pharmacy does have a label securely affixed to the container indicating the required minimum information, including: [UCA 58-17b-602 (5) (a) (i-viii)]

- [x] name, address, & phone number of pharmacy
- [x] filling date or last dispensing date
- [x] name of the prescriber
- [x] trade, generic or chemical name *(Unless Otherwise Indicated by Prescriber)*
- [x] serial number of prescription
- [x] name of the patient or animal owner/species
- [x] directions for use & cautionary statements
- [x] amount dispensed & strength of dosage form
- [x] beyond use date

39 [x] [ ] Unless otherwise requested, child-resistant containers will be used for dispensing medications to patients. [UAC 58-1-502(6)& 16 CFR 1700.14]

40 [x] [ ] Controlled substances are not accepted back for destruction unless allowed for by state and federal law. [UAC R156-37-606 (1-2) & 21 CFR 1307.21]

41 [ ] [ ] n/a The registered pharmacy does only processes electronically signed prescriptions for controlled substances under the following conditions: the pharmacy uses a pharmacy application that meets all the applicable requirements; the prescription is otherwise in conformity with the requirements of the Code of Federal Regulations; and Certification Authority (CA) has been obtained. The electronic prescription must be transmitted from the practitioner to the pharmacy in its electronic form and at no time may the prescription be converted to another form *(i.e. facsimile)* for transmission. [UAC R156-17b-613(1) & CFR, Title 21, Chapter 11, Section 1311]

42 [x] [ ] Prescription files, including refill information, are maintained for a minimum of five years and should be immediately retrievable in written or electronic format. [UAC R156-17b-612 (4)]

43 [ ] [ ] n/a Prescription records may be maintained electronically so long as the original of each prescription, including telephone prescriptions, is maintained in a physical file and contains all of the information required by federal and state law; and an automated data processing system is used for the storage and immediate retrieval of refill information for prescription orders. [UAC R156-37-602 (4) (a-b)]

44 [ ] [ ] n/a All records relating to Schedule II controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years. [UAC R156-37-602(3) (5)]

45 [ ] [ ] n/a All records relating to Schedule III, IV, V controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years. [UAC R156-37-602(3) (6)]

46 ☐ ☐ n/a Requirement for annual controlled substances inventory shall be within 12 months following the inventory date of each year and may be taken within four days of the specified inventory date and shall include all stocks including out-of-date drugs and drugs in automated pharmacy systems. [UAC R156-17b-605 (4)]

47 ☐ ☐ n/a Requirements for taking the initial controlled substances inventory shall include the following: all pharmacies shall take an inventory on the opening day of business. Such inventory shall include all controlled substances including any out-of-date drugs and drugs in automated pharmacy systems. In the event a pharmacy commences business with no controlled substances on hand, the pharmacy shall record this fact as the initial inventory. An inventory reporting no Schedule I and II controlled substances shall be listed separately from an inventory reporting no Schedule III, IV, and V controlled substances. The initial inventory shall serve as the pharmacy's inventory until the next completed inventory as specified in Subsection (4) of this section. [UAC R156-17b-605 (3) (a-c)] ☐ N/A

48 ☐ ☐ n/a. General Requirements for inventory of a pharmacy shall include: [UAC R156-17b-605 (2)(a)(b)(c)(e)(f)(i)(j)]

- ☐ the PIC shall be responsible for taking all required inventories, but may delegate the performance of the inventory to another person or persons;
- ☐ the inventory records shall be maintained for a period of five years and be readily available for inspection
- ☐ the inventory shall be filed separately from all records
- ☐ the inventory may be taken either as the opening of the business or the close of business on the inventory date;
- ☐ the person taking the inventory and the PIC shall indicate the time the inventory was taken and shall sign and date the inventory with the date the inventory was taken. The signature of the PIC and the date of the inventory shall be documented within 72 hours or three working days of the completed initial, annual, change of ownership and closing inventory.
- ☐ the inventory of Schedule I and II controlled substances shall be listed separately from the inventory of Schedule III, IV and V controlled substances;
- ☐ if the pharmacy maintains a perpetual inventory of any of the drugs required to be inventories, the perpetual inventory shall be reconciled on the date of the inventory.

49 ☐ ☐ n/a All pharmacies shall maintain a perpetual inventory of all Schedule II controlled substances. [UAC R156-17b-605(7)]

50 ☐ ☐ n/a The pharmacy does reconcile its controlled substance inventory to account for shortages of controlled substances. [UAC R156-17b-603 (3) (k) & R156-37-502(4)]

51 ☐ ☐ n/a Any facility who experiences any theft, including diversion, or significant loss of controlled substances shall immediately file the appropriate forms with the Drug Enforcement Administration, with a copy to the Division directed to the attention of the Investigation Bureau Division; and report the incident to the local law enforcement agency. [UAC R156-37-602 (2)]

52 ☐ ☐ n/a Pharmacists or other responsible individuals do verify that the suppliers' invoices of controlled substances, listed on the invoices were actually received by clearly recording their initials and the actual date of receipt of the controlled substances. [UAC R156-17b-614a (11)]

53 ☐ ☐ n/a The facility does maintain a record of suppliers' credit memos for controlled substances. [UAC R156-17b-614a (12)]

54 ☐ ☐ n/a The facility does maintain a copy 3 of DEA order form (form 222) which has been properly dated, initialed, and filed and all copies of each unaccepted or defective order form and any attached statements or other documents. [UAC R156-17b-614a (9)]

55 ☐ ☐ n/a The Division shall implement on a statewide basis, including non-resident pharmacies as defined in Section 58-17b-102, the following two options for a pharmacist to submit information: real-time submission of the information required to be submitted under this part of the controlled substance database; and 24-hour dail or next business day, whichever is later, batch submission of the information required to be submitted under this part to the controlled substance database. [UCA 58-37f-203(1)(a)(i,ii)]

56 ☐ ☐ n/a In accordance with 58-37f-203(6), the pharmacist-in-charge and the pharmacist identified in Subsections 58-37f-203(2) and (3) shall provide the following data fields to the Division: the state that issued identification, type of identification used, and identification number used by individual picking up dispensed drug. [UCA R156-37f-203 (4) (aa-cc)]

57 ☐ ☑ The pharmacy maintains emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMT's, ambulances)? If the answer is "yes", note name(s) of facilities or entities.

58 ☐ ☑ The pharmacy maintains automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home? If the answer is "yes", note type and location.

59 ☐ ☑ The pharmacy utilizes an Automated Pharmacy System? If the answer is "yes" to this question, a automation questionnaire must be completed. [UAC R156-17b-620]

60 ☐ ☑ Does the pharmacy purchase any compound products from other entities for dispensing to patients? [UAC 58-17b-102(18)(b)(i)]

61 ☐ ☑ The facility is engaged in compounding with hazardous drugs as defined by USP-NF Chapter 800. If you answer "yes" to this question, a compounding questionnaire must be completed.

62 ☐ ☑ The facility is engaged in simple, medium, or complex compounding activities as defined by USP 35 Chapter 795. If you answer "yes" to this question, a compounding questionnaire must be completed. [(UAC R156-17b-614a (3)]

63 ☐ ☑ The facility is engaged in low, medium, or high risk *sterile* compounding as defined by USP 35 Chapter 797. If you answer "yes" to this question, a compounding questionnaire must be completed. [UAC R156-17b-614a (3)]

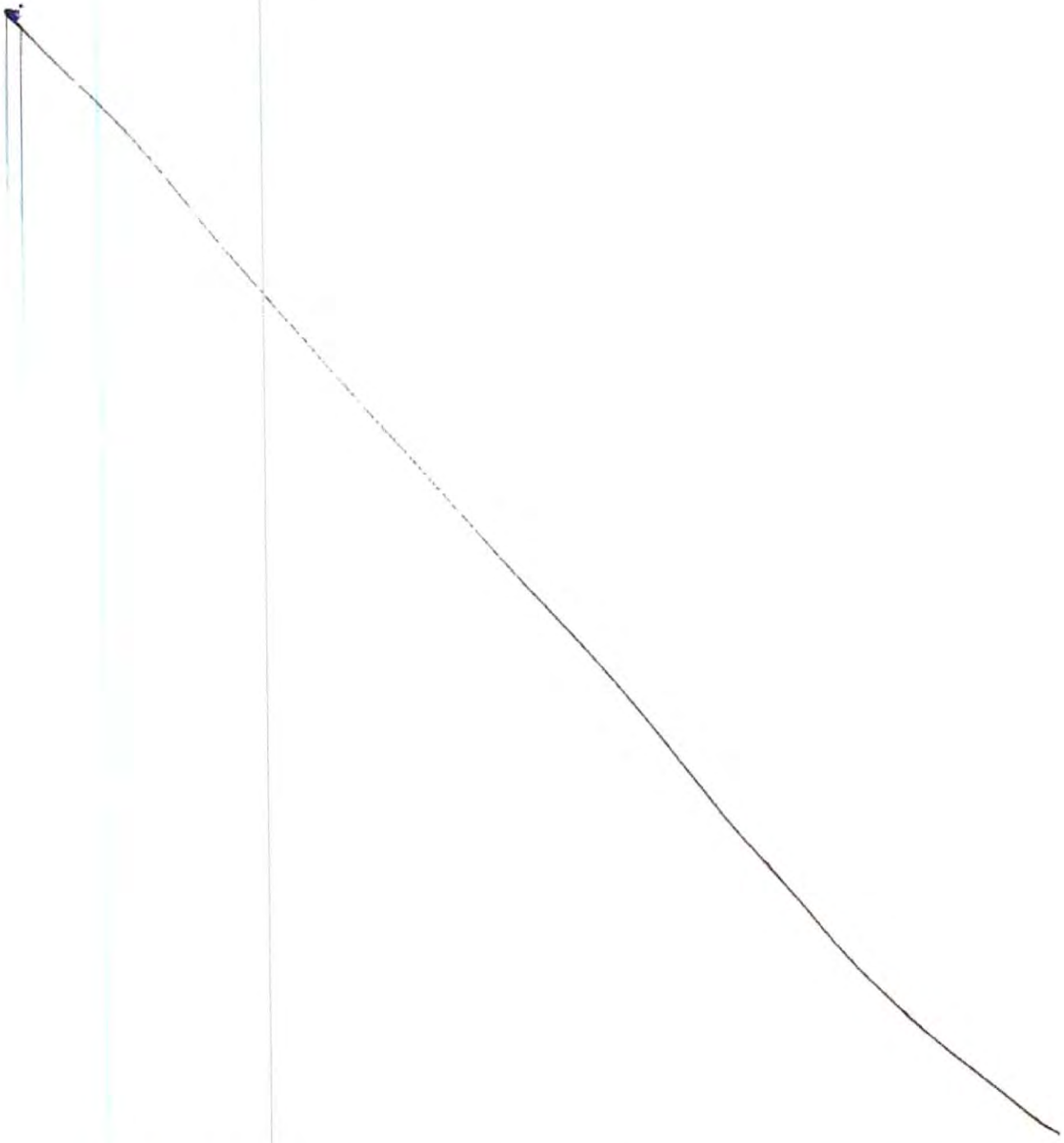
COMMENTS

(1) Pharmacy serves the general public based off of telemedicine prescriptions, and normal prescribers.
(2) Pharmacy provided list of licensed employees.
(40) Pharmacy uses two clerks.
(15) References for law and rule are bookmarked at every computer.
(27) Pharmacy doesn't keep any medications that require refrigeration.
- Pharmacy mails all prescriptions to patients.

- Pharmacy does not carry any controlled substances.
- Pharmacy is not licensed for controlled substances.

(59) Pharmacy does not have automation.

(61-63) Pharmacy is not engaged in compounding.



☑ By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: Lisa Dimick Date: 10.4.2021

Name of Responsible Party (Print): Lisa DiMick

Signature of Division Investigator: Travis Dreb Date: 10-4-2021

Name of Division Investigator (Print): Travis Dreb

Revised 4/2020

10

10A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: ACA Pharmacy, LLC

Physical Address: 1911 Church ST STE 210

City: Nashville State: TN Zip: 37203

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 844-344-3060 Toll Free # (NAC 639.708, NRS 639.23286): 844-344-3060

Fax: 615-467-5558 Contact Email: bwescott@rxpartnersmgt.com

Website: www.acapharmacy.com

Nevada Business License # (if applicable) NA

Supervising/Managing Pharmacist Name (NRS 639.220): Brantley Wescott

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22185

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Retail/Community	■ Retail/Community
☐ Hospital (# beds _____)	■ Non-sterile Compounding
☐ Internet	■ Sterile Compounding
☐ Nuclear	■ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy. (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Brantley Wescott	NV Pharmacist Registration #: 22185
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
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)?		✓
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 from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
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?		✓
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)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: Bart Ashley Jr

Business Name: ACA Pharmacy LLC

Business Address: 1911 Church ST

City: Nashville State: TN Zip: 37203

Telephone: 844-344-3060 Email: bwescott@rxpartnersmgt.com

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chief Operating Officer (title) for ACA Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Brantley Wescott

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

01/20/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

N/A

Affidavit for Pharmacy License

I, Brantley Wescott hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Chief Operating Officer (title) for ACA Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

Notary Public

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Brantley Wescott Pharmacist Registration #: 22185

Pharmacy Name: ACA Pharmacy, LLC

Initial each statement below to indicate you have read and agree with the following:

BW I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

BW I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

BW I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

BW I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

BW I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.



Original signature of Managing Pharmacist (copies or stamps not accepted)

01/20/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brantley Wescott

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

01/20/2022

Date

Board Use Only	Date Received: _____ Amount: _____

Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

BRANLTEY WESCOTT
1911 CHURCH ST
NASHVILLE, TN 37203

September 24, 2021

Request Type: Certificate of Existence/Authorization
Request #: 0437785

Issuance Date: 09/24/2021
Copies Requested: 1

Document Receipt

Receipt # : 006642763 — Filing Fee: $20.00

Payment-Credit Card - State Payment Center - CC #: 3814711044 — $20.00

Regarding: ACA Pharmacy, LLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 08/27/2019
Status: Active
Duration Term: Perpetual
Business County: DAVIDSON COUNTY

Control # : 1048029
Date Formed: 09/01/2019
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

ACA Pharmacy, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 048871032

ACA Pharmacy, LLC
1911 Church St STE 210
Nashville, TN 37203
844.344.3060

ACA Pharmacy, LLC owned 100% by Rx Partners, LLC
Bart E Ashley, CEO
Brantley L Wescott, COO



Rx Partners, LLC is owned 100% by Bart E Ashley, Jr

Bart E. Ashley, Jr, Owner/CEO
[redacted]
[redacted]Old Natchez Trace
Franklin, TN 37069

Brantley L. Wescott, Pharm.D, COO/Secretary
[redacted]
[redacted]Concord Rd
Brentwood, TN 37027

Jocelyn Shrum, Pharm.D. PIC
[redacted]
[redacted]Oakfield Grove
Brentwood, TN 37027

ACA Pharmacy, LLC
1911 Church St STE 210
Nashville, TN 37203
844.344.3060

ACA Pharmacy, LLC owned 100% by Rx Partners, LLC
Bart E Ashley, CEO
Brantley L Wescott, COO



Rx Partners, LLC is owned 100% by Bart E Ashley, Jr

Bart E. Ashley, Jr, Owner/CEO
[redacted]
[redacted] Old Natchez Trace
Franklin, TN 37069

Brantley L. Wescott, Pharm.D, COO/Secretary
[redacted]
[redacted] Concord Rd
Brentwood, TN 37027

Jocelyn Shrum, Pharm.D. PIC
[redacted]
[redacted] Oakfield Grove
Brentwood, TN 37027

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler ACA Pharmacy, LLC

Physical Address 1911 Church ST STE 210

City Nashville State TN Zip 37203

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 844-344-3060 Website www.acapharmacy.com

Licensing Company Email bwescott@rxpartnersmgt.com

Section 2: Personal Information

First Brantley Middle Leburn Last Wescott

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Church ST

City Nashville State TN Zip 37203

Telephone [redacted] Email bwescott@rxpartnersmgt.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials BW

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Auburn University		09/1995-05/2003	
Address	City	State	Zip
	Auburn	AL	36849
Diploma/Degree obtained, if any			
Pharm.D.			

School Name		From - To (MM/YY – MM/YY)	
Ezell Harding Christian Schoo		08/1991-05/1995	
Address	City	State	Zip
	Antioch	TN	37013
Diploma/Degree obtained, if any			
HS			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2015-current	[redacted] Concord Rd	Brentwood	TN	37027
06/2004-06/2015	[redacted] Ballenger Dr	Nolensville	TN	37135

Applicant's initials BW

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Rx Partners, LLC			09/2012-current
Business Address	**City**	**State**	**Zip**
1911 Church ST	Nashville	TN	37203
Phone	**Title**	**Number of Employed Hours**	
615-301-5953	Chief Operating Officer, EVP, Pharmacist	~20,000	
Description of Duties			
Typical daily Pharmacist duties.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials BW

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials BW

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials BW

I, Brantley Wescott, **certify that as the designated representative for** ACA Pharmacy, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Brantley Wescott

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/20/2022

Date

Applicant's initials BW

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brantley Wescott

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/20/2022

Date

Please have this section completed in the presence of a Notary Public.

State of TN, ss. County of Davidson.

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this 20 day of Jan.

Notary Public Signature

CHERYL MURDAY
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
(Seal)

Applicant's initials _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler ACA Pharmacy LLC

Physical Address 1911 Church ST STE 210

City Nashville State TN Zip 37203

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 844-344-3060 Website www.acapharmacy.com

Licensing Company Email bwescott@rxpartnersmgt.com

Section 2: Personal Information

First Jocelyn Middle Freimuth Last Shrum

Alias(es, nicknames, name changes, etc.) Freimuth (Maiden)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted]Church ST STE [redacted]

City Nashville State TN Zip 37203

Telephone [redacted] Email jshrum@rxpartnersmgt.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials JS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Palm Beach Atlantic University		08/13 - 05/17	
Address: 901 S. Flagler Dr.	City: West Palm Beach	State: FL	Zip: 33401
Diploma/Degree obtained, if any: Doctorate of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin		08/08 - 05/13	
Address: 333 E Campus	City: Madison	State: WI	Zip: 53706
Diploma/Degree obtained, if any: Bachelor of Science in Nursing/Associate of Arts and Science			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/18 - present	[redacted] Oakfield Grove	Brentwood	TN	37027
08/13 - 05/18	[redacted] Vilage Blvd	West Palm Beach	FL	33409
08/09 - 08/13	[redacted] W. Arndt St	Fond du Lac	WI	54935
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials JS

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
ACA Pharmacy LLC			10/2020-current	
Business Address		**City**	**State**	**Zip**
1911 Church St STE 210		Nashville	TN	37203
Phone	**Title**		**Number of Employed Hours**	
844-344-3060	Director of Pharmacy		40	
Description of Duties				
Pharmacist				

Business Name			From - To (MM/YY – MM/YY)	
CVS Health			08/17-04/21	
Business Address		**City**	**State**	**Zip**
3809 Hillsboro Rd		Nashville	TN	37215
Phone	**Title**		**Number of Employed Hours**	
615 385 0622	Pharmacist-in-Charge		40	
Description of Duties				
Pharmacist/Pharmacy Manager				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I, Jocelyn Shrum, **certify that as the designated representative for**

ACA Pharmacy, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Jocelyn Shrum

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/15/2021

Date

Applicant's initials JS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joceyln Shrum

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/15/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Tennessee, ss. County of Davidson

I, Jocelyn Shrum, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/15/2021

Date

Subscribed and Sworn to before me this 15 day of December 2021.

Notary Public Signature

CHERYL MURDAY
STATE OF TENNESSEE NOTARY PUBLIC
(Seal)
COUNTY OF DAVIDSON

Applicant's initials JS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler ACA Pharmacy LLC

Physical Address 1911 Church ST STE 210

City Nashville State TN Zip 37203

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website www.acapharmacy.com

Licensing Company Email bwescott@rxpartnersmgt.com

Section 2: Personal Information

First Bart Middle Edward Last Ashley Jr

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Church St

City Nashville State TN Zip 37203

Telephone [redacted] Email nashley@rxpartnersmgt.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials BA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Auburn University		09/2001-05/2005	
Address	City	State	Zip
	Auburn	AL	36849
Diploma/Degree obtained, if any			
BBA			

School Name		From - To (MM/YY – MM/YY)	
Brentwood Academy		08/1997-05/2001	
Address	City	State	Zip
219 Granny White Pike	Brentwood	TN	37027
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2016-current	[redacted]Old Natchez TR	Franklin	TN	37069
05/2008-08/2016	[redacted]Lake Colonial Dr	Arrington	TN	37014
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials BA

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Rx Partners			10/2015-current
Business Address	**City**	**State**	**Zip**
1911 Church ST	Nashville	TN	37203
Phone	**Title**		
615-301-5953	President, CEO, Owner		
Description of Duties			
President, CEO, Owner			

Business Name			From - To (MM/YY – MM/YY)
Metro Medical Supply			06/2004-10/2015
Business Address	**City**	**State**	**Zip**
200 Cumberland Bend	Nashville	TN	37228
Phone	**Title**		
615-312-9800	Sales Director		
Description of Duties			
Oversaw sales team.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials BA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bart Ashley Jr

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/15/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Tennessee, ss. County of Davidson

I, Bart Ashley, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/20/21

Date

Subscribed and Sworn to before me this 20th day of Dec.

Notary Public Signature

CHERYL MURDAY
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
(Seal)

Applicant's initials BA

APPLICATION FOR CERTIFICATION AS A PROVIDER OF INTERNET PHARMACY SERVICES

Addendum to Pharmacy Application
(Only required if providing internet services)

GENERAL INFORMATION

Name of Nevada license pharmacy: ACA Pharmacy, LLC

Nevada license number: Pending

Websites in use or intended to be used: www.acapharmacy.com

Affiliated websites (websites that link to or otherwise direct users to your website):
NA

VIPPS CERTIFICATION

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered be NABP) certified? Please provide a copy with application. Yes ☐ No ☑

If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.

PHARMACIES LACKING VIPPS CERTIFICATION

1. Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy Yes ☑ No ☐

PLEASE ATTACH A SEPARATE SHEET LISTING ALL THE STATES IN WHICH YOU ARE LICENSED, INCLUDING THE DATE OF INITIAL LICENSURE AND THE LICENSE NUMBER.

2. Does the pharmacy maintain and enforce policies and procedures that ensure the following:

A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives? Yes ☑ No ☐

B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy? Yes ☑ No ☐

C) That for each pharmacy the pharmacy fills the prescription cannot be filled by another pharmacy? Yes ☑ No ☐

D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner? Yes ☑ No ☐

E) That the prescriptions will be filled in compliance with all applicable federal and state laws? Yes ☑ No ☐

F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription? Yes ☑ No ☐

G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver? Yes ☑ No ☐

H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy? Yes ☑ No ☐

I) That the pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device? Yes ☑ No ☐

J) That the pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices? Yes ☑ No ☐

3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes? Yes ☑ No ☐

4. Will the pharmacy provide review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides? Yes ☑ No ☐

5. Does the pharmacy maintain controls of its computer system, information concerning patients, and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents? Yes ☑ No ☐

6. Does the pharmacy comply with applicable federal and state laws regarding the following:

   A) To the dispensing of prescription drugs? Yes ☑ No ☐

   B) To the record keeping related to the patients served by the pharmacy, the purchase of prescription drugs and the sale and dispensing of prescription drugs? Yes ☑ No ☐

   C) To the sale of over-the-counter products, including any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs ? Yes ☑ No ☐

7. Does the pharmacy ship prescriptions to a patient using secure and traceable means? Yes ☑ No ☐

8. Does the pharmacy ship prescriptions to a patient using packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the *United States Pharmacopoeia, 25th* edition, 2002, which is hereby adopted by reference? Yes ☑ No ☐

PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.

The signature below certifies that the answers provided in this application are true, correct and complete.

Signature of Owner

10/01/2021
Date

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA0115495	06-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	03-31-2021

ACA PHARMACY, LLC
1911 CHURCH ST
STE 210
NASHVILLE, TN 372032313

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA0115495	06-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	03-31-2021

ACA PHARMACY, LLC
1911 CHURCH ST
STE 210
NASHVILLE, TN 372032313

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

51669

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000006997
EXPIRATION DATE: 02/28/2023

This is to certify that all requirements of the State of Tennessee have been met.

PHARMACY BOARD
PHARMACY
ACA PHARMACY, LLC

COMMISSIONER OF HEALTH

ACA PHARMACY, LLC
1911 CHURCH STREET
STE 210
NASHVILLE TN 37203

12476972
51669

State of Tennessee
Department of Health

TENNESSEE BOARD OF PHARMACY
PHARMACY
ACA PHARMACY, LLC
1911 CHURCH STREET
STE 210
NASHVILLE TN 37203

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 0000006997
EXPIRATION DATE: 02/28/2023

CONTROLLED SUBSTANCE REGISTRATION
STERILE COMPOUNDING

ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION

COMMISSIONER

DCF171

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 Mainstream Drive, Second Floor
Nashville, TN 37243
http://www.tn.gov/health

Tennessee Board of Pharmacy
Pharmacy
1-800-778-4123

April 5, 2021

ACA Pharmacy, LLC
Attn: Brantley L Wescott, Pharm. D.
1911 Church St
Nashville, TN 37203

TO WHOM IT MAY CONCERN:

This verification can be considered primary source. To expedite the verification process, this is the standard format used by the Tennessee Board of Pharmacy. We are pleased to furnish the following information from our files:

PROFESSION:	Pharmacy
NAME:	ACA Pharmacy, LLC
ADDRESS:	1911 Church St., Ste. 210 Nashville, TN 37203
LICENSE NUMBER:	6997
ISSUE DATE:	February 09, 2021
EXPIRATION DATE:	February 28, 2023
CURRENT STATUS:	Licensed
STATUS DATE:	February 09, 2021
SPECIAL ENDORSEMENT:	Controlled Substance Registration Sterile Compounding

COMMENTS: There is no derogatory information in our files concerning this facilty.

Sincerely,

Tennessee Board of Pharmacy

VERFFACLTY

DEPARTMENT OF HEALTH
TENNESSEE BOARD OF PHARMACY
COMMUNITY INSPECTION
COMPLIANCE INSPECTION

PHARMACY: ACA Pharmacy, LLC	
STREET: 1911 Church Street Ste-210	
CITY: Nashville	ZIP: 37203
DATE OPENED: —	TELEPHONE NO.: (800) 674-7893
LICENSE NO.: —	EXPIRY DATE: —
DEA NO.: —	EXPIRY DATE: —
PHARMACIST IN CHARGE/Duty: Braintley Westcott	LIC NO.: 13021 / EXPIRY DATE: 6/30/2021

Inspected by	Date
Pat Beckham	1/29/2021

This Inspection Satisfactory: Yes ☒ No ☐

☐ Opening ☐ Relocation
☐ New Ownership ☒ Follow-up to opening from 1/4/2021
☐ Counseling Compliance
☐ Periodic ☐ Remodeling

Compliance Yes	Compliance No	PERSONNEL
✓		1. Appropriate identification/Name Tags
✓		2. D. Ph./Tech ration 1:0
✓		3. Personnel/apparel clean
N/A		4. Tech registry & Affidavit

Compliance Yes	Compliance No	PHYSICAL REQUIREMENTS
N/A		5. Certificates Displayed
✓		6. RX Dept. – Sufficient Space/Counseling
✓		7. Fully enclosed when applicable
✓		8. Key Lockable/Key Control

Compliance Yes	Compliance No	DRUGS AND EQUIPMENT
✓		9. Dispensing area clean, orderly, well lighted
✓		10. Sink, hot and cold water
✓		11. Refrigeration
✓		12. References, periodicals
		13. Vials and closures (child-proof)
	N/A	14. Shelves and drug stock clean
		15. Drugs in-date
N/A		16. Labels correct on repackaging
		17. Legend drugs stored in RX Dept.
		18. Syringes/insulin, restricted products non-accessible

Compliance Yes	Compliance No		PERSONNEL
		19.	RXs numerically filed ☐ All C's together ☐ C-11's separate ☐ Multiple file method
		20.	Patients identifiable
		21.	Prescribers identifiable
N/A		22.	New verbal RXs initialed by appropriate personnel
		23.	Date of original dispensing
N/A		24.	Initials of dispensing D.Ph.
		25.	Quantity dispensed indicated
		26.	Appropriate Emergency C-11 RXs
		27.	Computer labels applied appropriately to RXs
		28.	Pharmacist Signature Log
		29.	Daily Print Out

Compliance Yes	Compliance No	DRUG PRODUCT SUBSTITUTION
N/A		30. Authorization documented on Rx
		31. Manufacturer indicated on Rx or System
		32. Approved products used.

Compliance Yes	Compliance No	PATIENT COUNSELING
N/A		33. Patient profiles
		34. Drug Utilization Review
		35. Patient Counseling

Compliance Yes	Compliance No	CONTROLLED SUBSTANCE RECORDS
		36. Readily retrievable
		37. All C-11 records separate
	N/A	38. DEA Form 222 Copy 3 on hand & completed
		39. Drug Receipt date on invoices
N/A		40. Record of drug transfers
		41. ☐ Schedule V sales record book ☐ Methamphetamine Sales Log
		42. Last DEA Inventory (date) ____
		42. Last Theft/loss report (date) ____
		43. Access to Control Substance Monitoring Database

Pharmacy Hours: 8:00-4:30pm-f 24/7 on call

send inspector results of viable sampling retest

ITEMS TO BE CORRECTED: **RESPONSE REQUIRED** YES ☒ NO ☐

Immediately
Needs Improvement
Within 30 Days

Remarks or Recommendations: Reviewed non-viable sampling & truck cert per USP 797 requirements. Reviewed viable sampling - surface samples had no growth, air samplers grew 1 CFU fungal which will be retested 2/4/2021. Reviewed all repairs to ISO suites & all were completed. Reviewed new video of CPhT performing sterile compounding & she adhered to IV air did not uncore nail extender on. Reviewed ancillary sterile NS, sterile buffer & HD buffer & procedures met requirements.

_____ hereby acknowledge and understand all notations made on this report; and confirm that
Pharmacist Signature

I will notify the Board of Pharmacy within 30 days, in writing, of the correction of all deficiencies. (If noted.)

Reviewed with PIC the responsibility of him overseeing all aspects of sterile compounding conducted at this pharmacy & he verbalized understanding. He will lead the staff & both he & the CPhT have conducted both USP 797 & 800 CE.

PH-4031 REV 01/18 RDA SW-30

10B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF- STATEPHARMACY 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*** 02961

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

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☒ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Curexa - East, LLC d/b/a Curexa

Physical Address: 3007 Ocean Heights Ave., Egg Harbor Township, NJ 08234

Mailing Address: 3007 Ocean Heights Ave.

City: Egg Harbor Township State: NJ Zip Code: 08234

Telephone: 855-927-0390 Fax: 855-927-0392

Toll Free Number: 855-927-0390 (Required per NAC 639.708)

E-mail: mtaylor@curexa.com Website: www.curexa.com

Managing Pharmacist: Mark Kelso Taylor License Number: 21290

TYPE OF PHARMACY AND SERVICES PROVIDED Pharmacy)

Yes/No		Yes/No	
☒	☐ Retail	☐	Off-site Cognitive Services
☐	☐Hospital (# beds ____)	☐	☐Parenteral **
☐	☐Internet	☐	☐Parenteral (outpatient)
☐	☐ Nuclear	☐	☐Outpatient/Discharge
☐	☐ Ambulatory Surgery Center	☒	☐ Mail Service
☒	Community	☐	☐ Long Term Care
☐	☐Other: _____	☐	Sterile Compounding **
		☒	☐ Non Sterile Compounding
	All boxes must be checked	☐	Mail Service Sterile Compounding** ☐
	For the application to be complete	☐	Other Services: _____

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

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

Mark Kelso Taylor
Print Name of Authorized Person

7/19/2021
Date

Board Use Only Date Processed:_____ Amount: 500 CHK # 02136156

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Curexa, LLC

Mailing Address: 3007 Ocean Heights Ave.

City: Egg Harbor Township State: NJ Zip: 08234

Telephone: 855-927-0390 Fax: 855-927-0392

Contact Person: Mark Kelso Taylor, President and CEO

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 See attached Officer Information and Structure Chart.
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A see attached Structure Chart.

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 N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: N/A %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 6:00 pm Saturday 9:00 am 4:00 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

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF NEW JERSEY)
) ss.
ATLANTIC COUNTY)

I, Mark Kelso Taylor, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CEO, President, and PIC for Curexa - East, LLC d/b/a Curexa (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Mark Kelso Taylor, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
29TH day of JULY, 2021.

NOTARY PUBLIC

"OFFICIAL SEAL"
NATALIA JO LIPSCOMB
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 2/15/2022

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Mark Kelso Taylor

Responsible Person of Curexa - East, LLC d/b/a Curexa

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

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

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



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

Mark Kelso Taylor, CEO and President
Print Name of Authorized Person

7/29/2021
Date

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 03/22/2022
Amount:
License #: 21290

Mark K. Taylor

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:03/22/2022
Expires:10/31/2023

Mark K. Taylor

License #
21290
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21290
Effective Date:03/22/2022

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Mark K. Taylor

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEW JERSEY DIVISION OF
CONSUMER AFFAIRS

Sean P. Ne
Acting Dir
Rea

License Information

Accurate as of April 04, 2022 2:53 PM

Return to Search Results

Name: CUREXA - EAST, LLC D/B/A CUREXA

Address: Egg Harbor Township,NJ

Profession/License Type: Pharmacy,Pharmacy

License No: 28RS00785600

License Status: Active

Status Change Reason: License Issuance

Issue Date: 11/10/2021

Expiration Date: 6/30/2022

NO Board Actions. For more information contact New Jersey State Board of Pharmacy (973)504-6450.

Documents

No Public Documents

Copyright © 2017 State of New Jersey.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CUREXA - EAST, 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 TWENTY-SIXTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CUREXA - EAST, LLC" WAS FORMED ON THE TENTH DAY OF MAY, A.D. 2021.

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

Jeffrey W. Bullock, Secretary of State

5892061 8300

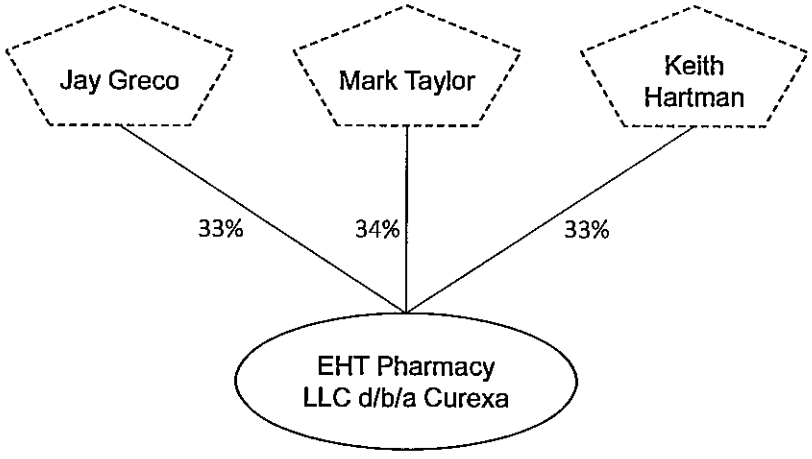
SR# 20212105143

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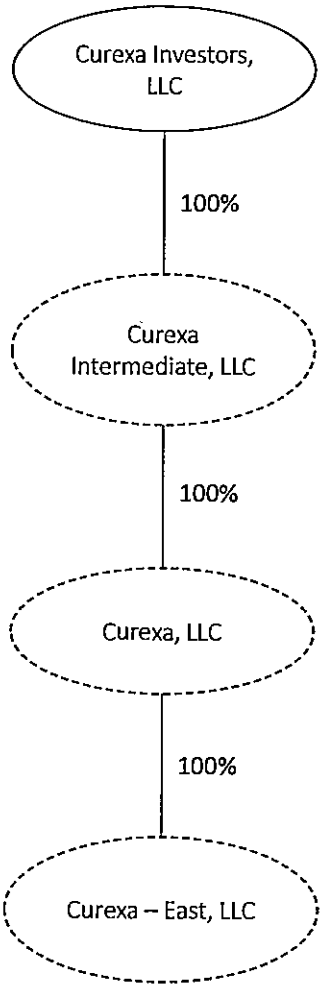
Date: 05-26-21

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

PRE-CLOSING STRUCTURE



POST-CLOSING STRUCTURE



Officer Information for Curexa – East, LLC

Curexa – East, LLC
3007 Ocean Heights Ave.
Egg Harbor Township, NJ 08234
FEIN: 86-3993987

Curexa – East, LLC will have the following officers. The CEO and President, Mark Taylor, is a pharmacist licensed in New Jersey:

1. Mark Kelso Taylor

   CEO and President
   Home Address: [redacted] S. 4th Avenue., Galloway, NJ 08205
   DOB: [redacted]
   Telephone: [redacted]
   Email: [redacted]@curexa.com
   SSN: [redacted]
   New Jersey Pharmacist License Number/Expiration Date: 28RI02157700 / 04-30-2023

2. Robert L. Jenkins

   Treasurer and Secretary
   Home Address: [redacted]Stacie Court, Summit, NJ 07901
   DOB: [redacted]
   Telephone: [redacted]
   Email: [redacted]@pouschinecook.com
   SSN: [redacted]

3. Brian Mason Harrison

   Assistant Treasurer and Assistant Secretary
   Home Address: [redacted] Desbrosses Street, #[redacted], New York, NY 10013
   DOB: [redacted]
   Telephone: [redacted]
   Email: [redacted]@pouschinecook.com
   SSN: [redacted]

232/656 1:2

CUREXA
3007 OCEAN HEIGHTS AVE
EGG HARBOR TOWNSHIP, NJ 08234-7749

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BJ8384214	08-31-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	07-27-2020

CUREXA
CUREXA
3007 OCEAN HEIGHTS AVE
EGG HARBOR TOWNSHIP, NJ 08234-7749

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BJ8384214	08-31-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	07-27-2020

CUREXA
CUREXA
3007 OCEAN HEIGHTS AVE
EGG HARBOR TOWNSHIP, NJ 08234-7749

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Routine

New Jersey Office of the Attorney General
Division of Consumer Affairs
BOARD OF PHARMACY (973) 504-6450 • ENFORCEMENT BUREAU (973) 504-6300

Date: 05/11/2021
File number: 5-2028-20-1047

Board of Pharmacy Inspection Report

Pharmacy trade name: Cureka	(Paste pharmacy label here)
Corporation name (if not the same):	
Owner (as identified on the occasion of this inspection):	
Street address: 3007 Ocean Heights Avenue	
City: Egg Harbor Township State: NJ ZIP code: 08234	

I. Required pharmacy permits and licenses

A. Board of Pharmacy Permit [N.J.A.C. 13:39-4.3]

Name of permit holder	Certificate number	Expiration date
	38RS00626400	01/31/2021

B. New Jersey Controlled Dangerous Substance (C.D.S.) Certificate [N.J.A.C. 13:45H-1.2(c)]

Certificate number	Expiration date
D05379500	01/31/2021

C. Drug Enforcement Administration (D.E.A.) Certificate [C.F.R. 1301.12]

Certificate number	Expiration date
BJ8384214	08/31/2023

II. Personnel [Presence and display of required credentials, placards and/or name-tag adornments.] [N.J.A.C. 13:39-3.1(b), 13:39-5.3(b), 13:39-6.3 and 13:39-5.3(c)]

A. Pharmacist-in-charge's name (please print): Mark Taylor
(Does the pharmacist-in-charge's name appear at the establishment's entranceway? ☑ Yes ☐ No)

Permit number	Expiration date	Hours worked per week
38RT08157700	01/31/2021	40+

1. Is the registered pharmacist-in-charge's current renewal on display? ☑ Yes ☐ No

B. Personnel present for duty [N.J.S.A. 45:14-69d, 45:14-70c and 45:14-71] [N.J.A.C. 13:39-3.1(b) and 13:39-6.3]
[Identify all of the personnel who do any type of work behind the pharmacy's (or pharmacy department's) prescription filling area. For any person who holds a professional license, certificate, permit or registration, be sure to record his or her license, certificate, permit or registration number.]

1. Are all current renewals for the employed full-time pharmacists and technicians posted on display? ☑ Yes ☐ No

Name	Position (Registered pharmacist, technician, support staff, extern, etc.)	License, certificate, permit or registration number	Name tag	Hours worked per week
Julie Cunsion	Pharmacist	38RI03063500	☑ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	

III. Mandatory equipment [N.J.A.C. 13:39-5.8(a)8 and 13:39-5.6]

1. Is there a sink with hot and cold running water? ☑ Yes ☐ No
2. Is there a satisfactory counting tray or device? ☑ Yes ☐ No

IV. Miscellaneous requirements

1. [16 C.F.R.-1700.14/15] Is a representative inventory of safety closures present? ☑ Yes ☐ No
2. Are prescriptions being dispensed in containers with an appropriate safety closure? ☑ Yes ☐ No
3. [N.J.A.C. 13:39-5.8(c)] Is the dispensing area in a clean, orderly and sanitary condition? ☐ Yes ☐ No
4. [N.J.S.A. 45:14-48a(10)] [N.J.A.C. 13:39-5.8(a)1] Is the pharmacy library satisfactory? ☑ Yes ☐ No
5. [N.J.A.C. 13:45H-5.7] Has the required biennial C.D.S. inventory been conducted? ☑ Yes ☐ No
6. [N.J.A.C. 13:45H-5.5] Has the C.D.S. inventory been properly documented? ☑ Yes ☐ No

Julie Cunsion — Print the name of the registered pharmacist who was present for the survey

Julie Cunsion — Signature of the registered pharmacist who was present for the survey

T Tolbert — Signature of the Enforcement Bureau representative

Form EB-02 (10/12)

New Jersey Office of the Attorney General
Division of Consumer Affairs
BOARD OF PHARMACY (973) 504-6450 • ENFORCEMENT BUREAU (973) 504-6300

Date: _____
File number: _____

Board of Pharmacy Inspection Report

Pharmacy trade name

Corporation name (if not the same)

Owner (as identified on the occasion of this inspection)

Street address

City State ZIP code

(Paste pharmacy label here)

I. Required pharmacy permits and licenses

A. Board of Pharmacy Permit [N.J.A.C. 13:39-4.3]

Name of permit holder | Certificate number | Expiration date

B. New Jersey Controlled Dangerous Substance (C.D.S.) Certificate [N.J.A.C. 13:45H-1.2(c)]

Certificate number | Expiration date

C. Drug Enforcement Administration (D.E.A.) Certificate [C.F.R. 1301.12]

Certificate number | Expiration date

II. Personnel [Presence and display of required credentials, placards and/or name-tag adornments.] [N.J.A.C. 13:39-3.1(b), 13:39-5.3(b), 13:39-6.3 and 13:39-5.3(c)]

A. Pharmacist-in-charge's name (please print): _____
(Does the pharmacist-in-charge's name appear at the establishment's entranceway? ☐ Yes ☐ No)

Permit number | Expiration date | Hours worked per week

1. Is the registered pharmacist-in-charge's current renewal on display? ☐ Yes ☐ No

B. Personnel present for duty [N.J.S.A. 45:14-69d, 45:14-70c and 45:14-71] [N.J.A.C. 13:39-3.1(b) and 13:39-6.3]
[Identify all of the personnel who do any type of work behind the pharmacy's (or pharmacy department's) prescription filling area. For any person who holds a professional license, certificate, permit or registration, be sure to record his or her license, certificate, permit or registration number.]

1. Are all current renewals for the employed full-time pharmacists and technicians posted on display? ☐ Yes ☐ No

Name	Position (Registered pharmacist, technician, support staff, extern, etc.)	License, certificate, permit or registration number	Name tag	Hours worked per week
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	

III. Mandatory equipment [N.J.A.C. 13:39-5.8(a)8 and 13:39-5.6]

1. Is there a sink with hot and cold running water? ☐ Yes ☐ No
2. Is there a satisfactory counting tray or device? ☐ Yes ☐ No

IV. Miscellaneous requirements

1. [16 C.F.R.-1700.14/15] Is a representative inventory of safety closures present? ☐ Yes ☐ No
2. Are prescriptions being dispensed in containers with an appropriate safety closure? ☐ Yes ☐ No
3. [N.J.A.C. 13:39-5.8(c)] Is the dispensing area in a clean, orderly and sanitary condition? ☐ Yes ☐ No
4. [N.J.S.A. 45:14-48a(10)] [N.J.A.C. 13:39-5.8(a)1] Is the pharmacy library satisfactory? ☐ Yes ☐ No
5. [N.J.A.C. 13:45H-5.7] Has the required biennial C.D.S. inventory been conducted? ☐ Yes ☐ No
6. [N.J.A.C. 13:45H-5.5] Has the C.D.S. inventory been properly documented? ☐ Yes ☐ No

Print the name of the registered pharmacist who was present for the survey | Signature of the registered pharmacist who was present for the survey

Signature of the Enforcement Bureau representative

Form EB-02 (10/12)

Not readable

Date: 05/11/2021
Time entered: 9:30am
Time departed: 10:30am

Remodeling

New Jersey Office of the Attorney General
DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY

Report of Inspection

Name of Pharmacy: Nuvija
Address: 3107 Absecon Heights Ave, Egg Harbor Township, NJ 08234
Name and registration number of pharmacist-in-charge: Julie Campion 28XI03062500
(If the Pharmacist-In-Charge is not present, give the name and registration number of the Registered Pharmacist (R.P.) on duty.)

The following deficiencies have been noted: * Remodeling - additional CVS - Contiguous Divided Pharmacy space.

No deficiencies noted during the in-person inspection.

Deficiencies may be noted subsequent to the inspection upon further examination of documents + records provided.

This is to acknowledge that I have been present during this inspection and concur with the findings, as so noted, with the following exceptions; if any.

COMMENTS:

Julie M. Campion
(Signature of the Pharmacist identified above)

New Jersey Office of the Attorney General
Division of Consumer Affairs
Board of Pharmacy
Inventory Quality Assurance Examination

Pharmacy: Cumuka
Street Address: 3107 Route 9 North Suite C
City, State, ZIP: Egg Harbor Twp, NJ 08234

Date: 05-11-2021
Fields / Geisler
Inspector

Initials of Registered Pharmacist	Quantity or Commercial Package Size	Name and Potency of Item	Manufacturer / Distributor	Lot Number	Expiration Date	Deficiencies [13:39–7.18] [13:39-6.2(f)7] Expired (1 day - 4 months)	Expired (4 months - 1 year)	Expired (more than 1 year)	Misbranded	"Sample" Medications (13:39-7.18)	Improperly Stored (13:39-6.2(f)7 and 8)	Other (See comments)
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												
11.												
12.												
13.												
14.												
15.												
16.												
17.												
18.												
19.												
20.												
		Totals from above										
		Collective Totals from other pages										
		Composite Total on this page										

The medications that were present for the filling of prescriptions have been examined for their compliance to the regulatory standards for quality assurance. The medications that were selected to be examined could potentially have been dispensed, and did not include any segments of the inventory that may already have been separated for future return to their respective manufacturers, or had been placed aside for proper disposal. The medications that were found to be in violation of the regulatory disciplines were segregated by the inspector, and then recorded below. The line entries are categorized by the deficiency for which the medication had been set apart, along with the appropriate regulatory cite. It is requested that you accept your option to compare each package of medication that has been separated as deficient against its collateral entry and, if you concur, place your initials in the left-hand column. The inspector will delete any deficiencies for which there are plausible explanations.

COMMENTS: No discrepancies noted

I hereby acknowledge and attest to the accuracy of the inventory deficiencies reported above.

Julie Cardinal
PRINTED NAME OF PHARMACIST

SIGNATURE OF PHARMACIST

EB-23A (1/05)

Date: 05/11/2021
Time entered: 10:30am
Time departed: 3:15pm

New Jersey Office of the Attorney General
Division of Consumer Affairs
Board of Pharmacy

Report of Inspection

Name of Pharmacy Curaya

Address 3057 Brian Nichols Avenue, Egg Harbor Twp, NJ 08234

Name and registration number of the Pharmacist-in-Charge
Julie Cannon 28KT03062500
(If the Pharmacist-in-Charge is not present, give the name and registration number of the Registered Pharmacist (R.P.) on duty.)

Inspection revealed the following deficiencies as denoted by a check-mark (✔) in the corresponding boxes (☐):

Inventory

The medications that were present for the filling of prescriptions were examined for their compliance to the regulatory standards for quality assurance. The medications that were selected to be examined could have potentially been dispensed, and did not include any segments of the inventory that may have been already separated for future return to their respective manufacturers, or had been placed aside for proper disposal. The medications that were found to be in violation of the regulatory disciplines were segregated by the Inspector, and then recorded on the attached EB Form 23A. The line entries on the EB Form 23A are categorized by the deficiency for which the medication had been set apart, along with the appropriate regulatory cite.

✔	Cite	Description	Comment
☐	N.J.A.C. 13:39-7.18/13:39-6.2(f)7	Expired Medication from 1 day to 4 months	For specifics see ettached Exhibit No.:
☐		Expired Medication from 4 months to 1 year	
☐		Expired Medication over 1 year	
☐		Misbranded Medications	
☐	N.J.A.C. 13:39-7.18/13:39-6.2(f)7	Sample Medications	
☐	N.J.A.C. 13:39-6.2(f)7, 8	Improperly Stored Medications	
☐	N.J.A.C. 13:39-7.16(c)2,3	Over-filled Medications	

Compliance surveying activity was conducted utilizing standardized Enforcement Bureau Forms which address various requirements. This portion of the Inspection revealed the following deficiencies as denoted by check-marks (✔) in the corresponding boxes (☐):

✔	Cite	Description	Comment
☐	[N.J.A.C. 13:39-4.3]	Board of Pharmacy (B.O.P.) Store Permit	
☐	[21C.F.R.1301.11-1301.12]	D.E.A. (Drug Enforcement Administration) Certificate	
☐	[N.J.S.A. 24:21-10] [13:45H-1.2(c) and 13:45H-1.5(e)]	N.J. C.D.S. (Controlled Dangerous Substance) Registration	
☐	[13:39-3.1(b)]	Display of R.P. Current Renewal for full-time Pharmacists	
☐	[13:39-5.3(b)] [13:39-5.3(c)]	Public display of name of present-day designated R.P.-in-Charge (R.P.I.C.) and hours Pharmacy is open.	
☐	[13:39-6.3]	Name Tag worn by R.P.(s) and Supportive Personnel	
☐	[16C.F.R.1700.14/15]	The presence of safety closure containers	
☐	[13:39-5.8(c)]	Cleanliness, orderliness, sanitary condition (see comments if checked)	
☐	[13:39-7.12(a)12]	Prescription label "use by" deficiency	
☐	[13:45H-5.5 and 5.7]	C.D.S. Biennial Inventory requirement not satisfactorily met.	
☐	[13:39-5.8(a)7]	Pharmacy refrigerator not being utilized exclusively for pharmaceuticals.	
☐	[13:39-5.9]	Pharmacy balances/scales not currently inspected/sealed by Office of Weights and Measures personnel.	
☐	[13:39-10 et seq.]	Notification to B.O.P. of Automated RX Med. Dispensing System (A.D.S.) presence	
☐	[13:39-10.4(c)]	A.D.S. "Policies & Procedures Manual" unavailable.	
☐	[13:39-10.3(b)2]	A.D.S. bi-monthly inspection documentation not present regarding "use by" dating, misbranding, etc.	
☐	[13:39-10.6(a)2]	A.D.S. inspection for accuracy checking (every 6 months) documentation not present.	
☐	[13:39-5.9] [13:39-10 et seq.]	A.D.S. not currently inspected/sealed by Weights and Measures personnel.	
☐	[13:39-4.15(c)4]	Pharmacy Dept. requirement not met regarding the telephone number of the Pharmacist-in-Charge being present in the store manager's office.	
☐	[13:39-4.15]	Miscellaneous "Pharmacy Department" requirement deficiency, specifically:	
☐	[13:39-5.8(a)1]	Comprehensive Pharmaceutical Reference Text	
☐	The Pharmacy's library was deficient in the following reference text categories.	Drug Interactions	
☐		Drug Product Composition	
☐		Patient Counseling	
☐		Specialized Compounding Preparations (As applicable)	

This is to acknowledge that I have been present during this inspection and concur with the findings, as so noted, with the following comments, if any.

Comments: Refer to form EB 33 for specific details

(Signature of the Pharmacist identified above)

(Signature of Investigator)

Form: EB-33A (12/13 version)

Date: 05/11/2021
Time entered: 10:30 am
Time departed: 3:15pm

New Jersey Office of the Attorney General
DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY

Report of Inspection

Name of Pharmacy: Curexa
Address: 3057 Route 9 North Suite 1, Egg Harbor, N.J. 08234
Name and registration number of pharmacist-in-charge:
Julie Campion 28RI03062500
(If the Pharmacist-in-Charge is not present, give the name and registration number of the Registered Pharmacist (R.P.) on duty.)

The following deficiencies have been noted: Routine Inspection

- Does not display pharmacy license in the dispensary (Missed Class) + Cardboard

Deficiencies may be noted subsequent to the in-person inspection upon further examination of records + documents

This is to acknowledge that I have been present during this inspection and provided concur with the findings, as so noted, with the following exceptions; if any.

COMMENTS:

Julie A. Campion
(Signature of the Pharmacist Identified above)

EB-33

3/07

Curexa – East, LLC
Nevada Disclosure

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?

As an initial matter, we want to note that the answer is "no" on behalf of the pharmacy applicant, Curexa – East, LLC d/b/a Curexa ("Curexa East").

However, the pharmacy was previously owned by EHT, LLC ("EHT"). Thus, out of an abundance of caution and in the interest of full disclosure, we disclose the following disciplinary history for the pharmacy under EHT ownership. Please see all corresponding documents enclosed herein.

- **9-30-2008 Colorado State Board of Pharmacy** discipline and fine for failing to comply with PDMP reporting requirements. Please note, Curexa no longer has these records. Curexa's license in Colorado remains active and in good standing.

- **9-30-2009 Colorado State Board of Pharmacy** discipline and fine for failing to comply with PDMP registration requirements. Please note, Curexa no longer has these records. Curexa's license in Colorado remains active and in good standing.

- **11-25-2015 New Jersey Board of Pharmacy** discipline and fine for violation assessed during a routine state inspection. Curexa's license in New Jersey remains active and in good standing.

- **9-6-2016 Alabama State Board of Pharmacy** Consent Order and administrative fine (the "*2016 Alabama Discipline*"). Subsequent to paying this fine, the state boards set out below issued sister-state and/or failure to report disciplines based on this 2016 Alabama Discipline. Please note that Curexa's license remains active and in good standing in Alabama and in all of the states listed below:
  - 8-17-2017 Hawaii Board of Pharmacy
    - On 11-13-2019, the Louisiana Board of Pharmacy disciplined Curexa for failing to disclose the above-referenced Hawaii discipline.
  - 7-14-2017 Colorado State Board of Pharmacy
    - On 11-13-2019, the Louisiana Board of Pharmacy disciplined Curexa for failing to disclose the above-referenced Colorado discipline.
    - On 12-11-2019, the Alabama State Board of Pharmacy issued a sister-state discipline based on the above-referenced Colorado discipline.
  - 8-1-2017 Texas Board of Pharmacy. This discipline was also based on New Jersey inspection violations.
    - On 12-11-2019, the Alabama State Board of Pharmacy issued a sister-state discipline based on the above-referenced Texas discipline.
  - 8-24-2017 Utah Division of Occupational and Professional Licensing
  - 4-10-2018 Pennsylvania State Board of Pharmacy
    - On 12-11-2019, the Alabama State Board of Pharmacy issued a sister-state discipline based on the above-referenced Pennsylvania discipline.

  - 9-22-2018 Illinois Department of Financial and Professional Regulation
    - On 12-11-2019, the Alabama State Board of Pharmacy issued a sister-state discipline based on the above-referenced Illinois discipline.
  - 3-30-2021 New York Board of Pharmacy

- **3-19-2018 Colorado State Board of Pharmacy** sister state reprimand and failure to timely report disciplinary action in another state.

- **12-7-2018 New Jersey Board of Pharmacy** fine based on inspection violations.

- **6-4-2021 California Board of Pharmacy** Modified Citation and fine for alleged violations of California law. Please note, a citation issued by the California Board of Pharmacy is not a discipline and Curexa's payment of the fine is not an admission of wrongdoing.

Finally, Mark Taylor is the Pharmacist-In-Charge, CEO, and President of Curexa – East, LLC and was previously an owner of EHT Pharmacy, LLC. Please see all corresponding documents enclosed herein.

- **09/06/2016 Alabama Board of Pharmacy** Consent Order and fine ("*2016 Alabama Discipline*"). Subsequent to paying this fine, the state boards set out below issued sister-state and/or failure to report disciplines based on this 2016 Alabama Discipline. Please note that Mr. Taylor's pharmacist license remains active and in good standing in Alabama and in all of the states listed below:
  - 08/01/2017 Texas Board of Pharmacy
    - On 5/23/2018, the Louisiana Board of Pharmacy issued a sister-state discipline based on the above-referenced Texas discipline.
      - On 12/11/2019, the Alabama Board of Pharmacy issued a sister-state discipline based on the above-referenced Louisiana discipline.
    - On 6/10/2020, the Michigan Board of Pharmacy issued a sister-state discipline based on the above-referenced Texas discipline.
  - 1/8/2020 New York Board of Pharmacy
  - 6/10/2020 Michigan Board of Pharmacy

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

MODIFIED CITATION AND FINE

Citation Number	Name, License No
CI 2019 86520	CUREXA, NRP 1363

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
CCR, Title 16, § 1735.2 subd. (d)	A drug product shall not be compounded until the pharmacy has first prepared a written master formula...	Citation without a fine
CCR, Title 16, § 1761 subd. (a)	No pharmacist shall compound or dispense any prescription, which contains any significant error or omission...	Citation without a fine
CCR, Title 16, § 1735.2 subd. (i)	The pharmacist performing or supervising compounding is responsible for the proper preparation, labeling, storage, and delivery of the compounded drug product	$1,250.00
Bus. & Prof. Code § 4301 subd. (q)	Unprofessional Conduct - Engaging in any conduct that subverts or attempts to subvert an investigation of the board	Citation without a fine

CONDUCT:

Compounding an essentially a copy of one or more commercially available drug products:

21 U.S.C. §§ 301-392 (section 503A) (b) Compounded Drug.- (1) Licensed pharmacist and licensed physician.--A drug product may be compounded under subsection (a) if the licensed pharmacist or licensed physician--(D) does not compound regularly or in inordinate amounts (as defined by the Secretary) any drug products that are essentially copies of a commercially available drug product.(2) Definition.--For purposes of paragraph (1)(D), the term 'essentially a copy of a commercially available drug product' does not include a drug product in which there is a change, made for an identified individual patient, which produces for that patient a significant difference, as determined by the prescribing practitioner, between the compounded drug and the comparable commercially available drug product. As related to California Code of regulations section 1735.2(d) which states no pharmacy or pharmacist shall compound a drug preparation that: (3) Is a copy or essentially a copy of one or more commercially available drug products, unless that drug product appears on an ASHP (American Society of Health-System Pharmacists) or FDA list of drugs that are in short supply at the time of compounding and at the time of dispense, and the compounding of that drug preparation is justified by a specific, documented medical need made known to the pharmacist prior to compounding. The pharmacy shall retain a copy of the documentation of the shortage and the specific medical need in the pharmacy records for three years from the date of receipt of the documentation. Curexa, NRP 1363, located at 3007 Ocean Heights Avenue, Egg Harbor Township, NJ 08234 was not compliant. Specifically, from at least 6/2/19 to 12/2/19, Curexa compounded and shipped at least the following copy of one or more commercially available drug products. This investigation found this to be true for at least the following preparations sold into California.

Drug dispensed	Number of prescriptions	Grams sold
Clindamycin 1%/Niacinamide 4%	63	741
Tretinoin 0.0125%/Clindamycin 1%/Niacinamide 4%	24	273
Tretinoin 0.0125%/Niacinamide 4%	13	132
Tretinoin 0.04%/Clindamycin 1%/Niacinamide 4%	39	468
Grand Total	139	1,614

This was a violation of pharmacy law.

Erroneous or Uncertain Prescriptions.

California Code of regulations section 1761. (a) states no pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription. Curexa NRP 1363, located at 3007 Ocean Heights Avenue, Egg Harbor Township, NJ 08234 was not compliant. Specifically, from at least 6/2/19 to 12/2/19, Curexa dispensed at least 139 prescriptions into California without obtaining information needed to validate the prescription. These prescriptions lack information on a valid prescriber patient relationship, if the prescriber conducted a good faith examination prior to prescribing, and the strength of niacinamide. Curexa allowed Pharmacy Technicians, Rossana Belfore, Sarah Fuller (Rosier), Sarah Lewkowitz, Laurie Myers, John Kolbasowski to validate the strength of the niacinamide and on several occasions the directions for use. This investigation found this to be true for at least the following 139 prescriptions.

Rx Number	Patient	Date Filled
2083081	TB	6/2/2019
2083081	TB	7/2/2019
2083081	TB	8/1/2019
2083081	TB	8/31/2019
2083081	TB	9/30/2019
2083081	TB	10/30/2019
2083081	TB	12/2/2019
2083083	TB	6/2/2019
2083083	TB	7/2/2019
2083083	TB	8/1/2019
2083083	TB	8/31/2019
2083083	TB	9/30/2019
2083083	TB	10/30/2019
2083083	TB	11/29/2019
2237404	TB	10/17/2019
2237404	TB	11/9/2019
2237404	TB	11/29/2019
2100673	CA	9/29/2019
2100673	CA	10/29/2019
2100673	CA	7/1/2019
2100673	CA	6/1/2019
2100673	CA	8/30/2019
2100673	CA	11/28/2019
2100673	CA	7/31/2019
2100674	CA	9/29/2019
2100674	CA	6/1/2019
2100674	CA	7/1/2019
2100674	CA	11/28/2019
2100674	CA	8/30/2019
2100674	CA	10/29/2019
2100674	CA	7/31/2019
2122307	MM	11/30/2019
2122307	MM	10/31/2019
2122307	MM	7/3/2019
2122307	MM	9/1/2019
2122307	MM	10/1/2019
2122307	MM	6/10/2019
2122307	MM	8/2/2019
2122309	MM	7/3/2019
2122309	MM	9/1/2019
2122309	MM	10/31/2019
2122309	MM	10/1/2019
2122309	MM	11/30/2019
2122309	MM	6/10/2019
2122309	MM	8/2/2019
2125523	CY	9/4/2019
2125523	CY	8/5/2019
2125523	CY	11/3/2019
2125523	CY	12/3/2019
2125523	CY	10/4/2019

2125523	CY	6/14/2019
2125523	CY	7/6/2019
2125524	CY	7/6/2019
2125524	CY	11/3/2019
2125524	CY	8/5/2019
2125524	CY	12/3/2019
2125524	CY	6/14/2019
2125524	CY	10/4/2019
2125524	CY	9/4/2019
2143127	VL	7/9/2019
2143127	VL	10/4/2019
2143127	VL	8/1/2019
2143127	VL	8/31/2019
2143127	VL	11/8/2019
2142469	VL	10/4/2019
2142469	VL	11/5/2019
2142469	VL	7/31/2019
2142469	VL	7/8/2019
2142469	VL	8/30/2019
2143128	VL	8/31/2019
2143128	VL	10/4/2019
2143128	VL	8/1/2019
2143128	VL	7/9/2019
2143128	VL	11/8/2019
2174009	KR	11/4/2019
2174009	KR	10/5/2019
2174009	KR	8/13/2019
2174009	KR	12/4/2019
2174009	KR	9/5/2019
2173991	KR	11/4/2019
2173991	KR	12/4/2019
2174000	KR	9/5/2019
2173991	KR	8/13/2019
2173991	KR	9/5/2019
2173991	KR	10/5/2019
2174000	KR	10/5/2019
2174000	KR	12/4/2019
2174000	KR	11/4/2019
2174000	KR	8/13/2019
2084187	DH	8/3/2019
2084187	DH	9/2/2019
2084187	DH	10/2/2019
2084187	DH	11/1/2019
2084187	DH	6/4/2019
2084187	DH	12/1/2019
2084187	DH	7/4/2019
2084188	DH	8/3/2019
2084188	DH	6/4/2019
2084188	DH	7/4/2019
2084188	DH	9/2/2019
2084188	DH	12/1/2019
2084188	DH	11/1/2019
2084188	DH	10/2/2019
2080022	AS	8/26/2019
2080022	AS	9/25/2019
2080022	AS	7/27/2019
2080022	AS	6/27/2019
2080022	AS	10/25/2019
2080022	AS	11/24/2019
2080021	AS	8/26/2019
2080021	AS	6/27/2019
2080021	AS	9/25/2019

2080021	AS	7/27/2019
2080021	AS	11/24/2019
2080021	AS	10/25/2019
2145510	CV	11/3/2019
2145510	CV	8/4/2019
2145510	CV	9/4/2019
2145510	CV	7/12/2019
2145510	CV	12/3/2019
2145510	CV	10/4/2019
2145509	CV	7/12/2019
2145509	CV	12/3/2019
2145509	CV	11/3/2019
2145509	CV	9/4/2019
2145509	CV	10/4/2019
2145509	CV	8/4/2019
2088126	LS	7/11/2019
2088126	LS	9/9/2019
2088126	LS	6/11/2019
2088126	LS	10/9/2019
2088126	LS	11/10/2019
2088126	LS	8/10/2019
2088123	LS	10/9/2019
2088123	LS	11/10/2019
2088123	LS	9/9/2019
2088123	LS	8/10/2019
2088123	LS	6/11/2019
2088123	LS	7/11/2019

This was a violation of pharmacy law.

Assigning an unsupported beyond use date (BUD):

California Code of regulations section 1735.2(i) states every compounded drug preparation shall be given beyond use date representing the date or date and time beyond which the compounded drug preparation should not be used, stored, transported or administered, and determined based on the professional judgment of the pharmacist performing or supervising the compounding. (1) For non-sterile compounded drug preparation(s), the beyond use date shall not exceed any of the following: (A) the shortest expiration date or beyond use date of any ingredient in the compounded drug preparation, (B) the chemical stability of any one ingredient in the compounded drug preparation; (C) the chemical stability of the combination of all ingredients in the compounded drug preparation, (D) for non-aqueous formulations, 180 days or an extended date established by the pharmacist's research, analysis, and documentation, (E) for water-containing oral formulations, 14 days or an extended date established by the pharmacist's research, analysis, and documentation, and (F) for water-containing topical/dermal and mucosal liquid and semisolid formulations, 30 days or an extended date established by the pharmacist's research, analysis, and documentation. (G) A pharmacist, using his or her professional judgment may establish an extended date as provided in (D), (E), and (F), if the pharmacist researches by consulting and applying drug-specific and general stability documentation and literature; analyzes such documentation and literature as well as the other factors set forth in this subdivision, and maintains documentation of the research, analysis and conclusion. The factors the pharmacist must analyze include: (i) the nature of the drug and its degradation mechanism, (ii) the dosage form and its components, (iii)the potential for microbial proliferation in the preparation, (iv) the container in which it is packaged, (v) the expected storage conditions, and (vi) the intended duration of therapy. Documentation of the pharmacist's research and analysis supporting an extension must be maintained in a readily retrievable format as part of the master formula. Curexa NRP 1363, located at 3007 Ocean Heights Avenue, Egg Harbor Township, NJ 08234 was not compliant. Specifically, from at least 2/2/19 to 12/2/19, Curexa assigned an extended a beyond use date (BUD) of 90 days without appropriate scientific support. This investigation found this to be true for at least the following 21 lots and 49 prescriptions.

Date compounded	Lot number	Drug	BUD assigned	RX Number
5/29/19	052920192	Hers acne AM Niacinamide 4%/ Clindamycin 1%	8/27/19 (90 days)	2083083
6/19/19	061920192	Hers acne AM Niacinamide 4%/ Clindamycin 1%	9/19/19 (90 days)	2143128 2083083
7/11/19	071120192	Hers acne AM Niacinamide 4%/ Clindamycin 1%	10/9/12 (90 days)	2143128 2083083
8/9/19	080920192	Hers acne AM Niacinamide 4%/ Clindamycin 1%	11/7/19 (90 days)	2174000
8/15/19	081520191	Hers acne AM Niacinamide 4%/ Clindamycin 1%	11/13/19 (90 days)	2143128 2083083

9/12/19	0912201925	Hers acne AM Niacinamide 4%/ Clindamycin 1%	12/11/19 (90 days)	2143128 2083083 2174000
10/9/19	100920193	Hers acne AM Niacinamide 4%/ Clindamycin 1%	1/7/20 (90 days)	2143128 2083083 2174000
11/6/19	110620199	Hers acne AM Niacinamide 4%/ Clindamycin 1%	5/4/20 (90 days)	2083083 2174000
5/23/19	052320191	Hers Acne PM low Tretinoin 0.0125%/ Niacinamide 4%/ Clindamycin 1%	8/21/19 (90 days)	2100673 2083081
5/31/19	053120192	Hers Acne PM low Tretinoin 0.0125%/ Niacinamide 4%/ Clindamycin 1%	8/29/19 (90 days)	2100673
6/27/19	062720191	Hers Acne PM low Tretinoin 0.0125%/ Niacinamide 4%/ Clindamycin 1%	9/25/19 (90 days)	2143127 2100673 2083081 2174009
8/16/19	081620191	Hers Acne PM low Tretinoin 0.0125%/ Niacinamide 4%/ Clindamycin 1%	11/14/19 (90 days)	2143127 2100673 2083081 2174009
9/24/19	092420191	Hers Acne PM low Tretinoin 0.0125%/ Niacinamide 4%/ Clindamycin 1%	12/23/19 (90 days)	2143127 2100673 2083081 2174009
11/6/19	110620193	Hers Acne PM low Tretinoin 0.0125%/ Niacinamide 4%/ Clindamycin 1%	2/4/20 (90 days)	2143127 2100673 2083081 2174009
7/25/19	072520192	Hers anti aging Tretinoin 0.0125%/ Niacinamide 4%	10/23/19 (90 days)	2142469
7/1/19	070120194	Hers anti aging low Tretinoin 0.0125%/ Niacinamide 4%	9/29/19 (90 days)	2142469
8/6/19	080620199	Hers anti aging low Tretinoin 0.0125%/ Niacinamide 4%	11/4/19 (90 days)	2173991
8/27/19	082720194	Hers anti aging low Tretinoin 0.0125%/ Niacinamide 4%	11/25/19 (90 days)	2142469 2174000 2173991
9/20/19	092020193	Hers anti aging low Tretinoin 0.0125%/ Niacinamide 4%	12/19/19 (90 days)	2142469 2237404 2173991
10/21/19	102120193	Hers anti aging low Tretinoin 0.0125%/ Niacinamide 4%	1/19/20 (90 days)	2142469 2237404 2173991
11/20/19	112020195	Hers anti aging low Tretinoin 0.0125%/ Niacinamide 4%	2/18/20 (90 days)	2237404 2173991

This was a violation of Pharmacy Law.

Unprofessional Conduct: subverting and investigations: Business and Professions Code section 4301. The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following: (q) Engaging in any conduct that subverts or attempts to subvert an investigation of the board. Curexa NRP 1363, located at 3007 Ocean Heights Avenue, Egg Harbor Township, NJ 08234 was not compliant. Specifically, from at least 3/3/20 to 7/19/20, Curexa failed to supply requested compounding records. These records were requested on at least the following dates; 3/3/20, 4/17/20, 5/19/20, 6/3/20, and 6/22/20. Records were fully provided on 7/19/20, over four months after the original request. When received the records were disorganized and misleading. This was a violation of Pharmacy Law.

CITATION ISSUED ON: May 12, 2021 | **TOTAL AMOUNT OF FINE(S): $1,250.00**

PAYMENT OF FINE(S) DUE BY: June 11, 2021

New Jersey Office of the Attorney General

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

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

JOHN J. HOFFMAN
Acting Attorney General

STEVE C. LEE
Acting Director

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

November 24, 2015

Mark K. Taylor, RPIC
Curexa Pharmacy
3007 Ocean Heights Avenue
Egg Harbor Township, New Jersey, 08234

Re: Compounding of Domperidone

Dear Mr. Taylor:

As you are aware, the New Jersey Board of Pharmacy (the "Board") conducted an inspection of Curexa Pharmacy on 05/28/2015. In reviewing the subsequently produced Inspection Report (#8-5028-15-X), the inspector noted that Curexa Pharmacy was found to be engaged in the compounding of domperidone 10 mg capsules for human use. Curexa appears to have filled 101 prescriptions for this compound between 01/01/2015 and 05/28/2015, resulting in 11,038 capsules being dispensed.

According to the Food and Drug Administration (the "FDA"), domperidone is currently not approved for human use in the United States. Although there are restrictions on domperidone, the FDA recognizes that there are patients with severe GI motility disorders refractory to standard treatment who might benefit from domperidone and in whom the benefits of the drug may outweigh its risks. Domperidone is currently available to these patients through the FDA's Expanded Access to Investigational New Drug (IND) program. This Expanded Access IND program ensures that the appropriate safeguards are in place to protect patients treated with domperidone from the drug's serious adverse effects, including QT prolongation and cardiac arrhythmias. Information on this Expanded Access IND program can be found at:

http://www.fda.gov/drugs/developmentapprovalprocess/howdrugsaredevelopedandapproved/approvalapplications/investigationalnewdrugindapplication/ucm368736.htm

The compounding of domperidone without utilizing the FDA's Expanded Access IND program is a direct violation of Board of Pharmacy Regulations N.J.A.C. 13:39-7.5, N.J.A.C 13:39-6.2(f)(9) and N.J.A.C. 13:39-4.18(a). The Board is requiring that you submit proof of compliance (by following the guidelines set forth by the FDA in order to compound and dispense domperidone) within 45 days of receipt of this letter. Failure to demonstrate that compliance will result in the Board imposing disciplinary action.

Sincerely,

Anthony Rubinaccio, RPh
Executive Director
New Jersey Board of Pharmacy

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

JOHN J. HOFFMAN
Acting Attorney General

STEVE C. LEE
Acting Director

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

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

November 25, 2015

Mark K. Taylor, RPIC
Curexa Pharmacy
3007 Ocean Heights Avenue
Egg Harbor Township, NJ 08234

Re: Inspection Report #8-5028-15-X
Date of Inspection: May 28, 2015

Dear Mr. Taylor:

This letter is to advise you that the New Jersey State Board of Pharmacy has had an opportunity to review information concerning the above inspection report.

Upon review of all available information, the Board has preliminarily found that you have violated those items listed on **Attachment A.**

The Board has determined that it will offer you an opportunity to settle this matter and thereby avoid the initiation for disciplinary proceedings. Should you wish to avail yourself of this opportunity, you **MUST SIGN THE ATTACHED CERTIFICATION** and agree to the following:

> **PAY A PENALTY IN THE AMOUNT OF $100.00** and **PROVIDE TO THE BOARD A LETTER OF CORRECTIVE ACTION.** (To be paid immediately upon your signing of the attached acknowledgment.)

Alternatively you may waive your right to a hearing and submit a written statement or explanation to the Board. The Board will then consider your submission and render a final decision, which may include any of the terms set forth above. This disposition will be a public record.

If you do not wish to settle this matter, you may request a hearing. In that event, this letter will serve as notice of the charges against you and a hearing will be scheduled before the Board. At that hearing you may, either personally or with the assistance of an attorney, submit determination concerning the charges of unlawful activity. You should be aware that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an

amount greater than that herein offered in this letter. Additionally, the Board may, if the facts are found to so warrant, enter an order, requiring you to reimburse certain monies, direction you to cease and desist from engaging in unlawful acts and/or requiring you to pay costs incurred by the Board. Should you have any questions concerning this letter or the settlement offer herein, I suggest that you contact the Board at (973) 504-6450.

The enclosed Certification MUST be completed and returned to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within this time, the Board's settlement offer will be withdrawn, and the allegations contained herein shall be deemed admitted, and the Board will proceed to finally review that matter and enter an appropriate order.

NEW JERSEY STATE BOARD OF PHARMACY

Anthony Rubinaccio, RPh

By:_____
Anthony Rubinaccio, RPh
Executive Director

AR/rh
(10/15)

CERTIFICATION

I, Mark Taylor, hereby acknowledge that I have read and reviewed the Board's letter dated November 25, 2015 regarding allegations of violations of the Board's enabling act and/or regulations.

Please Check One:

☑ I acknowledge the conduct which has been charged and agree to:

1. **Cease and desist in engaging in the conduct alleged and pay a penalty in the amount of $100.00** (to be paid upon signing of this certification).
2. **Send a Letter of Corrective Action,** as requested by the Board, with this certification.

I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this certification are public documents.

☐ I hereby waive any rights I may have to a hearing in this matter and defend myself against any charges, but ask the Board to consider my explanation before rendering its final decisions. I understand that the Board may order any of the terms specified in its letter and that the Certification are public documents.

☐ I request a formal administrative hearing to contest the charges specified by the Board. I understand that I will be advised of the time, date and place for that hearing at another time. I am aware that I may be represented by an attorney and that at the time of the hearing I may submit to the Board, testimony and documentation relevant to the charges. I understand that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in its letter and may order such other remedies as it may deem appropriate. I am also aware that this proceeding is a matter of public record and that the Board's letter and this certification are public documents.

(Signature)

Dated: 12/23/15

Mark Taylor
(Print Name)

Ref: Mark K. Taylor, RPIC
Curexa Pharmacy
3007 Ocean Heights Avenue
Egg Harbor Township, NJ 08234
(28RS00626400)
Inspection Report #8-5028-15-X

AR/rh
(10/15)

ATTACHMENT A

9. **Curexa Pharmacy (formerly Jersey Shore Pharmacy)** - 3007 Ocean Heights Avenue, Egg Harbor Township, N
Pharmacist-In-Charge: Mark Taylor
Bureau File #8-5028-15-X, **Period:** 5/28/15
Reference: Board of Pharmacy inspection activity conducted pursuant to N.J.S.A.45:1-18 and N.J.S.A.45:14-48(a
from the Board to inspect all pharmacies that engage in compounding sterile preparations.

Details

CITE	DESCRIPTION
N.J.A.C.13:39-7.18 **N.J.A.C.13:39-6.2(f)7**	Nine (9) medications outdated from 1 day - 4 months were found in the active drug stock inventory.
N.J.A.C.13:39-7.5 **N.J.A.C.13:39-6.2(f)9** **N.J.A.C.13:39-4.18(a)**	The subject pharmacy was found to be engaged in compounding for human use, an unapproved drug product, Domperidone 10mg capsules. Mr. Taylor provided a listing of all Domperidone 10mg capsules dispensed between January 1, 2015 and May 28, 2015. A total of one hundred and one (101) prescriptions were dispensed that time frame for eleven thousand and thirty-eight (11,038) capsules.
N.J.A.C.13:39-7.12(a)1	"Jersey Shore Pharmacy" remains on label.
TOTAL: $100.00	

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
EHT PHARMACY LLC d/b/a CUREXA f/k/a EHT PHARMACY LLC d/b/a JERSEY SHORE PHARMACY	)	**BOARD OF PHARMACY**
	)	**CASE NO: 16-L-0037**
Non-Resident Pharmacy Permit Number: 114076/202111	)	
	)	
and	)	
	)	
MARK TAYLOR	)	
	)	
License Number: 19108	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy (EHT) and Mark Taylor (Taylor) which resulted in the filing of a Statement of Charges and Notice of Hearing, as amended (Statement), alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and EHT and Taylor through their counsel engaged in negotiations and as a result the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. Counsel for the Board and counsel for EHT and Taylor stipulate that EHT and Taylor deny for all legal purposes other than this proceeding the allegations set forth in the Statement but stipulate that for the purposes of this proceeding the Board would introduce sufficient evidence to meet its required burden of proof. Accordingly, the Board finds EHT and Taylor have violated the provisions of the Alabama Pharmacy

AUG 2 4 2016

Practice Act based upon the conduct set forth in all Counts of the Statement.

2. EHT and Taylor shall pay an administrative fine in the amount of Ten Thousand Dollars ($10,000.00) within thirty (30) days of the effective date of this Consent Order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall EHT and/or Taylor attempt to discharge the same.

3. EHT and Taylor expressly waive their rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. EHT and Taylor further waive any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, EHT and Taylor hereby release the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. EHT and Taylor acknowledge and agree that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing

thereof, result in further disciplinary sanctions against EHT's permit and/or Taylor's license, including, but not limited to revocation.

6. EHT and Taylor acknowledge and agree that they have read this Consent Order and that it fully understand the terms, conditions and contents of the same. EHT and Taylor acknowledge and agree that they voluntarily and of their own free will accept the terms and conditions set out in this Consent Order and are signing this Consent Order on the advice of their attorney.

DONE this the 22 of July, 2016.

EHT PHARMACY LLC D/B/A CUREXA F/K/A EHT PHARMACY LLC D/B/A JERSEY SHORE PHARMACY

BY: Mark Taylor

ITS: Curexa

Mark Taylor

Jonathan E. Beiling, attorney for EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy and Mark Taylor

DONE this the 6th of September, 2016.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Timothy A. Martin, Pharm.D., President

By: _____
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & WILSON, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404

IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE BOARD OF PHARMACY**
EHT PHARMACY LLC d/b/a CUREXA f/k/a EHT PHARMACY LLC d/b/a JERSEY SHORE PHARMACY	)	
	)	
Non-Resident Pharmacy Permit Number: 114076/202111	)	**CASE NO: 16-L-0037**
	)	

MOTION TO AMEND

COMES NOW, the Alabama State Board of Pharmacy (Board) and moves the Hearing Officer for an Order amending the previously filed Statement of Charges and Notice of Hearing (SOC) based upon the following:

1. The Board inadvertently failed to name the supervising pharmacist, Mark Taylor, in the original SOC.
2. The original SOC should have named Taylor in all the counts and further included a Count involving his role as supervising pharmacist.
3. Based on the above, the Board seeks an Order allowing the amendment attached hereto as Exhibit "A", which will name Taylor as a respondent and add a Count involving allegations relating to his acts or omissions as the supervising pharmacist.

   The Counts against the pharmacy remain unchanged.
4. Respondent will not be prejudiced by the requested amendment.

WHEREFORE, PREMISES CONSIDERED, the Board respectfully prays that the Hearing Officer enter an Order allowing the amendment to the SOC set forth on Exhibit "A" hereto.

Respectfully submitted,

/s James S. Ward
Attorney for the Alabama State

Board of Pharmacy

OF COUNSEL:
Ward & Wilson, L.L.C.
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
Tel: 205-871-5404
jward@wardwilsonlaw.com

CERTIFICATE OF SERVICE

I hereby certify a copy of the foregoing has been served upon the parties listed below via E-mail transmittal and/or U.S. Mail this the 11th day of May, 2016.

Vance Alexander
P.O. Box [redacted]
Birmingham, Alabama 35238-0864
[redacted]@bellsouth.net

EHT Pharmacy LLC d/b/a
Curexa f/k/a EHT Pharmacy
LLC d/b/a Jersey Shore Pharmacy
3007 Ocean Heights Avenue
Egg Harbor Township, New Jersey 08234

Mark Taylor
EHT Pharmacy LLC d/b/a
Curexa f/k/a EHT Pharmacy
LLC d/b/a Jersey Shore Pharmacy
3007 Ocean Heights Avenue
Egg Harbor Township, New Jersey 08234

James S. Ward
OF COUNSEL

EXHIBIT "A"

IN THE MATTER OF:	)	
	)	BEFORE THE ALABAMA STATE
EHT PHARMACY LLC d/b/a CUREXA	)	BOARD OF PHARMACY
f/k/a EHT PHARMACY LLC d/b/a	)	
JERSEY SHORE PHARMACY	)	
	)	
Non-Resident Pharmacy	)	CASE NO: 16-L-0037
Permit Number: 114076/202111	)	
	)	
and	)	
	)	
MARK TAYLOR	)	
	)	
License Number: 19108	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: EHT Pharmacy LLC d/b/a
Curexa f/k/a EHT Pharmacy
LLC d/b/a Jersey Shore Pharmacy
Mark Taylor
3007 Ocean Heights Avenue
Egg Harbor Township, New Jersey 08234

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92 (12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on_____, 2016 at _____ ___.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why your license to practice pharmacy in this State should not be revoked, suspended or placed on probation or a monetary penalty imposed and/or why the permit to operate EHY Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy (Curexa) should not be revoked,

suspended or placed on probation or a monetary penalty imposed in that it is alleged that you and Curexa have been guilty of the following, to wit:

COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(2) in that you violated the FD&C by compounding and dispensing 10mg capsules of Domperidone for human use when the same is not approved by the FDA. During this time you dispensed Domperidone pursuant to one hundred one (101) prescriptions resulting in eleven thousand thirty-eight (11,038) capsules dispensed.

The Board alleges that the filling of each prescription is a separate and distinct violation.

COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(b) based upon any or all of the allegations of Count One above.

COUNT THREE

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count One above.

COUNT FOUR

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(f) based upon any or all of the allegations of Count One above.

COUNT FIVE

Violating Code of Alabama (1975), § 34-23-33(6) based upon any or all fo the allegations in the above Counts.

COUNT SIX

Violating Code of Alabama (1975), § 34-23-33(2) prior to November 25, 2015, by

having nine (9) medications outdated from one (1) day to four (4) months in the active drug stock inventory.

The Board alleges that each possession of outdated medication is a separate and distinct violation.

COUNT SEVEN

Violating Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count Six above.

COUNT EIGHT

As to Taylor, violating Code of Alabama (1975), § 34-23-33(12) in that you violated Board Rule 680-X-2.12(4)(h) and/or (i) based upon any or all of the allegations of Counts One and/or Six above.

Further, pursuant to the provisions of Code of Alabama, (1975), §20-2-53 and §41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), §20-2-1, et. seq., issued pursuant to Code of Alabama (1975), §20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT NINE

Violating Code of Alabama (1975), §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
EHT PHARMACY LLC d/b/a CUREXA f/k/a EHT PHARMACY LLC d/b/a JERSEY SHORE PHARMACY	)	BOARD OF PHARMACY
	)	
Non-Resident Pharmacy Permit Numbers 114076/202111	)	Case Number 16-L-0037

ORDER AMENDING STATEMENT OF CHARGES

The Alabama State Board of Pharmacy, by and through its attorney of record, moved to amend the Statement of Charges and Notice of Hearing for the Respondent EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy in the above captioned cause which is scheduled before the Alabama State Board of Pharmacy on June 21, 2016 at 1:00 P. M. Having considered the Motion, the Administrative Hearing Officer is of the opinion that the Motion is due to be GRANTED.

IT IS ORDERED that the Statement of Charges and Notice of Hearing dated April 14, 2016 naming EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy as Respondent is hereby Amended by adding Mark Taylor, License Number 19108 as an additional Respondent and Count Nine as follows:

"COUNT NINE

Violating Code of Alabama (1975), §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing."

DONE and ORDERED this the 12th day of May 2016.

VANCE L. ALEXANDER
ADMINISTRATIVE HEARING OFFICER

c: Mr. W. Scott Simpson, Esq. (via electronic mail wssimpson@smgblawyers.com)
Mr, Mark Taylor (via U.S. Mail)
Ms. Mitzi Ellenburg, Director of Operations (via electronic mail mellenburg@albop.com)
Dr. Susan Alverson, Executive Secretary (via electronic mail salverson@albop.com)
Mr. James S. Ward, Esq. (via electronic mail jward@wardwilsonlaw.com)

COUNT SEVEN

Violating Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count Six above.

Further, pursuant to the provisions of Code of Alabama, (1975), §20-2-53 and §41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), §20-2-1, et. seq., issued pursuant to Code of Alabama (1975), §20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT EIGHT

Violating Code of Alabama (1975), §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 14th day of April, 2016.

ALABAMA STATE BOARD OF PHARMACY

By: Susan Alverson
Secretary

DARIA A. LOY-GOTO 6175
JOHN T. HASSLER 5311
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

Attorneys for Department of Commerce
and Consumer Affairs

DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2017 AUG 17 P 2:49
HEARINGS OFFICE
RECEIVED
DEPT. OF COMMERCE AND CONSUMER AFFAIRS
PROFESSIONAL LICENSING DIVISION
2017 JUL 18 P 1:47
DEPT. OF COMMERCE & CONSUMER AFFAIRS
STATE OF HAWAII

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

In the Matter of the Miscellaneous Permit of	)	PHA 2017-53-L
	)	
CUREXA doing business as EHT PHARMACY, LLC,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"
	)	
	)	
Respondent.	)	
	)	

241042211

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(s) and Respondent CUREXA doing business as EHT PHARMACY, LLC (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 as a miscellaneous permit holder by the Board of Pharmacy (hereinafter the "Board") under permit number PMP 1183. The permit was issued on or about August 13, 2015. The permit will expire or forfeit on or about December 31, 2017.

2. Respondent's mailing address for purposes of this action is 3007 Ocean Heights Avenue, Egg Harbor Township, New Jersey 08234.

3. RICO received a request for investigation from the Board based on disciplinary action by the Alabama State Board of Pharmacy.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

4. RICO obtained a copy of a Consent Order issued to Respondent by the Alabama State Board of Pharmacy in CASE NO: 16-L-0037 (hereinafter the "Alabama Order") (Exhibit "1"). The Alabama Order was based on allegations Respondent compounded and dispensed prescriptions for Domperidone for human use when the same is not approved by the FDA. Respondent was ordered to pay a $10,000.00 fine.

5. RICO alleges Respondent was disciplined by the State of Alabama and that Respondent failed to report the disciplinary action to the Board as required by Hawaii law.

6. 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(13) (disciplinary action by another state or federal agency) and § 436B-19(15) (failure to report disciplinary decision in writing within thirty days).

7. 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 miscellaneous permit holder by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permit and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent further understands that RICO enters into this Settlement Agreement, and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

6. Respondent represents Exhibit "1" is a true and correct copy of the Consent Order issued to Respondent by the Alabama State Board of Pharmacy in CASE NO: 16-L-0037.

7. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

8. 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.

9. 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.

10. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2017-53-L.

11. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

12. 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 ONE THOUSAND FIVE HUNDRED AND NO/100 DOLLARS ($1,500.00). 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: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment shall be due at the time this 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 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 licensure 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 miscellaneous permit holders in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

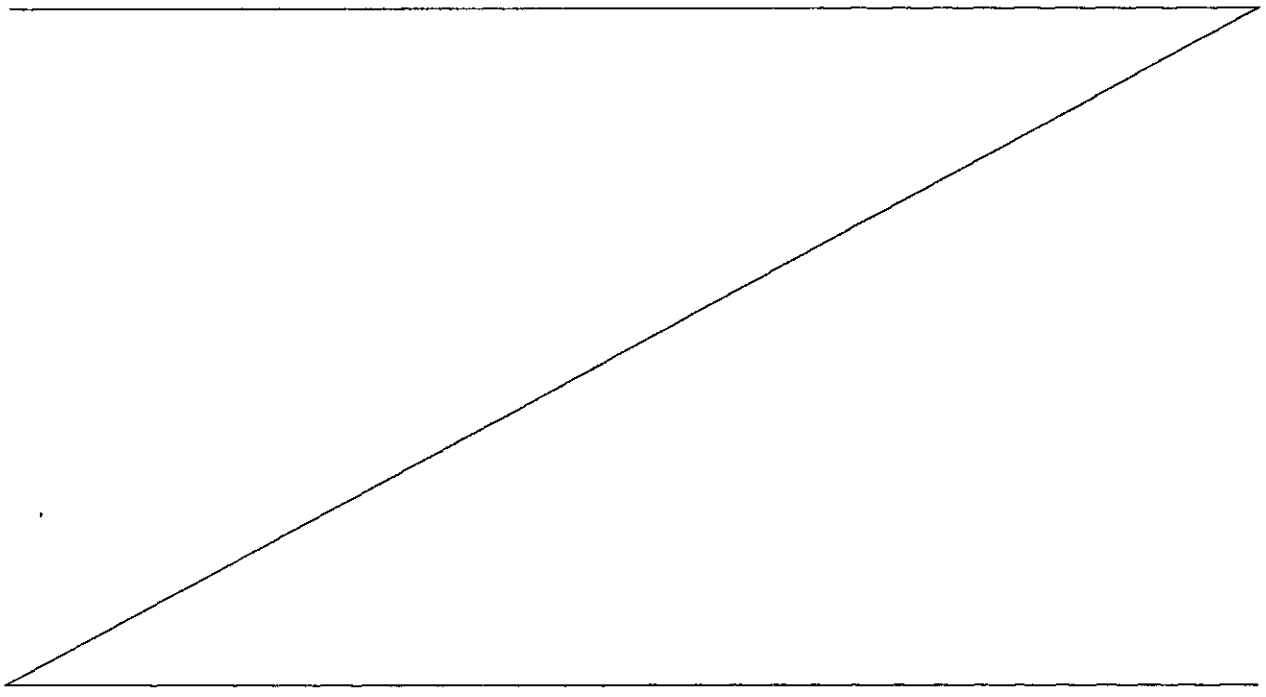
4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., C.7., and C.8. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

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: Gas Harbor Township, NJ, 6/8/2017.
(City) (State) (Date)

CUREXA doing business as EHT PHARMACY, LLC
Respondent

By: _____
(Signature)

Mark Taylor
(Print Name)

Its Member

DATED: Honolulu, Hawaii, JUN 14 2017.

_____
DARIA A. LOY-GOTO
JOHN T. HASSLER
Attorneys for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF CUREXA DOING BUSINESS AS EHT PHARMACY, LLC; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"; RICO CASE NO. PHA 2017-53-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

Kerri Okamura

KERRI OKAMURA
Chairperson

8/17/17

DATE

KENNETH VANDENBUSSCHE

MARY JO KEEFE

CAROLYN S. J. MA

Marcella Sr Chock

MARCELLA CHOCK

RONALD WEINBERG

JULIE YURIE TAKISHIMA-LACASA

PVL 7/1/17

STATE OF NJ)
) SS.
COUNTY OF Ocean)

On this 8 day of June, 2017, before me personally appeared Mark Taylor, to me known to be the person described, and who executed the foregoing instrument on behalf of CUREXA doing business as EHT PHARMACY, LLC as its Member, and acknowledged that he/she executed the same as his/her free act and deed.

This 7 -page SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER document dated June 8, 2017 was acknowledged before me by
[Date Document Signed by Respondent]
Mark Taylor this 8th day of June, 2017,
[Name of Person Signing Document]
in the City of Galloway, in the County of Atlantic, in the State of NJ.

Thomas Maguire
Name: Thomas Maguire
Notary Public, State of NJ
My Commission expires: 10/9/17

THOMAS B. MAGUIRE
NOTARY PUBLIC OF NEW JERSEY
ID # 50004298
My Commission Expires 10/9/2019

EXHIBIT C

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2017-1242

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 CUREXA, REGISTRATION NO. OSP 5698,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Curexa ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2017-1242, 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 the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2016).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about May 18, 2017, being issued registration number OSP 5698, 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 3007 Ocean Heights Ave., Egg Harbor Township, NJ 08234.

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. On September 6, 2016, Respondent entered into a Consent Order with the Alabama Board of Pharmacy for compounding and dispensing 11,038 Domperidone 10 mg capsules for human use, which is not approved for such use by the Federal Food and Drug Administration.

6. Respondent Pharmacy failed to notify the Colorado Board of the Alabama disciplinary action.

7. Respondent Pharmacy admits that its conduct, as set forth above, constitutes a violation of §12-42.5-123(1)(c)(I)-(III), (g), (k), and (q), C.R.S., and Rule 9.00.10(b),

and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet.

DISPOSITION

8. **Letter of Admonition.** This Final Agency Order shall constitute a Letter of Admonition as set forth in §12-42.5-124(6)(b) and (c), C.R.S. The Board hereby admonishes Respondent Pharmacy for the acts and omissions described in paragraphs 5-7 above.

9. **Waiver of Right to Contest.** By entering into this Final Agency Order, Respondent Pharmacy agrees to waive the right provided by §12-42.5-124(6)(b) and (c), C.R.S., to contest this Letter of Admonition.

10. **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.

11. **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.

12. **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 the Board's limiting the action taken against it to the sanctions imposed herein.

13. **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.

14. **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.

15. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

16. **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.

17. **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. 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

Mark Taylor RPIC Dated: 7/5/17

Authorized Representative / Title

Subscribed and sworn to before me in the County of Ocean, State of New Jersey, this 5th day of July, 2017, by Mark Taylor, in his/her capacity as an authorized agent of Curexa.

THOMAS B. MAGUIRE
NOTARY PUBLIC OF NEW JERSEY
ID # 50004298
My Commission Expires 10/8/2019

Notary Public

My commission expires:

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 14th day of July, 2017.

State Board of Pharmacy

BY:

Wendy Anderson
Program Director

EXHIBIT B

AGREED BOARD ORDER #F-17-011

RE: IN THE MATTER OF
CUREXA
(PHARMACY LICENSE #25553)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 25553 issued to Curexa (Respondent), 3007 Ocean Heights Avenue, Egg Harbor Township, New Jersey 08234.

By letter dated March 31, 2017, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 565.002(a)(3), (10) and (13); and 565.002(c) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015); and

Section 281.8(c)(3) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2016), as alleged in the Counts below.

The conduct described in the disciplinary actions by the New Jersey State Board of Pharmacy and the Alabama State Board of Pharmacy is substantially similar to the conduct described in:

Section 565.002(a)(3) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013);

Sections 291.32(a)(2)(H); 291.32(c)(1)(E) and (F); 291.33(f)(2); and 295.3 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2015);

Sections 431.002(25); and 431.114 of the Texas Food, Drug, and Cosmetic Act, TEX. HEALTH & SAFETY CODE ANN. (2013); and

Sections 321(p)(1) and (2); 331(d); and 355(a) of the Federal Food, Drug, and Cosmetic Act (Title 21 U.S.C.) (2013).

COUNTS

(1) On or about October 24, 2007, the New Jersey State Board of Pharmacy issued a Settlement Letter against the New Jersey pharmacy license number 28RS00626400 held by Curexa (previously licensed in New Jersey as Jersey Shore Pharmacy). The Settlement was based on a deficiency identified during an inspection; specifically that potential drug allergies or chronic conditions were not recorded in the patient medication record. The Settlement imposed a $200 penalty and required that the pharmacy submit a letter of correction.

On or about August 3, 2009, Curexa (previously licensed as Jersey Shore Pharmacy) submitted an application for change of pharmacy name/location to the Texas State Board of Pharmacy. On the application, it was falsely indicated that the pharmacy had not been subject to professional disciplinary action within the last 36 months, when the pharmacy was subject to the disciplinary action by the New Jersey State Board of Pharmacy described above.

(2) On or about April 6, 2010, the New Jersey State Board of Pharmacy issued a Settlement Letter against the New Jersey pharmacy license number 28RS00626400 held by Curexa (previously licensed in New Jersey as Jersey Shore Pharmacy). The Settlement was based on a deficiency identified during an inspection; specifically that equipment was not inspected or sealed by the Department of Weights and Measures. The Settlement required that the pharmacy submit a letter of correction.

On or about April 27, 2011, Curexa (previously licensed as Jersey Shore Pharmacy) submitted an application for licensure renewal as a non-resident pharmacy to the Texas State Board of Pharmacy. On the application, it was falsely indicated that the pharmacy had not been subject to professional disciplinary action within the last 36 months, when the pharmacy was subject to the disciplinary action by the New Jersey State Board of Pharmacy described above.

(3) On or about November 25, 2015, the New Jersey State Board of Pharmacy issued a Settlement Letter against the New Jersey pharmacy license number 28RS00626400 held by Curexa. The Settlement was based on deficiencies identified during an inspection; specifically that drug stock inventory contained expired drugs, and that between January 21, 2015, and May 28, 2015, the pharmacy compounded and dispensed 101 prescriptions for a drug product not approved by the federal Food and Drug Administration for human use, namely domperidone 10 mg. The Settlement imposed a $100 penalty and required that the pharmacy submit a letter of correction.

(4) On or about September 6, 2016, the Alabama State Board of Pharmacy entered a Consent Order against the Alabama non-resident pharmacy permit number 114076/202111 held by Curexa (licensed in Alabama as EHT Pharmacy LLC d/b/a Curexa). The Order was based on allegations contained in a Statement of Charges and Notice of Hearing that the pharmacy compounded and dispensed 101 prescriptions for a drug product not approved by the federal Food and Drug Administration for human use, namely domperidone 10 mg. The Order imposed a $10,000 fine.

An informal conference was held in the Board's office on July 13, 2017, with Mark Taylor, R.Ph., Corporate Manager, EHJ Pharmacy, LLC, on behalf of Respondent; and Daniel Scott Distefano, R.Ph., Staff Pharmacist, in attendance. The informal conference was heard by a Board panel comprised of: Jeanne D. Waggener, R.Ph., Board Member; and Carol Fisher, R.Ph.,

M.P.A., Director of Enforcement; with Kerstin Arnold, General Counsel. Megan Holloway, Staff Attorney, was also in attendance.

By appearing at the informal conference and by signing this Order, Mark Taylor neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent's license is reprimanded.

(2) Respondent shall pay an administrative penalty of two thousand dollars ($2,000) due one hundred twenty (120) days after the entry of this Order.

(3) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2015), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 1st day of August, 2017.

Suzette Oquinn RPh.
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:

Mark Taylor, R.Ph., Corporate Manager, EHJ Pharmacy, LLC
For and on behalf of Curexa

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

L. MITCHELL JONES (U.S.B. 5979)
Assistant Attorney General
SEAN D. REYES (U.S.B. 7969)
Utah Attorney General
Commercial Enforcement Division
Heber M. Wells Building
Box 140872
Salt Lake City, UT 84114-6741
Telephone: (801) 366-0310

BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

OF THE DEPARTMENT OF COMMERCE

OF THE STATE OF UTAH

IN THE MATTER OF THE LICENSES OF **EHT PHARMACY, LLC** UTAH LICENSE #9381873-1708 & 8913 TO OPERATE AS A PHARMACY AND TO DISPENSE CONTROLLED SUBSTANCES IN THE STATE OF UTAH	))))))))	STIPULATION AND ORDER CASE NO. DOPL 2017-- 495

EHT PHARMACY, LLC ("Respondent") and the **DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING** of the Department of Commerce of the State of Utah ("Division") stipulate and agree as follows:

1. Respondent admits the jurisdiction of the Division over Respondent and over the subject matter of this action. Mark Taylor is an officer of Respondent pharmacy and is authorized to act as agent for and enter into binding agreements on behalf of Respondent pharmacy.

2. Respondent acknowledges that Respondent enters into this Stipulation knowingly and voluntarily.

3. Respondent understands that Respondent has the right to be represented by counsel in this matter and Respondent's signature below signifies that Respondent has either consulted with an attorney or Respondent waives Respondent's right to counsel in this matter.

4. Respondent understands that Respondent is entitled to a hearing before the State of Utah's Board of Pharmacy ("Board"), or other Division Presiding Officer, at which time Respondent may present evidence on Respondent's own behalf, call witnesses, and confront adverse witnesses. Respondent understands that by signing this document Respondent hereby knowingly and intelligently waives the right to a hearing, the right to call witnesses on Respondent's own behalf, the right to call witnesses, the right to confront adverse witnesses, and any other rights to which Respondent may be entitled in connection with said hearing. Respondent understands that by signing this document Respondent hereby knowingly and intelligently waives the right to all administrative and judicial review as set forth in Utah Code Ann. §§ 63G-4-301 through 63G-4-405, and Utah Administrative Code R151-4-901 through R151-4-907. Respondent and the Division hereby express their intent that this matter be resolved expeditiously through stipulation as contemplated in Utah Code Ann. § 63G-4-102(4).

5. Respondent waives the right to the issuance of a Petition and a Notice of Agency Action in this matter.

6. Respondent understands that this Stipulation and Order, if adopted by the Director of the Division, will be classified as a public document. The Division may release this Stipulation

and Order, and will release other information about this disciplinary action against Respondent's license, to other persons and entities.

7. Respondent admits the following facts are true:

a. Respondent was first licensed to operate as a pharmacy and to dispense controlled substances in the State of Utah on April 22, 2015.

b. On or about July 22, 2016, Respondent entered into a "Consent Order" with the Board of Pharmacy of the State of Alabama, a copy of which is incorporated by reference to this Stipulation and Order and attached as Exhibit A, sanctioning Respondent's Alabama pharmacy license. Exhibit A also contains a "Motion to Amend" and an "Order Amending Statement of Charges" which describe the allegations of misconduct against Respondent.

c. The allegations contained in Exhibit A would constitute misconduct in the State of Utah.

8. Respondent admits that Respondent's conduct described above is unprofessional conduct as defined in Utah Code Ann. § 58-1-501(2)(a) and (d); and that said conduct justifies disciplinary action against Respondent's license pursuant to Utah Code Ann. § 58-1-401(2)(a). Respondent agrees that an Order, which constitutes disciplinary action against Respondent's licenses by the Division pursuant to Utah Administrative Code R156-1-102(7) and Utah Code Ann. § 58-1-401(2), shall be entered in this matter as follows:

(a) Respondent shall pay a fine to the Division in the amount of $500.00 (five hundred dollars), pursuant to Utah Code Ann. § 58-17b-401(6), § 58-17b-504(5), and Utah Administrative Code R156-17b-402, within 90 days of the effective date of this Stipulation and Order.

500 Fine Paid in full 6/22/2017

(b) Respondent's license shall be publicly reprimanded for the conduct described above.

(c) Respondent shall successfully complete all the requirements of Exhibit A.

9. Upon approval by the Director of the Division this Stipulation and Order shall be the

final compromise and settlement of this non-criminal administrative matter. Respondent acknowledges that the Director is not required to accept the terms of this Stipulation and Order and that if the Director does not do so, this Stipulation and the representations contained therein shall be null and void, except that the Division and the Respondent waive any claim of bias or prejudgment they might otherwise have with regard to the Director by virtue of her having reviewed this Stipulation, and this waiver shall survive such nullification.

10. Respondent shall abide by and comply with all applicable federal and state laws, regulations, rules and orders related to the Respondent's licensed practice.

11. This document constitutes the entire agreement between the parties and supersedes and cancels any and all prior negotiations, representations, understandings or agreements between the parties regarding the subject of this Stipulation and Order. There are no verbal agreements that modify, interpret, construe or affect this Stipulation. Respondent agrees not to take any action or make any public statement, that creates, or tends to create, the impression that any of the matters set forth in this Stipulation and Order are without factual basis. A public statement includes statements to one or more Board members during a meeting of the Board. Any such action or statement shall be considered a violation of this Stipulation and Order.

12. The accompanying Order becomes effective immediately upon the approval of this Stipulation and signing of the Order by the Division Director. Respondent shall comply with all the terms and conditions of this Stipulation immediately following the Division Director's signing of the Order page of this Stipulation and Order. Failure to comply with and timely complete a term or condition shall constitute a violation of the Stipulation and Order and may subject Respondent to revocation or other sanctions.

13. If Respondent violates any term or condition of this Stipulation and Order, the Division may take action against Respondent, including imposing appropriate sanction, in the manner provided by law. Such sanction may include revocation or suspension of Respondent's license, or other appropriate sanction.

14. Respondent understands that the disciplinary action taken by the Division in this Stipulation and Order may adversely affect any license that Respondent may possess in another state or any application for licensure Respondent may submit in another state.

15. Respondent has read each and every paragraph contained in this Stipulation and Order. Respondent understands each and every paragraph contained in this Stipulation and Order. Respondent has no questions about any paragraph or provision contained in this Stipulation and Order.

DIVISION OF OCCUPATIONAL &
PROFESSIONAL LICENSING

BY: _____
DANE ISHIHARA
Bureau Manager

DATE: 8-21-2017

RESPONDENT

BY: _____
MARK TAYLOR

DATE: 7/19/17

SEAN D. REYES
UTAH ATTORNEY GENERAL

BY: _____
L. MITCHELL JONES
Counsel for the Division

DATE: 21 Aug 17

ORDER

THE ABOVE STIPULATION, in the matter of **EHT PHARMACY, LLC,** is hereby approved by the Division of Occupational and Professional Licensing, and constitutes my Findings of Fact and Conclusions of Law in this matter. The issuance of this Order is disciplinary action pursuant to Utah Administrative Code R156-1-102(7) and Utah Code Ann. § 58-1-401(2). The terms and conditions of the Stipulation are incorporated herein and constitute my final Order in this case.

DATED this 24 day of August, 2017.

DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

MARK B. STEINAGEL
Director

Investigator: Sharilee McIntyre

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

March 19, 2018

Curexa
Attn: Pharmacist Manager
3007 Ocean Heights Ave
Egg Harbor Township, NJ 08234-7749
renewals@licenselogix.com

CERTIFIED AND FIRST CLASS MAIL

RE: Case 2017-6730 against Curexa

Dear Pharmacist Manager:

At its March 15, 2018 meeting, the Colorado State Board of Pharmacy ("Board") reviewed the above-referenced complaint. After careful consideration of all the evidence before the Board, the Board determined that the aforementioned nonresident pharmacy failed to timely report disciplinary action in another state and committed acts that would subject it to disciplinary action in this state.

The Board hereby admonishes the nonresident pharmacy for violation of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and Board Rules.

This admonishment shall be made a part of the permanent records of the Board and is reportable as a disciplinary action. It may also be considered as an aggravating factor if you incur future violations. You may request that a hearing be initiated by the Board if you wish to dispute the information in this letter. The purpose of such a proceeding would be to adjudicate the propriety of the conduct upon which this letter is based. The Board must receive such a request from you within 20 days after you receive this letter.

If you make a timely request, the letter of admonition shall be deemed vacated pending resolution of formal disciplinary proceedings. Those proceedings involve a hearing conducted in accordance with the State Administrative Procedures Act.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy Anderson
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **LETTER OF ADMONITION** upon all parties herein by depositing copies of same in the United States mail, certified, postage prepaid, at Denver, Colorado this 19th day of March 2018, addressed as follows:

Curexa
Attn: Pharmacist Manager
3007 Ocean Heights Ave
Egg Harbor Township, NJ 08234-7749
renewals@licenselogix.com

EXHIBIT D

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF PHARMACY

Commonwealth of Pennsylvania Bureau of Professional and Occupational Affairs vs. Curexa, Respondent	File No.: 17-54-06285 Docket No: 2024 -54-19

ORDER

AND NOW, this 10th day of April 2018, the STATE BOARD OF PHARMACY ("Board") approves and adopts the foregoing Consent Agreement and incorporates the terms of paragraph 5, which shall constitute the Board's Order and is now issued in resolution of this matter.

This Order shall take effect immediately.

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

Ian J. Harlow
Commissioner

BY ORDER:
STATE BOARD OF PHARMACY

Janet Getzey Hart, R.Ph.
Chairperson

For the Commonwealth:

Julia A. Caralle, Esquire
2601 North Third Street
P. O. Box 69521
Harrisburg, PA 17106-9521

For the Respondent:

Rachael G. Pontikes, Esq.
Reed Smith
10 South Wacker Dr.
Chicago, Ill 60606-7507

Date of mailing: April 16, 2018

PROTHONOTARY
2018 APR 16 AM 10: 51
Department of State

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF PHARMACY

Commonwealth of Pennsylvania Bureau of Professional and Occupational Affairs	**File No.:** 17-54-06285
vs.	
Curexa, **Respondent**	**Docket No:** 2024-54-17

CONSENT AGREEMENT AND ORDER

PARTIES

The Commonwealth of Pennsylvania, Department of State, Bureau of Professional and Occupational Affairs ("Commonwealth") and Curexa ("Respondent") stipulate as follows in settlement of the above-captioned case.

APPLICABLE LAW

1. This matter is before the State Board of Pharmacy ("Board") pursuant to the Pharmacy Act, Act of September 27, 1961, P.L. 1700, ("Act"), *as amended*, 63 P.S. §§ 390-1 to 390-13; and/or the Act of July 2, 1993, P.L. 345, No. 48 ("ACT 48"), *as amended*, 63 P.S. §§ 2201-2207.

LICENSURE STATUS

2. At all relevant and material times, Respondent held the following registration to practice as a non-resident pharmacy in the Commonwealth of Pennsylvania: registration no. NP000560, which was originally issued on August 4, 2016, and is current through August 31, 2019.

STIPULATED FACTS

3. The Respondent admits that the following facts are true:

a. Absent additional Board action, Respondent's registration may be continually reactivated, renewed, or reinstated upon the filing of the required documentation and payment of fees.

b. Respondent's last known office address, as on file with the Board is: 3007 Ocean Heights Ave, Egg Harbor Township, NJ 08234

c. At all relevant and material times, Respondent was authorized to practice as a nonresident pharmacy in the State of Alabama, permit number 114076/202111.

d. On or about August 24, 2016, the Alabama Board of Pharmacy ("Alabama Board"), by way of Consent Order at Alabama Board File Number 16-L-0037, found Respondent to be in violation of the laws, rules, code and/or regulations of the State of Alabama because Respondent violated the FD&C by compounding and dispensing 10 mg capsules of Domperidone for human use when the same is not approved by the FDA. During this time, Respondent dispensed Domperidone pursuant to one hundred one (101) prescriptions resulting in eleven thousand thirty-eight (11,038) capsules dispensed.

e. A true and correct copy of the Alabama Board's August 24, 2016 Consent Order, Alabama Board Case Number 16-L-0037 is attached as Exhibit A.

f. Pursuant to the August 24, 2016 Consent Order, Respondent was ordered, along with the pharmacist, to pay an administrative fine in the amount of $10,000.00 dollars

g. Respondent did not report the Alabama action against their license within the required thirty (30) days after final disposition.

ALLEGED VIOLATIONS

4. The Commonwealth alleges that Board is authorized to suspend, revoke, or otherwise restrict Respondent's permit under Sections 4.1(g), 5(a), (8) and of the Act, 63 P.S. §§ 390-4.1(g), 390-5(a) & 390-8; and/or impose a civil penalty upon Respondent under Sections 5(a) & (8) of the Act, 63 P.S. §§ 390-5(a) & 390-8, and/or Section 5(b)(4) of ACT 48, 63 P.S. § 2205(b)(4); and/or impose the costs of investigation upon Respondent under Section 5(b)(5) of ACT 48, 63 P.S. § 2205(b)(5), because Respondent violated the Act at:

a. Section 4.1(g), 63 P.S. § 390-4.1(g), by having a permit to conduct a pharmacy suspended or revoked or the nonresident pharmacy was otherwise disciplined by the proper licensing authority of another state and further violated Section 390-5(b)(2), and/or

b. Section 390-4(k) and/or 390-4.1(c), 63 P.S. §§ 390-4(k) and/or 490-4.1(c), by failing to report to the Board within thirty (30) days of final disposition any disciplinary action taken by the regulatory or licensing agency of the state.

PROPOSED ORDER

5. The parties, intending to be legally bound, consent to the issuance of the following Order in settlement of this matter:

a. Respondent violated Section 4.1(g) of the Act, 63 P.S. § 390-4.1(g), by having a permit to conduct a pharmacy suspended or revoked or the nonresident pharmacy was otherwise disciplined by the proper licensing authority of another state and/or Section 4.1(k) of the Act, 63 P.S. § 390-4.1(k), by failing to report to the Board within thirty (30) days of final disposition any disciplinary action taken

by the regulatory or licensing agency of the state in which the nonresident pharmacy is located.

CIVIL PENALTY

b. Respondent shall pay a **CIVIL PENALTY** of two thousand five hundred dollars ($2,500.00) Respondent. Respondent shall tender the full sum of one thousand five hundred dollars ($2,500.00) with this executed Consent Agreement. The civil penalty shall be paid by certified check, cashier's check, attorney's check, or money order issued by a usual, customary, and reputable issuer (e.g. U.S. Postal Money Order, Western Union Money Order, etc.). Payment shall be made payable to the "Commonwealth of Pennsylvania," and shall be valid for a period of at least one hundred eighty (180) days. Respondent agrees that payment shall only be made by one of the methods indicated above and shall not be made by uncertified personal or corporate check.

c. This Order constitutes disciplinary action by the Board and shall be reported to other licensing authorities and any applicable national licensing databank as a disciplinary action by the Board.

d. This case shall be deemed settled and discontinued upon the Board issuing an Order adopting this Consent Agreement.

ADMISSIBILITY OF CONSENT AGREEMENT IN FUTURE PROCEEDINGS

6. Respondent agrees that if Respondent is charged with a violation of an Act enforced by this Board in the future, this Consent Agreement and Order shall be admitted into evidence without objection in that proceeding.

ACKNOWLEDGMENT OF NOTICE AND WAIVER OF HEARING

7. Respondent acknowledges the filing of an Order to Show Cause in this matter. Respondent knowingly and voluntarily waives the right to an administrative hearing in this matter, and knowingly and voluntarily waives the following rights related to that hearing: to be represented by counsel at the hearing; to present witnesses and testimony in defense or in mitigation of any sanction that may be imposed for a violation; to cross-examine witnesses and to challenge evidence presented by the Commonwealth; to present legal arguments by means of a brief; and to take an appeal from any final adverse decision.

ACKNOWLEDGMENT OF RIGHT TO ATTORNEY

8. Respondent acknowledges that it is aware that it has the right to consult with, and/or be represented by, private legal counsel of Respondent's choosing and at Respondent's expense when reviewing, considering and accepting the terms of this Consent Agreement. Respondent had an opportunity to consult with and has been advised by Attorney Rachael G. Pontikes, Esq. regarding this Consent Agreement.

WAIVER OF CLAIM OF COMMINGLING AND OTHER CONSTITUTIONAL CLAIMS

9. Respondent expressly waives any constitutional rights and issues, such as commingling of prosecutorial and adjudicative functions by the Board or its counsel, which may arise or have arisen during the negotiation, preparation and/or presentation of this Consent Agreement. If a hearing is subsequently held, neither this Consent Agreement nor the proposed terms of settlement may be admitted into evidence and any facts, averments, and allegations contained in the Consent Agreement must be proven at hearing unless otherwise separately stipulated. This paragraph is binding on the participants even if the Board does not approve this Consent Agreement.

NO MODIFICATION OF ORDER

10. Respondent agrees, as a condition of entering into this Consent Agreement, not to seek modification at a later date of the Stipulated Order adopting and implementing this Consent Agreement without first obtaining the express written concurrence of the Prosecution Division.

AGREEMENT NOT BINDING ON OTHER PARTIES

11. The Office of General Counsel has approved this Consent Agreement as to form and legality; however, this Consent Agreement shall have no legal effect unless and until the Board issues an Order approving and adopting this Consent Agreement.

EFFECT OF BOARD'S REJECTION OF CONSENT AGREEMENT

12. Should the Board not approve this Consent Agreement, presentation to and consideration of this Consent Agreement and other documents and matters by the Board shall not prejudice the Board or any of its members from further participation in the adjudication of this matter. This paragraph is binding on the participants even if the Board does not approve this Consent Agreement.

AGREEMENT DOES NOT PREVENT ADDITIONAL DISCIPLINE BASED ON OTHER COMPLAINTS

13. Nothing in this Order shall preclude the Prosecution Division for the Commonwealth from filing charges or the Board from imposing disciplinary or corrective measures for violations or facts not contained in this Consent Agreement;

ENTIRE AGREEMENT

14. This agreement contains the whole agreement between the participants; provided however, that the captions printed in the various provisions of this agreement are for ease of reading only and are not to be interpreted as forming any part of this agreement. There are no other terms, obligations, covenants, representations, statements or conditions, or otherwise, of any kind whatsoever concerning this agreement.

VERIFICATION OF FACTS AND STATEMENTS

15. Respondent verifies that the facts and statements set forth in this Consent Agreement are true and correct to the best of Respondent's knowledge, information and belief. Respondent understands that statements in this Consent Agreement are made subject to the criminal penalties of 18 Pa.C.S.A. § 4904 relating to unsworn falsification to authorities.

Julia A. Caralle
Prosecuting Attorney
DATED: 3/5/2018

For Respondent Curexa
Respondent
DATED: 2/21/18

Rachael G. Pontikes, Esq.
REED SMITH
Counsel for Respondent

EXHIBIT E

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION of the State of Illinois,	Complainant,	)	No. 2017-04086
v.		)	
EHT PHARMACY LLC DBA CUREXA, License No. 054.018557,	Respondent.	)	

CONSENT ORDER

The Department of Financial and Professional Regulation of the State of Illinois, Division of Professional Regulation, by and through Brandon R. Thom, Enforcement Attorney of Health-Related Prosecutions, and EHT Pharmacy LLC, DBA Curexa, Respondent, by and through its attorney, Rachael G. Pontikes, hereby agree to the following:

STIPULATIONS

EHT Pharmacy LLC, DBA Curexa Infusion (hereinafter "Respondent") is the holder of a pharmacy license in the State of Illinois, License No. 054.018557. Said license is currently in active status. At all times material to the matter set forth in this Consent Order, the Department of Financial and Professional Regulation of the State of Illinois, Division of Professional Regulation (hereinafter the "Department") has had jurisdiction over the subject matter and parties herein.

On or about September 6, 2016, Respondent entered into a consent agreement with the Alabama State Board of Pharmacy, Alabama case number 16-L-0037. Respondent's Alabama pharmacy license was disciplined due to Respondent compounding and dispensing 10mg capsules of Domperidone for human use which is not approved by the FDA and having expired medications in active stock. Respondent was assessed a fine of ten thousand dollars ($10,000.00)

by the Alabama State Board of Pharmacy. Respondent failed to disclose its Alabama discipline to the Department within sixty (60) days.

The aforementioned conduct, if proven to be true, would constitute grounds for disciplinary action against Respondent's pharmacy license on the authority of 68 Ill. Admin. Code 1330.30, 68 Ill. Admin. Code 1330.40, and 225 ILCS 85/30(a)(2), (8), and (24).

Respondent has been advised of the right to have the pending allegations reduced to written charges, the right to counsel, the right to a hearing, the right to contest any charges brought, and the right to administrative review of any Order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Consent Order. Such waiver ceases if this Consent Order is rejected by either the Illinois State Board of Pharmacy or the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation. Respondent acknowledges that Respondent has entered into this Consent Order freely and of Respondent's own will without threat or coercion by the Department or any person. Respondent acknowledges that the Department attorney may be requested to communicate with the Illinois State Board of Pharmacy or the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation in furtherance of the approval of this Consent Order

Respondent and the Department have agreed that Respondent be permitted to enter into this Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable in these circumstances and which are consistent with the best interest of the people of the State of Illinois.

CONDITIONS

WHEREFORE, the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation through Brandon R. Thom, Enforcement Attorney of Health-Related Prosecutions, and EHT Pharmacy LLC, DBA Curexa, Respondent, by and through its attorney, Rachael G. Pontikes, agree:

A. The pharmacy license of EHT Pharmacy LLC, DBA Curexa, license No. 054.018557, is REPRIMANDED.

B. Respondent shall pay a FINE of two thousand dollars ($2,000.00) within thirty (30) days of the effective date of this Order. Said fine shall be paid by personal check, cashier's check, or personal money order. In the notation portion of the check, this Case No. 2017-04086 shall be noted. Said check shall be made payable to:

Illinois Department of Financial and Professional
SSC-Accounts Receivable Section- Fines
P.O. Box 7086
Springfield, Illinois 62791-7086

C. Failure by Respondent to comply fully with the terms and conditions of this Consent Order shall be grounds for the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation to issue an Order mandating the immediate and automatic indefinite suspension of Respondent's Pharmacy license for a minimum period of one (1) year. Respondent may file an appropriate Petition within thirty (30) days from date the order was entered to contest the underlying factual basis of the indefinite suspension Respondent shall be afforded a hearing on the merits following the filing of the Petition.

D. This Consent Order is a public disciplinary action and will be reported to all applicable

public indexes, including the National Association of Boards of Pharmacy. This Consent Order will be available to the general public;

E. This Consent Order shall become effective upon signing and approval by the Director of the Division of Professional Regulation of the Department of Financial and Professional Regulation.

F. The above-named Respondent consents to electronic service of the Final Director's Order in lieu of service by certified mail. Service shall be made upon Respondent and Respondent's Attorney's email addresses of record with the Department.

G. A copy of any original signature(s) affixed to this Consent Order shall be given the full force and effect of an original signature(s) affixed to this Consent Order.

Signatures on the following page.

DIVISION OF PROFESSIONAL REGULATION
of the State of Illinois

8/7/18
DATE

Brandon R. Thom
Enforcement Attorney, Health-Related Prosecutions

7/17/18
DATE

EHT Pharmacy LLC
Respondent

7/12/18
DATE

Rachael G. Pontikes
Attorney for Respondent

9/11/2018
DATE

Member-
Illinois State Board of Pharmacy

This Consent Order is approved in full.

DATED THIS 22 DAY OF September, 2018.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY BRYAN A. SCHNEIDER

Director Jessika Baer
Division of Professional Regulation

Case No. 2017-04086
License Nos. 054.018557

curexa
Formerly Jersey Shore Compounding Pharmacy

Curexa™ Specialty and Compounding Rx Services
3007 Ocean Heights Ave
Egg Harbor Township, NJ 08234
p. 855.927.0390 | f. 855.927.0392
www.curexa.com

December 18, 2018

RE: Report of Discipline

During a survey of our pharmacy located at the address stated above a NJ Board of Pharmacy noted two items during her review on 03/05/2018. These items were explained to the inspector prior to her departure and in subsequent correspondence. The Board has seen it fit to issue reprimand and penalty for these items which I will state and provide explanation.

The Inspector stated that a photocopy of a pharmacist license was displayed, and this violated NJAC 13:39-3.6 prohibiting reproduction of a license by any means. This pharmacist had her official, state-issued license in the display case as well. This was noted in the comments of the inspection document. Henceforth, Curexa will only post primary-source verification of any approved licenses prior to receiving a state-issued certificate.

The inspector noted that there were documents posted on www.curexa.com with the pharmacy name and contact information in the document heading. There was, at that time, indication on the form that the heading was to be removed prior to completing and submitting the form. Additionally, the following statement is, and has been, on Curexa's website;

> *The following forms are intended for informational purposes only and do not always constitute a complete prescription to Curexa Pharmacy. Forms are for licensed prescriber use only to assist in the Curexa Pharmacy enrollment process. Faxed prescriptions may only be accepted by licensed prescribing practitioners as required by state prescribing laws. If you have any further questions, please contact us at 855.927.0390.*

This was stated as a violation of NJSA 45:14-65(b) "providing or causing to be provided to a physician, dentist, veterinarian or other person authorized to prescribe, prescription blanks or forms bearing the pharmacist's or pharmacy's name, address or other means of identification". These forms have been amended to remove all mentions of the pharmacy.

The attached documents have been provided for your review of the matter.

Kindest regards,

Kevin Judeich, PHR, CPhT.

Quality, Regulatory, and Compliance Analyst

kjudeich@curexa.com

phone: 855.927.0390 ext. 311

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

New Jersey Office of the Attorney General

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

GURBIR S. GREWAL
Attorney General

PAUL R. RODRÍGUEZ
Acting Director

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

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

November 6, 2018

Mark Taylor, RPIC
Curexa
3007 Ocean Heights Avenue
Egg Harbor Twp., NJ 08234

Re: Inspection #8-5028-18-412
Date of Inspection: 3/5/18

Dear Mr. Taylor:

This letter is to advise you that the New Jersey State Board of Pharmacy has had an opportunity to review information concerning the above inspection report.

Upon review of all available information, the Board has preliminarily found that you have violated those items listed on Attachment A.

The Board has determined that it will offer you an opportunity to settle this matter and thereby avoid the initiation of further disciplinary proceedings. Should you wish to avail yourself of this opportunity, you **MUST SIGN THE ATTACHED CERTIFICATION** and agree to the following:

> **PAY A PENALTY IN THE AMOUNT OF $1,050.00** and **PROVIDE TO THE BOARD A LETTER OF CORRECTIVE ACTION.** (To be paid immediately upon your signing of the attached acknowledgment.)

Alternatively you may waive your right to a hearing and submit a written statement or explanation to the Board. The Board will then consider your submission and render a final decision, which may include any of the terms set forth above. This disposition will be a public record. Please take notice that if the Board determines that the initial inspection findings require a reinspection to ensure that cited deficiencies have been properly addressed, you may be subject to any costs associated with the reinspection.

If you do not wish to settle this matter, you may request a hearing. In that event, this letter will serve as notice of the charges against you and a hearing will be scheduled before the

Board. At that hearing you may, either personally or with the assistance of an attorney, submit determination concerning the charges of unlawful activity. You should be aware that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in this letter. Additionally, the Board may, if the facts are found to so warrant, enter an order, requiring you to reimburse certain monies, direction you to cease and desist from engaging in unlawful acts and/or requiring you to pay costs incurred by the Board. Should you have any questions concerning this letter or the settlement offer herein, I suggest that you contact the Board at (973) 504-6450.

The enclosed Certification **MUST** be completed and returned to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within this time, the Board's settlement offer will be withdrawn, and the allegations contained herein shall be deemed admitted, and the Board will proceed to finally review that matter and enter an appropriate order.

NEW JERSEY STATE BOARD OF PHARMACY

By: _____
Anthony Rubinaccio, RPh
Executive Director

AR/rh
(9/18)

CERTIFICATION

I, Mark Taylor, hereby acknowledge that I have read and reviewed the Board's letter dated November 6, 2018 regarding allegations of violations of the Board's enabling act and/or regulations.

Please Check One:

[✓] I acknowledge the conduct which has been charged and agree to:

1. **Cease and desist from engaging in the conduct alleged and pay a penalty in the amount of $1,050.00** (to be paid upon signing of this Certification).

2. **Send a Letter of Corrective Action**, as requested by the Board, with this Certification.

I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this Certification are public documents.

[✓] I hereby waive any rights I may have to a hearing in this matter and defend myself against any charges, but ask the Board to consider my explanation before rendering its final decisions. I understand that the Board may order any of the terms specified in its letter and that the Certification are public documents.

[ ] I request a formal administrative hearing to contest the charges specified by the Board. I understand that I will be advised of the time, date and place for that hearing at another time. I am aware that I may be represented by an attorney and that at the time of the hearing I may submit to the Board testimony and documentation relevant to the charges. I understand that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in its letter and may order such other remedies as it may deem appropriate. I am also aware that this proceeding is a matter of public record and that the Board's letter and this Certification are public documents.

(Signature)

Dated: 12/7/18

Mark Taylor
(Print Name)

Ref: Mark Taylor, RPIC
Curexa
(28RS00626400)
3007 Ocean Heights Avenue
Egg Harbor Twp., NJ 07512
Inspection #8-5028-18-412
AR/rh
(9/18)

ATTACHMENT A

Curexa – 3007 Ocean Heights Avenue, Egg Harbor Township, New Jersey 08234
Pharmacist-In-Charge: Mark Taylor
Bureau File #8-5028-18-412, **Period:** 3/5/18
Reference: Board of Pharmacy inspection activity conducted pursuant to N.J.S.A.45:1-18 and N.J.S.A.45:14-48(a)1

Details

CITE	DESCRIPTION
N.J.A.C.13:39-3.6	Kerri Hartman had a photocopy of her biennial renewal license displayed in the pharmacy.
N.J.S.A.45:14-65(b)	The pharmacy provides medication order forms to prescribers which bear the pharmacy's name, telephone number, and fax number. Examination of the pharmacy's website revealed that medication order forms bearing the name, telephone number, and fax number of the pharmacy are availabl for prescribers to download.
TOTAL: $1,050.00	

curexa

12/7/2018

New Jersey State Board of Pharmacy

Mr. Anthony Rubinaccio,

We are in receipt of your letter regarding Curexa's March 5, 2018 inspection and follow up discipline. As described in our original letter to the State Board, the "Prescription Forms" bearing our name on them found on our website were for informational purposes only. We will replace these with forms that do not have any reference to Curexa.

We will also contact any prescribers currently sending prescriptions to us and instruct them to destroy any printed or copied prescription forms with any reference to Curexa in their possession. Curexa will not provide any forms moving forward that have any reference to Curexa.

The photocopied license was removed the day of our inspection.

Please contact us with any questions.

Sincerely,

Mark Taylor, RPIC

855.927.0390 855.927.0392 3007 Ocean Heights Ave. Egg Harbor Township, NJ 08234

LOUISIANA BOARD OF PHARMACY

BATON ROUGE, LOUISIANA

IN THE MATTER OF: **CONSENT ORDER**

EHT PHARMACY D/B/A CUREXA

LOUISIANA PHARMACY PERMIT NO. 7700 **Case No. 19-0252**

****

CONSENT AGREEMENT

WHEREAS, EHT PHARMACY D/B/A CUREXA (hereinafter referred to as "Respondent"), holding Louisiana Pharmacy Permit No. 7700, 3007 Ocean Heights Ave Egg Harbor Township, NJ 08234-7749, was disciplined by Board Order issued by the Hawaii Board of Pharmacy on August 17, 2017 and by Board Order issued by the Colorado Board of Pharmacy on August 24, 2017.

WHEREAS, Respondent failed to report the Hawaii Board's and the Colorado Board's disciplinary actions to the Louisiana Board of Pharmacy (hereinafter 'Board') as part of its Application for Renewal of Pharmacy Permit for Year 2018.

WHEREAS, such action constitutes a violation of the following:

La. R.S. 37:1241(A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

La. R.S. 37:1241(A)(2): Has attempted to or obtained a license by misrepresentation.

LA. R.S. 37:1241(A)(6) Has had his license, permit, certification, registration or any other designations deemed necessary to engage in the practice of pharmacy revoked or suspended, or has had other disciplinary action taken, or has had his application for licensure refused, revoked, or suspended by the proper authorities of another state, territory, or country based upon conduct by the licensee similar to conduct that would constitute grounds for action as defined in this Section.

La. R.S. 37:1241(A)(7): Has failed to report to the board any adverse action taken by another government agency, law enforcement agency, or court that would constitute grounds for action as defined in this Section.

La. R.S. 37:1241(A)(22): Has failed to furnish to the board or representatives any information legally requested by the board.

To facilitate the submission of this Consent Agreement, Respondent agrees that there is sufficient evidence upon which to predicate a finding of those violations.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

1. **Louisiana Pharmacy Permit No. 7700 belonging to EHT PHARMACY D/B/A CUREXA is issued a LETTER OF REPRIMAND.**

2. **EHT PHARMACY D/B/A CUREXA is ordered to pay a fine of $10,000.00 and to reimburse the Board $250.00 for administrative costs, with total payment due the Board of $10,250.00, due by *certified check or money order* to be paid simultaneously with the execution of this Consent Agreement by Respondent.**

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter and waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing, and to judicial review of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not become binding on the Board unless and until approved by the Board at formal meeting. However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon its authorized representative signing said Order.

Respondent agrees to authorize the Board to report this action to the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) as required by law.

I, Mark Tayon, authorized to act on behalf of and acting on behalf of EHT PHARMACY D/B/A CUREXA, understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of this case.

It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

SIGNED, AGREED TO AND ENTERED ON THIS 1st DAY OF December, 2019.

EHT PHARMACY D/B/A CUREXA
Louisiana Pharmacy Permit No. 7700

BY: ~~Authorized~~ Representative

APPROVED FOR SUBMISSION TO THE LOUISIANA BOARD OF PHARMACY:

CARLOS M. FINALET, III
General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on November 13, **2019**, the Board hereby adopts said Agreement as a Final Order of the Board.

FOR THE BOARD:

Carl W. Aron
President and Hearing Officer for the Board

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IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE**
EHT PHARMACY LLC d/b/a CUREXA	)	
	)	**BOARD OF PHARMACY**
Permit No.: 114076	)	
	)	
and	)	**CASE NO: 19-L-0008**
	)	
MARK KELSO TAYLOR	)	
	)	
License No.: 19108	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against EHT Pharmacy LLC d/b/a Curexa (hereinafter referred to as "EHT") and Mark Kelso Taylor (hereinafter referred to as "Taylor") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement, as amended, which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and EHT and Taylor, through their counsel, engaged in negotiations and as a result, the matters at issue were resolved informally by the parties who agreed to the entry of this Consent Order which includes the following terms:

1. The Board finds EHT has violated the provisions of the Alabama Pharmacy Practice Act based upon the conduct set forth in all applicable Counts of the

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Statement.

2. The Board finds Taylor has violated the provisions of the Alabama Pharmacy Practice Act based upon the conduct set forth in all applicable Counts of the Statement.

3. EHT shall pay an administrative fine in the amount of Three Thousand Dollars ($3,000.00) and Taylor shall pay an administrative fine in the amount of One Thousand Five Hundred Dollars ($1,500.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall EHT or Taylor attempt to discharge the same.

4. EHT and Taylor expressly waive their rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. EHT and Taylor further waive any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

5. By execution of this Consent Order, EHT and Taylor hereby release the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with

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the matters relating to this Consent Order and Statement.

6. EHT and Taylor acknowledge and agree that they have read this Consent Order and that they fully understand the terms, conditions and contents of the same. EHT and Taylor acknowledge and agree that they voluntarily and of their own free will accept the terms and conditions set out in this Consent Order and are signing this Consent Order on the advice of their attorney.

DONE this the 9th day of December, 2019.

EHT PHARMACY, LLC d/b/a CUREXA

BY: _____

ITS: Managing Member

_____

Mark Kelso Taylor

_____

Sarah E. Merkle, Attorney for EHT Pharmacy, LLC d/b/a Curexa and Mark Kelso Taylor

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DONE this the 11th day of December, 2019.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Kenny Sanders, R.Ph., President

_____
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & COOPER, LLC
2100A Southbridge Parkway
Suite 645
Birmingham, AL 35209
(205) 871-5404

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK
OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3878/951-6400
1411 BROADWAY – TENTH FLOOR
NEW YORK, NEW YORK 10018-3498

March 25, 2021

EHT Pharmacy, LLC Curexa , Nonresident Pharmacy Establishment)
3007 Ocean Heights Avenue
Egg Harbor Township, NJ 08234

Re: Reg. No. 030596

Dear Mr. Taylor :

Enclosed please find Order No. 31984. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to timely meet the requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

MICHAEL KINLEY
Director of Investigations
By:

Ghenaida Slack

GHENAIDA SLACK
Supervisor

MK/GS/ers
Enclosure
CERTIFIED MAIL – RRR
cc:

The University of the State of New York

IN THE MATTER

OF

EHT PHARMACY, LLC CUREXA
(Nonresident Pharmacy Establishment)

DUPLICATE ORIGINAL VOTE AND ORDER NO. 31984

Upon the application of EHT PHARMACY, LLC CUREXA, under Calendar No. 31984, which application is made a part hereof, and in accordance with the provisions of Title VIII of the Education Law, it was

VOTED (March 15, 2021): That the application of EHT PHARMACY, LLC CUREXA, respondent, for a consent order be granted; and that the Deputy Commissioner for the Professions be empowered to execute, for and on behalf of the Board of Regents, all orders necessary to carry out the terms of this vote;

and it is

ORDERED: That, pursuant to the above vote of the Board of Regents, said vote and the provisions thereof are hereby adopted and **SO ORDERED**, and it is further

ORDERED that this order shall take effect as of the date of the personal service of this order upon the respondent or five days after mailing by certified mail.

EHT PHARMACY, LLC CUREXA (31984)

IN WITNESS WHEREOF, I, Sarah S. Benson, Deputy Commissioner for the Professions, for and on behalf of the State Education Department and the Board of Regents, do hereunto set my hand, at the City of Albany, this 15th day of March, 2021.

Sarah S. Benson

SARAH S. BENSON
DEPUTY COMMISSIONER
FOR THE PROFESSIONS

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

EHT PHARMACY, LLC
CUREXA

which is currently registered to operate
a nonresident pharmacy establishment
in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 31984

MARK KELSO TAYLOR states:

That I am a member of **EHT PHARMACY, LLC, CUREXA**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 1, 2011, Respondent was registered to operate a nonresident pharmacy establishment in the State of New York, having been issued registration number 030596 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate the aforesaid nonresident pharmacy establishment in the State of New York from an address at 3007 Ocean

EHT PHARMACY, LLC, CUREXA

Heights Avenue, Egg Harbor Township, New Jersey 08234.

Respondent has been charged with one specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A".

Respondent admits guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, to wit: Alabama discipline (failure to comply with federal regulations).

Respondent hereby agrees to the penalty that the registration to operate a nonresident pharmacy establishment in the State of New York be subject to a censure and reprimand and that respondent be fined ten thousand ($10,000.00) dollars, said fine to be paid by certified or bank cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, New York State Education Department, 1411 Broadway, Tenth Floor, New York, New York

10018-3496 within three (3) months after the effective date of the Order served herein.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

EHT PHARMACY, LLC, CUREXA

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

EHT PHARMACY, LLC
CUREXA



Respondent

By: 

MARK KELSO TAYLOR

EXHIBIT "A"

EHT PHARMACY, LLC
CUREXA

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent, by its agents and employees, is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York state, constitute professional misconduct in New York state, to wit: committing unprofessional conduct within the purview and meaning of New York Education law section 6509(9), in specific violation of 8 NYCRR section 29.1(b)(1), in that:

> Respondent, in or about 2016, while practicing pharmacy in the state of Alabama, was disciplined by the Alabama licensing board for grossly negligent failure to comply with substantial provisions of Federal rules governing the practice of the profession in that Respondent compounded and dispensed drugs that were not approved for dispensing to humans by the Federal Drug Administration.

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

----------X

IN THE MATTER

of the

Disciplinary Proceeding

Against

EHT PHARMACY, LLC
CUREXA

APPLICATION FOR CONSENT ORDER

CAL. NO. 31984

which is currently registered to operate a nonresident pharmacy establishment in the State of New York.

----------X

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

EHT PHARMACY, LLC
CUREXA

Dated: , 2020

Respondent

BY:

MARK TAYLOR KELSO

Dated: , 2020

Member, State Board of Pharmacy

Dated: 11/24, 2020

Dennis K. Spellane
Executive Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 1-7-, 2021

J Cottrell
Member, Board of Regents

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

IN THE MATTER OF:	**BEFORE THE ALABAMA STATE**
EHT PHARMACY LLC d/b/a CUREXA f/k/a EHT PHARMACY LLC d/b/a JERSEY SHORE PHARMACY	**BOARD OF PHARMACY**
Non-Resident Pharmacy Permit Number: 114076/202111	**CASE NO: 16-L-0037**
and	
MARK TAYLOR	
License Number: 19108	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy (EHT) and Mark Taylor (Taylor) which resulted in the filing of a Statement of Charges and Notice of Hearing, as amended (Statement), alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and EHT and Taylor through their counsel engaged in negotiations and as a result the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. Counsel for the Board and counsel for EHT and Taylor stipulate that EHT and Taylor deny for all legal purposes other than this proceeding the allegations set forth in the Statement but stipulate that for the purposes of this proceeding the Board would introduce sufficient evidence to meet its required burden of proof. Accordingly, the Board finds EHT and Taylor have violated the provisions of the Alabama Pharmacy

AUG 24 2016

Practice Act based upon the conduct set forth in all Counts of the Statement.

2. EHT and Taylor shall pay an administrative fine in the amount of Ten Thousand Dollars ($10,000.00) within thirty (30) days of the effective date of this Consent Order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall EHT and/or Taylor attempt to discharge the same.

3. EHT and Taylor expressly waive their rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. EHT and Taylor further waive any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, EHT and Taylor hereby release the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. EHT and Taylor acknowledge and agree that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing

thereof, result in further disciplinary sanctions against EHT's permit and/or Taylor's license, including, but not limited to revocation.

6. EHT and Taylor acknowledge and agree that they have read this Consent Order and that it fully understand the terms, conditions and contents of the same. EHT and Taylor acknowledge and agree that they voluntarily and of their own free will accept the terms and conditions set out in this Consent Order and are signing this Consent Order on the advice of their attorney.

DONE this the 22 of July, 2016.

EHT PHARMACY LLC D/B/A CUREXA F/K/A EHT PHARMACY LLC D/B/A JERSEY SHORE PHARMACY

BY: Mark Taylor

ITS: Curexa

Mark Taylor

Jonathan E. Beiling, attorney for EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy and Mark Taylor

DONE this the 6th of September, 2016.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Timothy A. Martin, Pharm.D., President

By: _____
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & WILSON, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
EHT PHARMACY LLC d/b/a CUREXA f/k/a EHT PHARMACY LLC d/b/a JERSEY SHORE PHARMACY	)	BOARD OF PHARMACY
Non-Resident Pharmacy Permit Numbers 114076/202111	)	Case Number 16-L-0037
and	)	
MARK TAYLOR	)	
License Number 19108	)	

ORDER TO CONTINUE HEARING

The Respondents EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy and Mr. Mark Taylor, by and through their attorney of record, requested a continuance of the hearing for the above captioned cause, which was scheduled to be heard before the Alabama State Board of Pharmacy on June 21, 2016 at 1:00 P.M. Having considered the request and the Board having no opposition, the Administrative Hearing Officer is of the opinion that for good cause a continuance was due to be GRANTED.

THEREFORE IT IS ORDERED that the hearing for the above captioned cause is continued to July 19, 2016 at 1:00 P.M. at which time the matter will be heard and from time to time thereafter as may be required by the Board for the purpose of the hearing to determine the charges served on the Respondents.

All previously issued subpoenas, if any, remain in full force and effect and are lawful Orders for witnesses to appear on the above date and time.

All other aspects of previous Scheduling Order and Notice of Hearing and Statement of Charges remain unchanged.

DONE and ORDERED this the 12th day of May 2016.

VANCE L. ALEXANDER
ADMINISTRATIVE HEARING OFFICER

c: Mr. W. Scott Simpson, Esq. (via electronic mail wssimpson@smgblawyers.com)
Mr. Mark Taylor (via U.S. Mail)
Ms. Mitzi Ellenburg, Director of Operations (via electronic mail mellenburg@albop.com)
Dr. Susan Alverson, Executive Secretary (via electronic mail salverson@albop.com)
Mr. James S. Ward, Esq. (via electronic mail jward@wardwilsonlaw.com)

IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE**
EHT PHARMACY LLC d/b/a CUREXA	)	**BOARD OF PHARMACY**
f/k/a EHT PHARMACY LLC d/b/a	)	
JERSEY SHORE PHARMACY	)	
	)	
Non-Resident Pharmacy	)	**CASE NO: 16-L-0037**
Permit Number: 114076/202111	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: EHT Pharmacy LLC d/b/a
Curexa f/k/a EHT Pharmacy
LLC d/b/a Jersey Shore Pharmacy
3007 Ocean Heights Avenue
Egg Harbor Township, New Jersey 08234

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92(12), Code of Alabama (1975), §20-2-213(e) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on June 21, 2016 at 1:00p m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore (Curexa) should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that Curexa has been guilty of the following, to-wit:

COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(2) in that you violated the FD&C

by compounding and dispensing 10mg capsules of Domperidone for human use when the same is not approved by the FDA. During this time you dispensed Domperidone pursuant to one hundred one (101) prescriptions resulting in eleven thousand thirty-eight (11,038) capsules dispensed.

The Board alleges that the filling of each prescription is a separate and distinct violation.

COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(b) based upon any or all of the allegations of Count One above.

COUNT THREE

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count One above.

COUNT FOUR

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(f) based upon any or all of the allegations of Count One above.

COUNT FIVE

Violating Code of Alabama (1975), § 34-23-33(6) based upon any or all fo the allegations in the above Counts.

COUNT SIX

Violating Code of Alabama (1975), § 34-23-33(2) prior to November 25, 2015, by having nine (9) medications outdated from one (1) day to four (4) months in the active drug stock inventory.

COUNT SEVEN

Violating Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count Six above.

Further, pursuant to the provisions of Code of Alabama, (1975), §20-2-53 and §41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), §20-2-1, et. seq., issued pursuant to Code of Alabama (1975), §20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT EIGHT

Violating Code of Alabama (1975), §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 14th day of April, 2016.

ALABAMA STATE BOARD OF PHARMACY

Susan Alverson

By: Susan Alverson
Secretary

IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE BOARD OF PHARMACY**
EHT PHARMACY LLC d/b/a CUREXA f/k/a EHT PHARMACY LLC d/b/a JERSEY SHORE PHARMACY	)	
	)	
Non-Resident Pharmacy Permit Number: 114076/202111	)	**CASE NO: 16-L-0037**
	)	

MOTION TO AMEND

COMES NOW, the Alabama State Board of Pharmacy (Board) and moves the Hearing Officer for an Order amending the previously filed Statement of Charges and Notice of Hearing (SOC) based upon the following:

1. The Board inadvertently failed to name the supervising pharmacist, Mark Taylor, in the original SOC.
2. The original SOC should have named Taylor in all the counts and further included a Count involving his role as supervising pharmacist.
3. Based on the above, the Board seeks an Order allowing the amendment attached hereto as Exhibit "A", which will name Taylor as a respondent and add a Count involving allegations relating to his acts or omissions as the supervising pharmacist.

   The Counts against the pharmacy remain unchanged.
4. Respondent will not be prejudiced by the requested amendment.

WHEREFORE, PREMISES CONSIDERED, the Board respectfully prays that the Hearing Officer enter an Order allowing the amendment to the SOC set forth on Exhibit "A" hereto.

Respectfully submitted,

/s James S. Ward
Attorney for the Alabama State

Board of Pharmacy

OF COUNSEL:
Ward & Wilson, L.L.C.
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
Tel: 205-871-5404
jward@wardwilsonlaw.com

CERTIFICATE OF SERVICE

I hereby certify a copy of the foregoing has been served upon the parties listed below via E-mail transmittal and/or U.S. Mail this the 11th day of May, 2016.

Vance Alexander
P.O. Box [redacted]
Birmingham, Alabama 35238-0864
[redacted]@bellsouth.net

EHT Pharmacy LLC d/b/a
Curexa f/k/a EHT Pharmacy
LLC d/b/a Jersey Shore Pharmacy
3007 Ocean Heights Avenue
Egg Harbor Township, New Jersey 08234

Mark Taylor
EHT Pharmacy LLC d/b/a
Curexa f/k/a EHT Pharmacy
LLC d/b/a Jersey Shore Pharmacy
3007 Ocean Heights Avenue
Egg Harbor Township, New Jersey 08234

James S. Ward
OF COUNSEL

EXHIBIT "A"

IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE**
EHT PHARMACY LLC d/b/a CUREXA	)	**BOARD OF PHARMACY**
f/k/a EHT PHARMACY LLC d/b/a	)	
JERSEY SHORE PHARMACY	)	
	)	
Non-Resident Pharmacy	)	**CASE NO: 16-L-0037**
Permit Number: 114076/202111	)	
	)	
and	)	
	)	
MARK TAYLOR	)	
	)	
License Number: 19108	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: **EHT Pharmacy LLC d/b/a**
Curexa f/k/a EHT Pharmacy
LLC d/b/a Jersey Shore Pharmacy
Mark Taylor
3007 Ocean Heights Avenue
Egg Harbor Township, New Jersey 08234

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92 (12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on_____, 2016 at _____ ___.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why your license to practice pharmacy in this State should not be revoked, suspended or placed on probation or a monetary penalty imposed and/or why the permit to operate EHY Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy (Curexa) should not be revoked,

suspended or placed on probation or a monetary penalty imposed in that it is alleged that you and Curexa have been guilty of the following, to wit:

COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(2) in that you violated the FD&C by compounding and dispensing 10mg capsules of Domperidone for human use when the same is not approved by the FDA. During this time you dispensed Domperidone pursuant to one hundred one (101) prescriptions resulting in eleven thousand thirty-eight (11,038) capsules dispensed.

The Board alleges that the filling of each prescription is a separate and distinct violation.

COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(b) based upon any or all of the allegations of Count One above.

COUNT THREE

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count One above.

COUNT FOUR

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(f) based upon any or all of the allegations of Count One above.

COUNT FIVE

Violating Code of Alabama (1975), § 34-23-33(6) based upon any or all fo the allegations in the above Counts.

COUNT SIX

Violating Code of Alabama (1975), § 34-23-33(2) prior to November 25, 2015, by

having nine (9) medications outdated from one (1) day to four (4) months in the active drug stock inventory.

The Board alleges that each possession of outdated medication is a separate and distinct violation.

COUNT SEVEN

Violating Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count Six above.

COUNT EIGHT

As to Taylor, violating Code of Alabama (1975), § 34-23-33(12) in that you violated Board Rule 680-X-2.12(4)(h) and/or (i) based upon any or all of the allegations of Counts One and/or Six above.

Further, pursuant to the provisions of Code of Alabama, (1975), §20-2-53 and §41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), §20-2-1, et. seq., issued pursuant to Code of Alabama (1975), §20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT NINE

Violating Code of Alabama (1975), §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
EHT PHARMACY LLC d/b/a CUREXA f/k/a EHT PHARMACY LLC d/b/a JERSEY SHORE PHARMACY	)	BOARD OF PHARMACY
	)	
Non-Resident Pharmacy Permit Numbers 114076/202111	)	Case Number 16-L-0037

ORDER AMENDING STATEMENT OF CHARGES

The Alabama State Board of Pharmacy, by and through its attorney of record, moved to amend the Statement of Charges and Notice of Hearing for the Respondent EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy in the above captioned cause which is scheduled before the Alabama State Board of Pharmacy on June 21, 2016 at 1:00 P. M. Having considered the Motion, the Administrative Hearing Officer is of the opinion that the Motion is due to be GRANTED.

IT IS ORDERED that the Statement of Charges and Notice of Hearing dated April 14, 2016 naming EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy as Respondent is hereby Amended by adding Mark Taylor, License Number 19108 as an additional Respondent and Count Nine as follows:

"COUNT NINE

Violating Code of Alabama (1975), §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing."

DONE and ORDERED this the 12th day of May 2016.

VANCE L. ALEXANDER
ADMINISTRATIVE HEARING OFFICER

c: Mr. W. Scott Simpson, Esq. (via electronic mail wssimpson@smgblawyers.com)
Mr, Mark Taylor (via U.S. Mail)
Ms. Mitzi Ellenburg, Director of Operations (via electronic mail mellenburg@albop.com)
Dr. Susan Alverson, Executive Secretary (via electronic mail salverson@albop.com)
Mr. James S. Ward, Esq. (via electronic mail jward@wardwilsonlaw.com)

TEXAS STATE BOARD OF PHARMACY

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Kilgore

Gay Dodson, R.Ph.
Executive Director/Secretary
Austin

August 15, 2017

MARK TAYLOR RPH
[redacted]S 4TH AVE
GALLOWAY, NJ 08205

RE: In the Matter of Mark Taylor

Dear Mr. Taylor:

Enclosed is a copy of Agreed Board Order (ABO) #F-17-010 that was entered by the Texas State Board of Pharmacy (TSBP) concerning the above-referenced matter. TSBP entered this Order on August 1, 2017. The requirements and conditions of the enclosed Order and matters relating to the Order are discussed below.

REPRIMAND

As a result of entering ABO #F-17-010, the pharmacist license issued to Mark Taylor (#58326) is reprimanded.

ADMINISTRATIVE PENALTY (FINE)

Under the terms of this Order, the pharmacist license issued to Mark Taylor (#58326) is fined an administrative penalty (fine) of $1,000.00. **This fine is due on or before November 29, 2017.** Please make your cashier's 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-17-010) on the cashier's check or money order. **Note:** TSBP will **not** accept partial payments. You must submit payment for the full amount by the due date.

PRECEPTOR RESTRICTION

Please note that you may not serve as a preceptor, as explained below. Board Rule 283.6(c) states, in part:

> "No pharmacist may serve as a pharmacist preceptor if his or her license to practice pharmacy has been the subject of an order of the board imposing any penalty set out in the Act, §565.051, during the period he or she is serving as a pharmacist preceptor or within the three-year period immediately preceding application for approval as a pharmacist preceptor."

As a result of the entry of ABO #F-17-010 you may not serve as a preceptor until three years after the termination of all sanctions. Board Rule 283.6(c) also allows you to petition the Board, in writing, for approval to act as a preceptor. However, until such petition is granted, you may not serve as a preceptor.

RENEWAL APPLICATIONS

Prior to the next expiration date of your pharmacist license, you will complete a license renewal application for the TSBP. This application will require you to answer the question:

> "Have you 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-17-010, you must answer "yes" to this question for 36 months after the termination of all sanctions. Consequently, you must answer "yes" to this question on any renewal applications submitted beginning August 1, 2017, and ending November 29, 2020.

If you have any questions about this Order, please contact Carissa Garcia, Enforcement Specialist, at (512) 305-8054.

Sincerely,

Robert Rivera
Enforcement Program Manager

RR: cg

Enclosure: Agreed Board Order #F-17-010

AGREED BOARD ORDER #F-17-010

RE: IN THE MATTER OF
MARK TAYLOR
(PHARMACIST LICENSE #58326)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacist license number 58326 issued to Mark Taylor (Respondent).

By letter dated March 31, 2017, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

> Sections 565.001(a)(1), (2), (5), (12) and (16); and 565.001(b) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015); and
>
> Sections 281.7(a)(13); 281.7(a)(21); and 281.7(c)(3) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2016), as alleged in the Counts below.

The conduct described in the Consent Order by the Alabama State Board of Pharmacy is substantially similar to the conduct described in:

> Section 565.001(a)(1), (2), (12) and (13) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013);
>
> Sections 281.7(a)(12) and (13); 291.32(a)(2)(H); 291.32(c)(1)(E) and (F); and 295.3 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2015);
>
> Sections 431.002(25); and 431.114 of the Texas Food, Drug, and Cosmetic Act, TEX. HEALTH & SAFETY CODE ANN. (2013); and
>
> Sections 321(p)(1) and (2); 331(d); and 355(a) of the Federal Food, Drug, and Cosmetic Act (Title 21 U.S.C.) (2013).

COUNTS

(1) On or about April 29, 2016, Mark Taylor submitted an application for renewal of his pharmacist license to the Texas State Board of Pharmacy. On the application, Mr. Taylor falsely indicated that no professional disciplinary action was pending against him, when the disciplinary action by the Alabama State Board of Pharmacy described below in Count (2) was pending against him.

(2) On or about September 6, 2016, the Alabama State Board of Pharmacy entered a Consent Order against the Alabama pharmacist license number 19108 held by Mark Taylor. The Order was based on allegations contained in a Statement of Charges and Notice of

Hearing that while Mr. Taylor was acting as pharmacist-in-charge and a corporate officer of Curexa, the pharmacy compounded and dispensed 101 prescriptions for a drug product not approved by the federal Food and Drug Administration for human use, namely domperidone 10 mg. The Order imposed a $10,000 fine.

An informal conference was held in the Board's office on July 13, 2017, with Respondent in attendance. The informal conference was heard by a Board panel comprised of: Jeanne D. Waggener, R.Ph., Board Member; and Carol Fisher, R.Ph., M.P.A., Director of Enforcement; with Kerstin Arnold, General Counsel. Megan Holloway, Staff Attorney, was also in attendance.

At the aforementioned conference, Respondent waived the right to be represented by legal counsel. By signing this Order, Respondent neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent's license is reprimanded.

(2) Respondent shall pay an administrative penalty of one thousand dollars ($1,000) due one hundred twenty (120) days after the entry of this Order.

(3) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2015), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 1st day of August, 2017.

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:

Mark Taylor, R.Ph.

APPROVED AS TO FORM:

Kelstin Arnold, General Counsel
Texas State Board of Pharmacy

EXHIBIT 4

LOUISIANA BOARD OF PHARMACY

BATON ROUGE, LOUISIANA

IN THE MATTER OF: **CONSENT ORDER**

MARK KELSO TAYLOR

PHARMACIST LICENSE NO. 21436 **Case No. 18-0090**

****

CONSENT AGREEMENT

WHEREAS, **MARK KELSO TAYLOR** (hereinafter referred to as "Respondent"), holder of PHARMACIST LICENSE NO. 21436, was sanctioned by the Texas State Board of Pharmacy effective August 1, 2017. Such action is considered disciplinary action and was reported to the National Association of Boards of Pharmacy as such.

WHEREAS, Respondent failed to report this action on his 2018 renewal application as required.

WHEREAS, information received and/or gathered by the Board produced evidence indicating that Respondent violated the following laws and regulations:

La. R.S. 37:1241(A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

La. R.S. 37:1241(A)(2): Has attempted to or obtained a license by misrepresentation.

LA. R.S. 37:1241(A)(6) Has had his license, permit, certification, registration or any other designations deemed necessary to engage in the practice of pharmacy revoked or suspended, or has had other disciplinary action taken, or has had his application for licensure refused, revoked, or suspended by the proper authorities of another state, territory, or country based upon conduct by the licensee similar to conduct that would constitute grounds for action as defined in this Section.

La. R.S. 37:1241(A)(7): Has failed to report to the board any adverse action taken by another government agency, law enforcement agency, or court that would constitute grounds for action as defined in this Section.

La. R.S. 37:1241(A)(22): Has failed to furnish to the board or representatives any information legally requested by the board.

To facilitate the submission of this Consent Agreement, Respondent does not offer any defense to the allegations of violations cited above and further agrees that there is sufficient evidence upon which to predicate a finding of those violations.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

1. **PHARMACIST LICENSE NO. 21436 belonging to MARK KELSO TAYLOR is hereby issued a LETTER OF REPRIMAND.**

2. **MARK KELSO TAYLOR is ordered to pay a fine of $1,000.00 and reimburse the Board $250.00 for administrative costs for a total of $1,250.00 due by *certified check or money order* at the signing of this agreement.**

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter, waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing, and to judicial review of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not become binding on the Board unless and until approved by the Board at formal meeting.

However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon his signing said Order.

I, **MARK KELSO TAYLOR**, understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of my case.

It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

Respondent agrees that Respondent's execution of this Consent Agreement grants the Board the authority to collect any monies owed pursuant to this Consent Agreement and not paid to the Board notwithstanding the Board's acceptance of this Consent Agreement.

Respondent agrees to provide the Board with the following for reporting purposes to the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank (NPDB-HIPDB):

Respondent's National Provider Identifier (NPI) Number: 1790152957

Medicare Provider Number (if in the possession of one): N/A

SIGNED, AGREED TO AND ENTERED ON 2nd DAY OF March, 2018.

MARK KELSO TAYLOR
PHARMACIST LICENSE NO. 21436

APPROVED FOR SUBMISSION TO THE LOUISIANA BOARD OF PHARMACY:

CARLOS M. FINALET, III
3388 Brentwood Drive
Baton Rouge, LA 70808
General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on May 2nd, 2018, the Board hereby adopts said Agreement as a Final Order of the Board.

FOR THE BOARD:

Carl W. Aron, President and Hearing Officer for the Board

EXHIBIT B

AGREED BOARD ORDER #F-17-011

RE: IN THE MATTER OF
CUREXA
(PHARMACY LICENSE #25553)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 25553 issued to Curexa (Respondent), 3007 Ocean Heights Avenue, Egg Harbor Township, New Jersey 08234.

By letter dated March 31, 2017, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 565.002(a)(3), (10) and (13); and 565.002(c) of the Texas Pharmacy Act, TEX OCC. CODE ANN. Title 3, Subtitle J (2015); and

Section 281.8(c)(3) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2016), as alleged in the Counts below.

The conduct described in the disciplinary actions by the New Jersey State Board of Pharmacy and the Alabama State Board of Pharmacy is substantially similar to the conduct described in:

Section 565.002(a)(3) of the Texas Pharmacy Act, TEX OCC. CODE ANN. Title 3, Subtitle J (2013);

Sections 291.32(a)(2)(H); 291.32(c)(1)(E) and (F); 291.33(f)(2); and 295.3 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2015);

Sections 431.002(25); and 431.114 of the Texas Food, Drug, and Cosmetic Act, TEX. HEALTH & SAFETY CODE ANN. (2013); and

Sections 321(p)(1) and (2); 331(d); and 355(a) of the Federal Food, Drug, and Cosmetic Act (Title 21 U.S.C.) (2013).

COUNTS

(1) On or about October 24, 2007, the New Jersey State Board of Pharmacy issued a Settlement Letter against the New Jersey pharmacy license number 28RS00626400 held by Curexa (previously licensed in New Jersey as Jersey Shore Pharmacy). The Settlement was based on a deficiency identified during an inspection; specifically that potential drug allergies or chronic conditions were not recorded in the patient medication record. The Settlement imposed a $200 penalty and required that the pharmacy submit a letter of correction.

On or about August 3, 2009, Curexa (previously licensed as Jersey Shore Pharmacy) submitted an application for change of pharmacy name/location to the Texas State Board of Pharmacy. On the application, it was falsely indicated that the pharmacy had not been subject to professional disciplinary action within the last 36 months, when the pharmacy was subject to the disciplinary action by the New Jersey State Board of Pharmacy described above.

(2) On or about April 6, 2010, the New Jersey State Board of Pharmacy issued a Settlement Letter against the New Jersey pharmacy license number 28RS00626400 held by Curexa (previously licensed in New Jersey as Jersey Shore Pharmacy). The Settlement was based on a deficiency identified during an inspection; specifically that equipment was not inspected or sealed by the Department of Weights and Measures. The Settlement required that the pharmacy submit a letter of correction.

On or about April 27, 2011, Curexa (previously licensed as Jersey Shore Pharmacy) submitted an application for licensure renewal as a non-resident pharmacy to the Texas State Board of Pharmacy. On the application, it was falsely indicated that the pharmacy had not been subject to professional disciplinary action within the last 36 months, when the pharmacy was subject to the disciplinary action by the New Jersey State Board of Pharmacy described above.

(3) On or about November 25, 2015, the New Jersey State Board of Pharmacy issued a Settlement Letter against the New Jersey pharmacy license number 28RS00626400 held by Curexa. The Settlement was based on deficiencies identified during an inspection; specifically that drug stock inventory contained expired drugs, and that between January 21, 2015, and May 28, 2015, the pharmacy compounded and dispensed 101 prescriptions for a drug product not approved by the federal Food and Drug Administration for human use, namely domperidone 10 mg. The Settlement imposed a $100 penalty and required that the pharmacy submit a letter of correction.

(4) On or about September 6, 2016, the Alabama State Board of Pharmacy entered a Consent Order against the Alabama non-resident pharmacy permit number 114076/202111 held by Curexa (licensed in Alabama as EHT Pharmacy LLC d/b/a Curexa). The Order was based on allegations contained in a Statement of Charges and Notice of Hearing that the pharmacy compounded and dispensed 101 prescriptions for a drug product not approved by the federal Food and Drug Administration for human use, namely domperidone 10 mg. The Order imposed a $10,000 fine.

An informal conference was held in the Board's office on July 13, 2017, with Mark Taylor, R.Ph., Corporate Manager, EHJ Pharmacy, LLC, on behalf of Respondent; and Daniel Scott Distefano, R.Ph., Staff Pharmacist, in attendance. The informal conference was heard by a Board panel comprised of: Jeanne D. Waggener, R.Ph., Board Member; and Carol Fisher, R.Ph.,

M.P.A., Director of Enforcement; with Kerstin Arnold, General Counsel. Megan Holloway, Staff Attorney, was also in attendance.

By appearing at the informal conference and by signing this Order, Mark Taylor neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent's license is reprimanded.

(2) Respondent shall pay an administrative penalty of two thousand dollars ($2,000) due one hundred twenty (120) days after the entry of this Order.

(3) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2015), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 1st day of August, 2017.

Suzette Oyerinne RPh.
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:

Mark Taylor, R.Ph., Corporate Manager, EHJ Pharmacy, LLC
For and on behalf of Curexa

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

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I IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE**
EHT PHARMACY LLC d/b/a CUREXA	)	
	)	**BOARD OF PHARMACY**
	)	
Permit No.: 114076	)	
	)	
and	)	**CASE NO: 19-L-0008**
	)	
MARK KELSO TAYLOR	)	
	)	
License No.: 19108	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against EHT Pharmacy LLC d/b/a Curexa (hereinafter referred to as "EHT") and Mark Kelso Taylor (hereinafter referred to as "Taylor") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement, as amended, which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and EHT and Taylor, through their counsel, engaged in negotiations and as a result, the matters at issue were resolved informally by the parties who agreed to the entry of this Consent Order which includes the following terms:

1. The Board finds EHT has violated the provisions of the Alabama Pharmacy Practice Act based upon the conduct set forth in all applicable Counts of the

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Statement.

2. The Board finds Taylor has violated the provisions of the Alabama Pharmacy Practice Act based upon the conduct set forth in all applicable Counts of the Statement.

3. EHT shall pay an administrative fine in the amount of Three Thousand Dollars ($3,000.00) and Taylor shall pay an administrative fine in the amount of One Thousand Five Hundred Dollars ($1,500.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall EHT or Taylor attempt to discharge the same.

4. EHT and Taylor expressly waive their rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. EHT and Taylor further waive any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

5. By execution of this Consent Order, EHT and Taylor hereby release the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with

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the matters relating to this Consent Order and Statement.

6. EHT and Taylor acknowledge and agree that they have read this Consent Order and that they fully understand the terms, conditions and contents of the same. EHT and Taylor acknowledge and agree that they voluntarily and of their own free will accept the terms and conditions set out in this Consent Order and are signing this Consent Order on the advice of their attorney.

DONE this the 9th day of December, 2019.

EHT PHARMACY, LLC d/b/a CUREXA

BY: _____

ITS: Managing Member

_____

Mark Kelso Taylor

_____

Sarah E. Merkle, Attorney for EHT Pharmacy, LLC d/b/a Curexa and Mark Kelso Taylor

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DONE this the 11th day of December, 2019.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Kenny Sanders, R.Ph., President

_____
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & COOPER, LLC
2100A Southbridge Parkway
Suite 645
Birmingham, AL 35209
(205) 871-5404

IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE**
EHT PHARMACY LLC d/b/a CUREXA	)	
	)	**BOARD OF PHARMACY**
Permit No.: 114076	)	
	)	
and	)	**CASE NO: 19-L-0008**
	)	
MARK KELSO TAYLOR	)	
	)	
License No.: 19108	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: EHT Pharmacy LLC d/b/a Curexa
3007 Ocean Heights Avenue
Egg Harbor Township, New Jersey 08234

Mark Kelso Taylor
[redacted] S 4th Avenue
Galloway, New Jersey 08205

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92 (12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on December 17, 2019 at 8.00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why your license to practice pharmacy in this State should not be revoked, suspended or placed on probation or a monetary penalty imposed and/or why the permit to operate EHT Pharmacy LLC d/b/a Curexa (Curexa) should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that you and Curexa have been guilty of the following, to wit:

COUNT ONE

As to Taylor, violating Code of Alabama (1975), § 34-23-33(1) in that you failed to disclose when required to do so on your pharmacy license renewal dated December 31, 2018 a Consent Order entered by the Louisiana State Board of Pharmacy on May 23, 2018 attached hereto as Exhibit "A" and as a result obtained the referenced renewal.

COUNT TWO

As to Taylor, violating Code of Alabama (1975), § 34-23-33(2) based upon the Louisiana Consent Agreement referenced above and/or the violations set out therein.

COUNT THREE

As to Taylor, violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon the allegations of the preceding Counts.

COUNT FOUR

As to Curexa, violating Code of Alabama (1975), § 34-23-33(1) in that you failed to disclose when required to do so on your pharmacy permit renewal dated December 26, 2018 the Agreed Order entered by the Texas State Board of Pharmacy on August 1, 2017 attached hereto as Exhibit "B" and as a result obtained the referenced renewal.

COUNT FIVE

As to Curexa, violating Code of Alabama (1975), § 34-23-33(2) based upon the Texas discipline set out above and/or violations set out therein.

COUNT SIX

As to Curexa, violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count Five above.

COUNT SEVEN

As to Curexa, violating Code of Alabama (1975), § 34-23-33(1) in that you failed to disclose when required to do so on your pharmacy permit renewal dated December 26, 2018 the Stipulation and Final Agency Order entered by the Colorado State Board of Pharmacy on July 14, 2017 attached hereto as Exhibit "C" and as a result obtained the referenced renewal.

COUNT EIGHT

As to Curexa, violating Code of Alabama (1975), § 34-23-33(2) based upon the Colorado discipline set out above and/or violations set out therein.

COUNT NINE

As to Curexa, violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count Eight above.

COUNT TEN

As to Curexa, violating Code of Alabama (1975), § 34-23-33(1) in that you failed to disclose when required to do so on your pharmacy permit renewal dated December 26, 2018 the Consent Agreement and Order entered by the Pennsylvania State Board of Pharmacy on April 10, 2018 attached hereto as Exhibit "D" and as a result obtained the referenced renewal.

COUNT ELEVEN

As to Curexa, violating Code of Alabama (1975), § 34-23-33(2) based upon the Pennsylvania discipline set out above and/or violations set out therein.

COUNT TWELVE

As to Curexa, violating Code of Alabama (1975), § 34-23-33(13) in that you

violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count Eleven above.

COUNT THIRTEEN

Violating Code of Alabama (1975), § 34-23-33(2) based upon the entry of a Consent Order by the Illinois Department of Financial and Professional Regulation Division of Professional Regulation dated September 22, 2018 attached hereto as Exhibit "E".

COUNT FOURTEEN

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count Thirteen above.

Further, pursuant to the provisions of Code of Alabama, (1975), § 20-2-53 and § 41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), § 20-2-1, et. seq., issued pursuant to Code of Alabama (1975), § 20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT FIFTEEN

Violating Code of Alabama (1975), § 20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), § 34-23-1 et seq., said violation being based upon the allegations contained in any or all of the preceding Counts of this Statement of Charges and Notice of Hearing.

Notice is further given that in the event you are found guilty of the allegations

contained in any or all of the preceding Counts contained in this Statement of Charges and Notice of Hearing, the Board may consider in assessing punishment the Consent Order entered by the Board on September 6, 2016, said document being attached hereto and made a part hereof as Exhibit "F".

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 11th day of February, 2019.

ALABAMA STATE BOARD OF PHARMACY

By: Donna C. Yeatman
Executive Secretary

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE, PROSECUTIONS DIVISION
80 WOLF ROAD; SUITE 204
ALBANY, NEW YORK 12205-2643
Tel. (518) 485-9351
Fax (518) 485-8361

October 6, 2020

EHT Pharmacy, LLC, CUREX
Attn.: Mark Taylor
3007 Ocean Heights Avenue
Egg Harbor Township, New Jersey 08234-0000

Re: **In the disciplinary matter of EHT Pharmacy, LLC**

Dear Mr. Taylor:

Unfortunately the Application for Consent Order that you signed and returned to me last spring was incorrectly drafted in that the name of the current registration in New York reads as EHT Pharmacy, LLC, CUREX. That now needs to be corrected on the enclosed consent application and it will necessary for you to re-sign in the TWO places indicated and return it to me.

I am enclosing a UPS envelope for you to return the signed white backed original to me as soon as possible. If you have any questions about this please call me at (518)485-9351. Thank you and I apologize for this inconvenience.

Very truly yours,

Karen Eileen Carlson

Karen Eileen Carlson, Esq.
Deputy Director

KEC/lkc

Enclosures

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF

PHARMACY

IN THE MATTER OF

EHT PHARMACY, LLC CUREXA

APPLICATION FOR CONSENT ORDER

KAREN EILEEN CARLSON
Acting Director of Prosecutions
Office of Professional Discipline

New York State Education Department
Office of Professional Discipline – Prosecutions
80 Wolf Road; Suite 204
Albany, New York 12205-2643

KAREN EILEEN CARLSON
Prosecuting Attorney
(518) 485-9351

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

EHT PHARMACY, LLC
CUREXA

which is currently registered to operate
a nonresident pharmacy establishment
in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 31984

MARK KELSO TAYLOR states:

That I am a member of **EHT PHARMACY, LLC, CUREXA,** hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 1, 2011, Respondent was registered to operate a nonresident pharmacy establishment in the State of New York, having been issued registration number 030596 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate the aforesaid nonresident pharmacy establishment in the State of New York from an address at 3007 Ocean

EHT PHARMACY, LLC, CUREXA

Heights Avenue, Egg Harbor Township, New Jersey 08234.

Respondent has been charged with one specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A".

Respondent admits guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (Alabama discipline).

Respondent hereby agrees to the penalty that the registration to operate a nonresident pharmacy establishment in the State of New York be subject to a censure and reprimand and that respondent be fined ten thousand ($10,000.00) dollars, said fine to be paid by certified or bank cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, New York State Education Department, 1411 Broadway, Tenth Floor, New York, New York

10018-3496 within three (3) months of the effective date of the Order served herein.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

EHT PHARMACY, LLC, CUREXA

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

EHT PHARMACY, LLC
CUREXA

_____
Respondent

By: _____
MARK KELSO TAYLOR

EXHIBIT "A"

EHT PHARMACY, LLC
CUREXA

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent, by its agents and employees, is charged with committing unprofessional conduct within the purview and meaning of New York Education law section 6509(9), in specific violation of 8 NYCRR section 29.1(b)(1), in that:

Respondent, in or about 2016, while practicing pharmacy in the state of Alabama, compounded and dispensed drugs that were not approved for dispensing to humans by the Federal Drug Administration. The State of Alabama disciplined Respondent for this conduct as well.

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

Against

EHT PHARMACY, LLC
CUREXA

APPLICATION FOR CONSENT ORDER

CAL. NO. 31984

which is currently registered to operate
a nonresident pharmacy establishment
in the State of New York.
----------X

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

EHT PHARMACY, LLC
CUREXA

Dated: , 2020

Respondent

BY:

MARK TAYLOR KELSO

Dated: , 2020

Attorney for Respondent

Dated: , 2020

Executive Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: , 2020

Member, Board of Regents

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

MARK KESLO TAYLOR, R.PH.
License No. 53-02-044260,
Respondent.

File No. 53-19-001427

CONSENT ORDER

On October 14, 2019, the Department of Licensing and Regulatory Affairs executed an Administrative Complaint charging Respondent with violating the Public Health Code, MCL 333.1101 *et seq.*

Respondent has admitted that the facts alleged in the Complaint are true and constitute violation(s) of the Public Health Code. The Michigan Board of Pharmacy's Disciplinary Subcommittee (DSC) has reviewed this Consent Order and Stipulation and 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 violation(s) of MCL 333.16221(b)(x) and (f).

Accordingly, IT IS ORDERED that for the cited violation(s) of the Public Health Code:

Respondent is FINED $500.00, to be paid to the State of Michigan within 60 days of the effective date of this Order. Respondent shall **direct payment** to the **Department of Licensing and Regulatory Affairs, Enforcement Division,**

Compliance Section, 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 shall clearly display **File Number 53-19-001427.**

If Respondent fails to comply with the terms and conditions of this Order, Respondent's license shall be automatically SUSPENDED for a minimum of one day. If, within six months of the suspension of the license, Respondent complies with the terms of this Order, the license shall be automatically reinstated.

If Respondent's license remains suspended for more than six months, Respondent must apply for reinstatement of the license. If Respondent applies for reinstatement of the license, application for reinstatement shall be in accordance with sections MCL 333.16245 and 333.16247.

This Order shall be effective 30 days from the date signed by the DSC, as set forth below.

MICHIGAN BOARD OF PHARMACY

By: _____ for
Chairperson, Disciplinary Subcommittee

Dated: June 10, 2020

STIPULATION

1. The facts alleged in the Complaint are true and constitute violation(s) of MCL 333.16221(b)(x) and (f).

2. Respondent understands and intends that by signing this Stipulation Respondent is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act, MCL 24.201 *et seq.*, to require the Department to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent is waiving the right to appear with an attorney and such witnesses as Respondent may desire to present a defense to the charges.

3. This matter is a public record required to be published and made available to the public pursuant to the Michigan Freedom of Information Act, MCL 15.231 *et seq.*, and this action will be reported to the National Practitioner Data Bank and any other entity as required by state or federal law.

4. Factors taken into consideration in the formulation of this Order are as follows:

   a. Respondent states that his employer pharmacy, Curexa, is licensed in all 50 states and relied on a third-party vendor for its disciplinary reporting needs. Since this Complaint was executed, Respondent states that Curexa has changed its reporting procedures and has corrected the reporting problems related to the third-party vendor.

5. Charles T. Mollien, PharmD, J.D., a member of the Board who supports this proposal, and the Department's representative are free to discuss this matter with the DSC and recommend acceptance of the resolution set forth in this Order.

6. This Order is approved as to form and substance by Respondent and the Department and may be entered as the final order of the DSC in this matter.

7. This proposal is conditioned upon acceptance by the DSC. Respondent and the Department expressly reserve the right to further proceedings without prejudice should this Order be rejected.

AGREED TO BY:

Forrest Pasanski, Director
Enforcement Division
Bureau of Professional Licensing

Dated: 4-28-2020

AGREED TO BY:

Mark Keslo Taylor, R.Ph.
Respondent

Dated: 3/11/2020

sde

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

MARK KESLO TAYLOR, R.PH.
License No. 53-02-044260,
Respondent.

File No. 53-19-001427

ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs, by Forrest Pasanski, Enforcement Division Director, Bureau of Professional Licensing, complains against Respondent as follows:

1. The Michigan Board of Pharmacy is an administrative agency established by the Public Health Code, MCL 333.1101 *et seq*. Pursuant to MCL 333.7311, MCL 333.16226, and MCL 333.17768, the Board's Disciplinary Subcommittee is empowered to discipline persons for violations of the Public Health Code.

2. Respondent is currently licensed as a pharmacist in the state of Michigan. Respondent's address of record with the Department is Galloway, New Jersey.

3. On September 6, 2016, the Alabama State Board of Pharmacy (Alabama Board) executed a Consent Order (Order) with EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy (pharmacy) and Respondent that fined the pharmacy and Respondent $10,000.00. The Alabama Board's

Order was based on allegations that the pharmacy compounded and dispensed 101 prescriptions (totaling 11,038 capsules) of Domperidone for human use when the same was not approved by the FDA and having nine medications outdated from one day to four months in the active drug stock inventory. A copy of the Order, marked Exhibit A, is attached and incorporated.

4. Respondent failed to notify the Department of the action taken by the Alabama Board within 30 days from the date of the action.

5. On August 1, 2017, the Texas State Board of Pharmacy (Texas Board) issued an Agreed Board Order against Respondent based on Respondent submitting an April 29, 2016 application for renewal of his pharmacist license to the Texas Board and falsely indicating that no professional disciplinary action was pending against him when the Alabama action described above was pending against Respondent. Licensee was reprimanded and fined $1,000.00. A copy of the Order, marked Exhibit B, is attached and incorporated.

6. Respondent failed to notify the Department of the action taken by the Texas Board within 30 days from the date of the action.

COUNT I

The actions by the Alabama and Texas Boards, as set forth above, constitute final adverse administrative actions by a licensure, registration, disciplinary, or certification board involving the holder of, or an applicant for, a license or registration

regulated by another state or a territory of the United States, in violation of MCL 333.16221(b)(x).

COUNT II

Respondent's conduct, as set forth above, evidences a failure to notify the Department of the disciplinary actions by the Alabama and Texas Boards within 30 days from the date of the actions, as required by MCL 333.16222(4), in violation of MCL 333.16221(f).

RESPONDENT IS NOTIFIED that, pursuant to MCL 333.16231(8), Respondent has 30 days from the date of receipt of this Complaint to answer this Complaint in writing and to show compliance with all lawful requirements for licensure. Respondent shall submit the response to the Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, MI 48909.

Respondent's failure to submit an answer within 30 days is an admission of the allegations in this Complaint. If Respondent fails to answer, the Department shall transmit this Complaint directly to the Board's Disciplinary Subcommittee to impose a sanction, pursuant to MCL 333.16231(9).

Dated: 10-14-19

Forrest Pasanski, Director
Enforcement Division
Bureau of Professional Licensing

Attachments
sde

IN THE MATTER OF: EHT PHARMACY LLC d/b/a CUREXA f/k/a EHT PHARMACY LLC d/b/a JERSEY SHORE PHARMACY Non-Resident Pharmacy Permit Number: 114078/202111 and MARK TAYLOR License Number: 19108	BEFORE THE ALABAMA STATE BOARD OF PHARMACY CASE NO: 16-L-0037

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy (EHT) and Mark Taylor (Taylor) which resulted in the filing of a Statement of Charges and Notice of Hearing, as amended (Statement), alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as Exhibit "A."

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and EHT and Taylor through their counsel engaged in negotiations and as a result the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. Counsel for the Board and counsel for EHT and Taylor stipulate that EHT and Taylor deny for all legal purposes other than this proceeding the allegations set forth in the Statement but stipulate that for the purposes of this proceeding the Board would introduce sufficient evidence to meet its required burden of proof. Accordingly, the Board finds EHT and Taylor have violated the provisions of the Alabama Pharmacy

AUG 2 9 2016

Practice Act based upon the conduct set forth in all Counts of the Statement.

2. EHT and Taylor shall pay an administrative fine in the amount of Ten Thousand Dollars ($10,000.00) within thirty (30) days of the effective date of this Consent Order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall EHT and/or Taylor attempt to discharge the same.

3. EHT and Taylor expressly waive their rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. EHT and Taylor further waive any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, EHT and Taylor hereby release the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. EHT and Taylor acknowledge and agree that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing

thereof, result in further disciplinary sanctions against EHT's permit and/or Taylor's license; including, but not limited to revocation.

6. EHT and Taylor acknowledge and agree that they have read this Consent Order and that it fully understand the terms, conditions and contents of the same. EHT and Taylor acknowledge and agree that they voluntarily and of their own free will accept the terms and conditions set out in this Consent Order and are signing this Consent Order on the advice of their attorney.

DONE this the 22 of July, 2016.

EHT PHARMACY LLC D/B/A CUREXA F/K/A EHT PHARMACY LLC D/B/A JERSEY SHORE PHARMACY

BY: Mark Taylor

ITS: Curexa

Mark Taylor

Jonathan E. Belling, attorney for EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy and Mark Taylor

DONE this the 6th of September, 2016.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Timothy A. Martin, Pharm.D., President

By: _____
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & WILSON, LLC
2100A Southbridge Parkway
Suite 650
Birmingham, AL 35209
(205) 871-5404

EXHIBIT "A"

IN THE MATTER OF: EHT PHARMACY LLC d/b/a CUREXA f/k/a EHT PHARMACY LLC d/b/a JERSEY SHORE PHARMACY Non-Resident Pharmacy Permit Number: 114076/202111 and MARK TAYLOR License Number: 19108	BEFORE THE ALABAMA STATE BOARD OF PHARMACY CASE NO: 16-L-0037

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: EHT Pharmacy LLC d/b/a
Curexa f/k/a EHT Pharmacy
LLC d/b/a Jersey Shore Pharmacy
Mark Taylor
[redacted]

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92 (12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on _____, 2016 at _____ m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why your license to practice pharmacy in this State should not be revoked, suspended or placed on probation or a monetary penalty imposed and/or why the permit to operate EHY Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy (Curexa) should not be revoked,

suspended or placed on probation or a monetary penalty imposed in that it is alleged that you and Curexa have been guilty of the following, to wit:

COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(2) in that you violated the FD&C by compounding and dispensing 10mg capsules of Domperidone for human use when the same is not approved by the FDA. During this time you dispensed Domperidone pursuant to one hundred one (101) prescriptions resulting in eleven thousand thirty-eight (11,038) capsules dispensed.

The Board alleges that the filling of each prescription is a separate and distinct violation.

COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(b) based upon any or all of the allegations of Count One above.

COUNT THREE

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count One above.

COUNT FOUR

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(f) based upon any or all of the allegations of Count One above.

COUNT FIVE

Violating Code of Alabama (1975), § 34-23-33(6) based upon any or all to the allegations in the above Counts;

COUNT SIX

Violating Code of Alabama (1975), § 34-23-33(2) prior to November 25, 2015, by

having nine (9) medications outdated from one (1) day to four (4) months in the active drug stock inventory.

The Board alleges that each possession of outdated medication is a separate and distinct violation.

COUNT SEVEN

Violating Board Rule 680-X-2-.22(2)(d) based upon any or all of the allegations of Count Six above.

COUNT EIGHT

As to Taylor; violating Code of Alabama (1975), § 34-23-33(12) in that you violated Board Rule 680-X-2-.12(4)(h) and/or (i) based upon any or all of the allegations of Counts One and/or Six above.

Further, pursuant to the provisions of Code of Alabama, (1975), §20-2-53 and §41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), §20-2-1, et seq., issued pursuant to Code of Alabama (1975), §20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT NINE

Violating Code of Alabama (1975), §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

AGREED BOARD ORDER #F-17-010

RE: IN THE MATTER OF
MARK TAYLOR
(PHARMACIST LICENSE #58326)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacist license number 58326 issued to Mark Taylor (Respondent).

By letter dated March 31, 2017, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 565.001(a)(1), (2), (5), (12) and (16); and 565.001(b) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015); and

Sections 281.7(a)(13); 281.7(a)(21); and 281.7(c)(3) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2016), as alleged in the Counts below.

The conduct described in the Consent Order by the Alabama State Board of Pharmacy is substantially similar to the conduct described in:

Section 565.001(a)(1), (2), (12) and (13) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013);

Sections 281.7(a)(12) and (13); 291.32(a)(2)(H); 291.32(c)(1)(E) and (F); and 295.3 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2015);

Sections 431.002(25); and 431.114 of the Texas Food, Drug, and Cosmetic Act, TEX. HEALTH & SAFETY CODE ANN. (2013); and

Sections 321(p)(1) and (2); 331(d); and 355(a) of the Federal Food, Drug, and Cosmetic Act (Title 21 U.S.C.) (2013).

COUNTS

(1) On or about April 29, 2016, Mark Taylor submitted an application for renewal of his pharmacist license to the Texas State Board of Pharmacy. On the application, Mr. Taylor falsely indicated that no professional disciplinary action was pending against him, when the disciplinary action by the Alabama State Board of Pharmacy described below in Count (2) was pending against him.

(2) On or about September 6, 2016, the Alabama State Board of Pharmacy entered a Consent Order against the Alabama pharmacist license number 19108 held by Mark Taylor. The Order was based on allegations contained in a Statement of Charges and Notice of

Hearing that while Mr. Taylor was acting as pharmacist-in-charge and a corporate officer of Curexa, the pharmacy compounded and dispensed 101 prescriptions for a drug product not approved by the federal Food and Drug Administration for human use, namely domperidone 10 mg. The Order imposed a $10,000 fine.

An informal conference was held in the Board's office on July 13, 2017, with Respondent in attendance. The informal conference was heard by a Board panel comprised of: Jeanne D. Waggener, R.Ph., Board Member; and Carol Fisher, R.Ph., M.P.A., Director of Enforcement; with Kerstin Arnold, General Counsel. Megan Holloway, Staff Attorney, was also in attendance.

At the aforementioned conference, Respondent waived the right to be represented by legal counsel. By signing this Order, Respondent neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent's license is reprimanded.

(2) Respondent shall pay an administrative penalty of one thousand dollars ($1,000) due one hundred twenty (120) days after the entry of this Order.

(3) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2015), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 1st day of August, 2017.

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:

Mark Taylor, R.Ph.

APPROVED AS TO FORM:

Kelstin Arnold, General Counsel
Texas State Board of Pharmacy

S:\Attorneys\PNLs 0117 - 1217\Taylor, Mark\Taylor, Mark_ABO_853311.docx

10C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 04244	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: InfuCare Rx, LLC

Physical Address: 2540 Market Street, Suite1

City: Aston State: PA Zip: 19014

Mailing Address (if different from physical address): PO Box 2578

City: Secaucus State: NJ Zip: 07096

Telephone: 877-828-3940 Toll Free # (NAC 639.708, NRS 639.23286): 877-828-3940

Fax: 877-828-3941 Contact Email: licensing@infucarerx.com

Website: www.infucarerx.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Andrew Wee ~ NV Temp 22276

Supervising/Managing Pharmacist NV Pharmacist Registration #: RP439835 (PA)

Type of Pharmacy (check all applicable)

- ■ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

- ■ Retail/Community
- ☐ Non-sterile Compounding
- ■ Sterile Compounding
- ☐ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ■ Saturday ■ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)	
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____
Name: _____	NV Pharmacist Registration #: _____

Section 3: History of Company	Yes	No
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)?		✓
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 from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
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?		✓
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)?		✓
If you marked YES to any of the number questions (1-5) above, a <u>signed statement of explanation must be attached</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>		

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)		
Name: N/A	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Pennsylvania

Parent Company (if any): InfuCare Rx, Inc.

Corporation/Organization Name: InfuCare Rx, LLC

Mailing Address: 695 US Highway 46, Suite 100

City: Fairfield State: NJ Zip: 07004

Telephone: 877-828-3940 Email: licensing@infucarerx.com

Contact Person Name: Daynee Perez

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Secretary & General Counsel (title) for InfuCare Rx, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Tiffany Samantha Scheppers

Print Name of Authorized Person

Original Signature of Authorized Person (copies or stamps not accepted)

12/2/2021

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Tiffany Samantha Scheppers hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Secretary & General Counsel (title) for InfuCare Rx, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 02 day of Dec., 2021

Notary Public Brayan Loor

BRAYAN LOOR
NOTARY PUBLIC
MECKLENBURG COUNTY, NC
Comm Exp
JUNE 19 2026

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tiffany Samantha Scheppers

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

12/2/2021

Date

Board Use Only	Date Received: _____	Amount: 500 Check # 1000000509 ✓ Processed 12/9/21

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

11/18/2021

License Information

INFUCARE RX

2540 MARKET ST STE ONE
Aston, Pennsylvania 19014

Board/Commission:	State Board of Pharmacy	Status Effective Date:	09/11/2015
LicenseType:	Pharmacy	Issue Date:	09/11/2015
Specialty Type:	Inspected by Board	Expiration Date:	08/31/2023
License Number:	PP482586	Last Renewal:	07/02/2021
Status:	Active		

Prerequisite Information

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
ANDREW C WEE	Business Relationship	Pharmacist	RP439835	Active	07/27/2018	09/30/2022

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

ICRX LLC
0600468095

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Pennsylvania Foreign Limited Liability Company was registered by this office on June 02, 2020.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

CORPORATION SERVICE COMPANY
PRINCETON SOUTH CORPORATE CTR.
SUITE 160
EWING, NJ 08628

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 7th day of September, 2021

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6122865323

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

329

Commonwealth of Pennsylvania Department of State
Bureau of Professional and Occupational Affairs

Pharmacy

License Number
PP482586

Expiration Date
08/31/2023

Active

INFUCARE RX
ANDREW C WEE
2540 MARKET ST STE ONE
ASTON, PA 19014

OFFICIAL DOCUMENT

READ THE FOLLOWING INFORMATION CAREFULLY CONCERNING YOUR LICENSE

1. SIGN THE WALLET CARD AND CERTIFICATE WHERE INDICATED.
2. DETACH THE WALLET CARD AND CERTIFICATE AT PERFORATION.

Pennsylvania Licensing System (PALS)

Visit our website at: www.pals.pa.gov to renew your license, change your personal or license address, or order duplicate licenses.

INFUCARE RX
ANDREW C WEE
2540 MARKET ST STE ONE
ASTON, PA 19014

DISPLAY THIS CERTIFICATE PROMINENTLY • NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE

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

21 0102582

License Type
Pharmacy

INFUCARE RX
ANDREW C WEE
2540 MARKET ST STE ONE
ASTON, PA 19014

License Status
Active

Initial License Date
09/11/2015

Expiration Date
08/31/2023

License Number
PP482586

Commissioner of Professional and Occupational Affairs

Signature

ALTERATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE UNDER 18 PA.C.S.S. 4911

InfuCare Rx, LLC

List of stockholders who hold 10% or more of the shares

InfuCare Rx, Inc. 695 US Highway 46, Suite 100 Fairfield, NJ 07004 877-828-3940	100%

InfuCare Rx, LLC

List of officers

Dhara Patel, President
965 US Hwy 46, Ste 100
Fairfield, NJ 07004
877-828-3940

Tiffany Samantha Scheppers, Secretary and General Counsel
965 US Hwy 46, Ste 100
Fairfield, NJ 07004
877-828-3940

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Andrew C. Wee

Date: 01/12/2022
Amount:
License #: 22276

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:07/12/2022

Andrew C. Wee

License #
22276
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 22276

Expires: 07/12/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Andrew C. Wee

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1 – Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler InfuCare Rx, LLC

Physical Address 2540 Market Street STE 1

City Aston State PA Zip 19014

Mailing Address (if different from physical address) PO Box 2578

City Secaucus State NJ Zip 07096

Telephone 877-828-3940 Website WWW.InfuCareRx.com

Licensing Company Email Licensing@infucarerx.com

Section 2 – Designated Representative Information

First Andrew Middle Chi Last Wee

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Longview Lane

City Kennet Square State PA Zip 19348

Telephone [redacted] Email AWee@infucarerx.com

Are you a citizen of the United States? ■ Yes ☐ No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: N/A to: _____

Military Occupation/Specialty N/A

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

School Name			From - To (MM/YY – MM/YY)	
Philadelphia College of Pharmacy			08/00 - 05/04	
Address		City	State	Zip
600 S 43rd St, Philadelphia		Philadelphia	PA	19104
Diploma/Degree obtained, if any				
Doctor of Pharmacy				
School Name			From - To (MM/YY – MM/YY)	
Suny Buffalo			08/97 - 05/99	
Address		City	State	Zip
12 Capen Hall		Buffalo	NY	14260
Diploma/Degree obtained, if any				
None				
School Name			From - To (MM/YY – MM/YY)	
Liverpool High School			08/94 - 05/97	
Address		City	State	Zip
4338 Wetzel Road		Liverpool	NJ	13090
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/14 - Present	[redacted] Longview Lane	Kennett Square	PA	19348
From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/07 - 06/14	[redacted] Sandys Parish Rd	Landenberg	PA	19350
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)	
InfuCare Rx, LLC			07/18 - Present	
Business Address		**City**	**State**	**Zip**
2540 Market St. STE 1		Aston	PA	19014
Phone	**Title**		**Number of Employed Hours**	
877-828-3940	Pharmacist in Charge		6760	
Description of Duties				
Supervise the pharmacy staff to ensure accurate and safe job performance Directs, coordinates, and supervises all pharmacy activities				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials 

	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12-3-2021
Date

Applicant's initials

I, Andrew Wee, **certify that as the designated representative for**

_____,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Andrew Wee

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/3/2021

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andrew Wee

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/3/2021

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Essex

I, Andrew Wee, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12-3-2021

Date

Subscribed and Sworn to before me this 3 day of December 2021.

Notary Public Signature

ADELA LUNGU
NOTARY PUBLIC OF NEW JERSEY
Comm. # 2423604
My Commission Expires 8/3/2022
(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Infucare Rx LLC

Physical Address: 2540 Market Street, Suite1

City: Aston State: PA Zip: 19014

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 844-773-6779 Website: www.infucarerx.com

Licensing Company Email: licensing@infucarerx.com

Section 2: Personal Information

First: Tiffany Middle: Samantha Last: Scheppers

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] US Highway 46, Suite [redacted]

City: Fairfield State: NJ Zip: 07004

Telephone: [redacted] Email: tscheppers@infucarerx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: n/a to: n/a

Military Occupation/Specialty:

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials: TS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Missouri St Louis			
Address	**City**	**State**	**Zip**
1 University Blvd.	St. Louis	MO	63121-4400
Diploma/Degree obtained, if any			
MBA not completed			

School Name		From - To (MM/YY – MM/YY)	
St. Louis University School of Law			
Address	**City**	**State**	**Zip**
100 N Tucker Blvd	St Louis	MO	63101
Diploma/Degree obtained, if any			
Juris Doctor			

School Name		From - To (MM/YY – MM/YY)	
St. Louis University			
Address	**City**	**State**	**Zip**
1 N Grand Blvd	St Louis	MO	63101
Diploma/Degree obtained, if any			
Nursing			

School Name		From - To (MM/YY – MM/YY)	
Cornelia Connelly School of the Holy Child Jesus			
Address	**City**	**State**	**Zip**
2323 W Broadway	Anaheim	CA	92804
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] Lookout Circle	Waxhaw	NC	28173
	[redacted] Jones Crossing, #213	Charlotte	NC	28277
	[redacted] Polo Lake Dr	Ellisville	MO	63021

Applicant's initials JSS

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Infucare Rx Inc.			03/2021 - present
Business Address	**City**	**State**	**Zip**
695 US Highway 46, Suite 100	Fairfeild	NJ	07004
Phone	**Title**		
877-828-3940	General Counsel and Corporate Secretary		

Description of Duties

• Oversee all corporate, regulatory, employment, litigation, and compliance legal matters

Business Name			From - To (MM/YY – MM/YY)
Asembia, LLC			07/2019 - 12/2020
Business Address	**City**	**State**	**Zip**
200 Park Ave #300	Florham Park	NJ	07932
Phone	**Title**		
	Senior Vice President, General Counsel and Chief Compliance Officer; Corporate Secr		

Description of Duties

• Oversee all corporate, regulatory, employment, litigation, and compliance legal matters.
• Current Officer acting as Corporate Secretary.
• Advised executive leadership and Board of Directors on a variety of complex regulatory compliance matters

Business Name			From - To (MM/YY – MM/YY)
Outside General Counsel			03/2019 - 07/2019
Business Address	**City**	**State**	**Zip**
	Charlotte	NC	
Phone	**Title**		
	Outside General Counsel		

Description of Duties

• Delivered outsourced general counsel and compliance services to, and temporary coverage for, in-house general counsel and chief compliance officer clients, consisting of health care, pharma, biotech and CRO/CSO companies on all legal and regulatory

Business Name			From - To (MM/YY – MM/YY)
SYNEOS HEALTH, INC			08/2012 - 03/2019
Business Address	**City**	**State**	**Zip**
1030 Sync Street	Morrisville	NC	27560
Phone	**Title**		
	Senior Associate General Counsel & Chief Compliance Officer; Commercial Division		

Description of Duties

• Supervised legal and compliance teams across US, Canada, Europe and APAC, reporting directly to the General Counsel

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials TBS

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

12/2/2021
Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tiffany Scheppers

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/2/2021

Date

Please have this section completed in the presence of a Notary Public.

State of North Carolina, ss. County of Mecklenburg

I, Tiffany Scheppers, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/2/2021

Date

Subscribed and Sworn to before me this 02 day of Dec 2021.

Notary Public Signature Brayan Loor

BRAYAN LOOR NOTARY PUBLIC MECKLENBURG COUNTY, NC

Comm Exp. June 19 2026

(Seal)

Applicant's initials TS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: InfuCare Rx, LLC

Physical Address: 254 Market Street, Suite 1

City: Aston State: PA Zip: 19014

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 877-828-3940 Website: www.infucarerx.com

Licensing Company Email: licensing@infucarerx.com

Section 2: Personal Information

First: Dhara Middle: Last: Patel

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] US Highway 46, Suite [redacted]

City: Fairfield State: NJ Zip: 07004

Telephone: [redacted] Email: dbpatel@infucarerx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: n/a to: n/a

Military Occupation/Specialty:

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials: DP.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Armstrong Atlantic State University			
Address	City	State	Zip
11935 Abercorn St.	Savannah	GA	31419
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Richmond Hill High School			
Address	City	State	Zip
Diploma/Degree obtained, if any			
High School diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
present	[redacted] Vincent Rd.	Cedar Grove	NJ	07009
From - To (MM/YY – MM/YY)	Address [redacted] 7th St.	City Secaucus	State NJ	Zip 07094
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials DP.

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
InfuCare Rx, Inc.		present	
Business Address	**City**	**State**	**Zip**
695 US Highway 46, Suite 100	Fairfield	NJ	07004
Phone	**Title**		
877-828-3940	President		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials DP.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials DP.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

DLR

Original Signature (electronic, copies or stamps not accepted)

12/7/21

Date

Applicant's initials DP

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dhara Patel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/7/21

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Essex

I, Dhara Patel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/7/21

Date

Subscribed and Sworn to before me this 7th day of December, 2021

Notary Public Signature

ADELA LUNGU
NOTARY PUBLIC OF NEW JERSEY
Comm. # 2423604
My Commission Expires 8/3/2022

(Seal)

Applicant's initials DP

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

INFUCARE RX

2540 MARKET ST STE ONE

Aston, Pennsylvania, 19014

Phone:

Owner: INFUCARE RX LLC

LICENSE

License No: PP482586

Profession: Pharmacy

License Type: Pharmacy

Inspection Type: Non-Directed Routine

Inspection Date: 09/09/2021

Inspection Result: Passed

Remarks:

The undersigned licensee, designee, or other authorized representative of the licensee acknowledges the completion of this inspection and the results as indicated on the summary and checklist reports.

ROBERT MONTGOMERY	9/9/2021 2:53:43 PM	Andrew Wee - RP439835
Signature of Inspector	Date/Time	Signature of Owner/Representative

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

INFUCARE RX

2540 MARKET ST STE ONE

Aston, Pennsylvania, 19014

Phone:

Owner: INFUCARE RX LLC

LICENSE

License No: PP482586

Profession: Pharmacy

License Type: Pharmacy

Inspection Type: Non-Directed Routine

Inspection Date: 09/09/2021

Inspection Result: Passed

Remarks:

Question	Answer
Are all licenses current and posted?	YES
Is a "No Smoking" sign prominently posted?	YES
Is the generic equivalent sign and list of commonly used equivalents properly posted?	YES
Is there a refrigerator with temperature monitoring for drug storage only?	YES
Is hot and cold water available in the prescription area?	YES
Are current copies of all Federal, State, and Board statues and regulations pertaining to pharmacy practice available? (Internet access is acceptable)	YES
Are outdated drugs appropriately removed from active stock?	YES
Does the pharmacy meet all security requirements?	YES
Does the pharmacy have adequate equipment and supplies to enable it to properly prepare and dispense consistent with the pharmacy's scope of practice?	YES
Is the pharmacy in compliance with all sanitation, cleanliness, maintenance, and construction requirements?	YES
Do labels have all the required information and match the license record?	YES
Are all prescriptions verified by registered pharmacists?	YES
Is the name or initials of the dispensing pharmacist noted on the prescriptions?	YES
Are prescription files properly maintained? (electronic files are acceptable)	YES
Are transferred prescriptions properly recorded?	YES
Are Schedule II drugs securely locked in a substantially constructed cabinet or dispersed throughout the stock?	YES
Are there signed and dated protocols for each pharmacy technician?	YES
Does the pharmacy have an automated medication system?	NO
Does the pharmacy administer injectable medications, biologicals, or immunizations?	NO

10D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

☐ Nevada
☒ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 01867	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: IgG of America, Inc.

Physical Address: 514 Progress Drive, Ste. X-Z

City: Linthicum Heights State: MD Zip: 21090

Mailing Address (if different from physical address): One CVS Drive

City: Woonsocket State: RI Zip: 02895

Telephone: 877-674-9700 Toll Free # (NAC 639.708, NRS 639.23286): 877-674-9700

Fax: 877-402-4042 Contact Email: tania.cabral@cvshealth.com

Website: USbioservices.com

Nevada Business License # (if applicable)

Supervising/Managing Pharmacist Name (NRS 639.220): Gina Cohenour

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21645

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Retail/Community	☐ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☒ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
☒ Other: Specialty/home infusion	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy. (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Gina Cohenour	NV Pharmacist Registration #: 21645
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
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)?		X
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 from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
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?		X
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)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Caremark Rx, L.L.C.

Corporation/Organization Name: IgG of America, Inc.

Mailing Address: One CVS Drive

City: Woonsocket State: RI Zip: 02895

Telephone: 401-765-1500 Email: tania.cabral@cvshealth.com

Contact Person Name: Tania Cabral

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

Kimberley DeSousa/ Assistant Secretary

1. I am the Assistant Secretary (title) for IgG of America, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Linda M. Cimbron /Assistant Secretary

Print Name of Authorized Person

Linda M Cimbron

Original signature of Authorized Person (copies or stamps not accepted)

3/3/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

NA

Affidavit for Pharmacy License

I, _____ hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the _____ (title) for _____ (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

_____
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____.

_____
Notary Public

N/A

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: _____ Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Linda M. Cimbron/ Assistant Secretary

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Linda M. Cimbron — 5/3/22

Original signature of Authorized Person (copies or stamps not accepted) — Date

Board Use Only	Date Received: 9/16/2021	Amount: $500 CK# 30170834

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
GIna W. Cohenour

Date: 10/07/2021
Amount:
License #: 21645

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:04/07/2022

GIna W. Cohenour

License #
21645
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21645

Expires: 04/07/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

GIna W. Cohenour

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Details

Demographic Information

Name: IgG of America, inc. DBA: US Bioservices

Address Information

Address: 514 PROGRESS DRIVE
SUITE X

City: LINTHICUM **State:** MD **Zip:** 21090

Maryland License\Permit Information

Number: PW0285 **Type:** Pharmacy Waiver **Status:** Active

Original Issued: 11/29/2006 **Date Renewed:** 4/6/2020 **Expires:** 5/31/2022

Specialty: Sterile Compounding

Specialty: Other

No Related Documents

****Please refer to the Board's Formal Disciplinary Action page for the listing of all disciplinary actions.****

104412

State of Maryland

DEPARTMENT OF HEALTH

THE MARYLAND STATE BOARD OF PHARMACY
CERTIFIES THAT **Igg Of America, Inc. Dba: Us Bioservices**
IS A REGISTERED **Active**
License Expiration Date
Pharmacy Waiver **05/31/2022**

IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND

LIC. REG. PERM. NO.	EXPIRATION DATE
PW0285	05/31/2022

SECRETARY MDH

SIGNATURE OF BEARER

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID

Entity Name	IgG of America, Inc.

Management Name	Title	Address	Phone	Ownership
Conroy, John M.	President/Treasurer	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
Moffatt, Thomas S.	Vice President/Secretary	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
Beaulieu, Sheelagh M.	Assistant Treasurer	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
Clark, Jeffrey E.	Assistant Treasurer	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
Cimbron, Linda M.	Assistant Secretary	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
DeSousa, Kimberley M.	Assistant Secretary	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
St Angelo, Melanie K.	Assistant Secretary	One CVS Drive Woonsocket RI 02895	401-765-1500	0%

Owner	Caremark RX, L.L.C.
%	100%

STATE OF MARYLAND
Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT I.G.G. OF AMERICA, INC. (D04809968), INCORPORATED OCTOBER 16, 1997, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 24, 2022.

Michael L. Higgs
Director

301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: ETjreQR0oEOnsWFI81sEbw
To verify the Authentication Code, visit http://dat.maryland.gov/verify

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler IgG of America dba. US Bioservices

Physical Address 514 Progress Drive

City Linthicum Heights State MD Zip 21090

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 877-674-9700 Website _____

Licensing Company Email Permitinfo@cvshealth.com

Section 2: Personal Information

First Gina Middle White Last Cohenour

Alias(es, nicknames, name changes, etc.) Gina Alice White, Gina White Sauls

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Bilge Drive

City Severn State MD Zip 21144

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Applicant's initials GWC

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)		
Medical University of South Carolina	5/1991 - 5/1995		
Address	**City**	**State**	**Zip**
171 Ashley Avenue	Charleston	SC	29425
Diploma/Degree obtained, if any			
BS- Pharmacy			
School Name	**From - To (MM/YY – MM/YY)**		
Francis Marion University	8/1989 - 12/1992		
Address	**City**	**State**	**Zip**
4822 E Palmetto St	Florence	SC	
Diploma/Degree obtained, if any			
BS- Biology | Chemistry			
School Name	**From - To (MM/YY – MM/YY)**		
Williamsburg Academy	8/1977-5/1989		
Address	**City**	**State**	**Zip**
1000 Sandy Bay Rd	Kingstree	SC	29556
Diploma/Degree obtained, if any			
high school diploma			
School Name	**From - To (MM/YY – MM/YY)**		
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name	**From - To (MM/YY – MM/YY)**		
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1/2001 - Present	[redacted] Binge Drive	Severn	MD	21144
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____ 3

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: IgG of America dba US Bioservices			From - To (MM/YY – MM/YY): 4/4/16 - Present
Business Address: 514 Progress Drive Stex-2	City: Linthicum Heights	State: MD	Zip: 21090
Phone: 877-674-9700	Title: Pharmacy Manager / PIC		Number of Employed Hours: 12,000
Description of Duties: Prescription order verification to include drug utilization review. Management of home bound patients with complex drug therapies. Maintain operating policies and procedures, quality assurance and record keeping. Oversee and management of Pharmacy staff and facility operations.			
Business Name: Cigram Specialty / CVS Caremark			From - To (MM/YY – MM/YY): 6/2008 - 2016
Business Address: 7150 Columbia Gateway Drive Unit E	City: Columbia	State: MD	Zip: 21046
Phone: 800-227-3675	Title: Clinical Pharmacist		Number of Employed Hours: 16,000
Description of Duties: Process & verify Prescription orders. Manage patients on complex therapies of home infusions. Ensure proper record keeping.			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

3/1/2022
Date

Applicant's initials

I, Gina Cohenour, **certify that as the designated representative for** IgG of America dba US Bioservices,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Gina Cohenour
Print Name (First, Last)

Gina Cohenour
Original Signature (electronic, copies or stamps not accepted)

3/1/2022
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gina Cohenour
Print Name (First, Last)

Gina Cohenour
Original Signature (electronic, copies or stamps not accepted)

3/1/2022
Date

Please have this section completed in the presence of a Notary Public.

State of Maryland, ss. County of Harford

I, Gina Cohenour, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Gina Cohenour
Original Signature

3/2/2022
Date

Subscribed and Sworn to before me this 3rd day of March, 2022

Kira German
Notary Public Signature

KIRA B. GERMAN NOTARY PUBLIC HARFORD COUNTY, MD
(Seal)

Applicant's initials _____

MARYLAND
Department of Health
Larry J. Hogan, Governor - Boyd K. Rutherford, Lt. Governor - Robert R Neall, Secretary

MARYLAND BOARD OF PHARMACY
4201 Patterson Avenue, Baltimore, Maryland 21215-2299
Kevin M. Morgan, Board President, Deena Speights-Napata, Executive Director

SUPPLEMENTAL STERILE PROCESSING INSPECTION FORM

Maryland Pharmacy Permit Number	:	PW0285
Corporate Pharmacy Name	:	IgG of America, Inc. DBA: US Bioservices
Pharmacy Name-Doing Business as (d/b/a) or Trade Name	:	
Street Address	:	514 PROGRESS DRIVE, LINTHICUM, MD, 21090
Business Telephone Number	:	877-674-9700
Business Fax Number	:	877-402-4042
Inspection Date	:	07/23/2020
Arrival Time	:	08:29
Departure Time	:	15:50
Type of Inspection	:	○Opening ◉Annual ○Follow-up ○Others Select
Previous Date	:	09/10/2019
Name of Inspector	:	Jered Pasay

Pharmacy Hours

Monday: 8:30am - 5:00pm	Tuesday: 8:30am - 5:00pm	Wednesday: 8:30am - 5:00pm	Thursday: 8:30am - 5:00pm
Friday: 8:30am - 5:00pm	Saturday: Closed	Sunday: Closed	

Maryland Pharmacy Permit Number	PW0285	Expiration Date	05/31/2022
CDS Registration Number	NA	Expiration Date	
DEA Registration Number	NA	Expiration Date	

○ Yes ◉ No The pharmacy department provides service 24 hours a day. COMAR 10.34.05.

◉ Yes ○ No ○ N/A The pharmacy hours of operation are prominently displayed. COMAR 10.34.05.03B

◉ Yes ○ No All permits, licenses, and registrations are posted conspicuously. HO §12-311, HO §12-408(b) and HO §12-6B-08

○ Yes ◉ No The pharmacy fills original prescriptions received via the internet. If yes, how do pharmacists verify that a relationship exists between the patient and the prescriber?

NA

HG §21-220; COMAR 10.19.03.02 and .07

○ Yes ◉ No The pharmacy wholesale distributes to another pharmacy. COMAR 10.34.37

○ Yes ◉ No The pharmacy wholesale distributes to a wholesale distributor. COMAR 10.34.37

○ Yes ○ No ◉ N/A The wholesale distribution business exceeds 5% of the pharmacy annual sales. COMAR 10.34.37

Per Pharmacist Gina Cohenour, pharmacy does not wholesale distribute

Comments:

2. PERSONNEL

15570 15570 : GINA COHENOUR

Pharmacist Employee	License #	Status	Exp. Date	Vaccine Certification #	Status	Exp. Date	
GINA COHENOUR	15570	Active	02/28/2022				
LOPA PATEL	14355	Active	02/28/2021				
ROBERT J GUNN	09719	Active	03/31/2021	09719	Active	03/31/2021	
ALVENA WINETTE SHERARD	08462	Active	09/30/2020				
GASIM Osman HASSAB ELDAIM	23992	Active	07/31/2021	23992	Active	07/31/2021	

Pharmacist Employee	License #	Status	Exp. Date	Vaccine Certification #	Status	Exp. Date	
TRACY V JOHNSON	16326	Active	07/31/2022				
FREDERICA M COUPET	19532	Active	09/30/2021				
Mischelle C Smoot	25066	Active	05/31/2021				

Registered Technicians	Registration #	Status	Exp. Date	
CHRISTINE HARRINGTON	T14356	Active	07/31/2021	
DOMINIQUE N BRAXTON	T02687	Active	11/30/2021	
Heath Allen Gresko	T01374	Active	11/30/2021	

Unlicensed Personnel (non-registered)	Title	Duties	

Only Pharmacist Cohenour, and Technicians Braxton and Gresko perform sterile compounding
Reviewed CPR certification of Pharmacist Gunn, Eldaim

Comments:

3. FACILITY AND EQUIPMENT STANDARDS FOR COMPOUNDING STERILE PREPARATIONS

Documentation shows:

◉ Yes ○ No Certification that each LAFW (Laminar Air Flow Workbench), BSC (Biological Safety Cabinet), and CAI (Compounding Aseptic Isolator) is functioning properly and meets the air quality requirement of ISO Class 5, and is performed by a qualified operator(s) using current, state-of-the-art electronic air sampling at least every six months and whenever the LAFW, BSC, or CAI is relocated. COMAR 10.34.19.03B(5) & (10); COMAR 10.34.19.15D

◉ Yes ○ No The air quality of the clean room and anteroom area is evaluated by a qualified operator(s) for conformance to ISO Class 7 and ISO Class 8 requirements, as appropriate, at least every six months and when renovations occur. COMAR 10.34.19.03B(5); COMAR 10.34.19.15E

◉ Yes ○ No Records of clean room testing are maintained and reviewed by the supervising pharmacist. COMAR 10.34.19.07B(1)

◉ Yes ○ No Evidence of daily calibration and routine maintenance on the following equipment, if applicable, for use:

○Yes ○No ◉N/A Autoclave

○Yes ○No ◉N/A Electronic Balance

○Yes ○No ◉N/A Convection Oven

◉Yes ○No ○N/A Incubator

○Yes ○No ◉N/A Automated Compounding Devices (pumps) COMAR 10.34.19.10B

◉ Yes ○ No A refrigerator and freezer, if applicable, with sufficient capacity to meet the storage requirements for all material requiring refrigeration/freezing must be available in the facility. Evidence of maintenance of acceptable temperature ranges must be available. COMAR 10.34.19.10A

◉ Yes ○ No The facility must contain appropriate waste containers to isolate sharps, hazardous waste, biological, and chemotherapy waste. COMAR 10.34.19.09B(6) & .15F; COMAR 10.34.19.10A(3) Access to designated areas and clean rooms is limited to those individuals who are properly attired. COMAR 10.34.19.09A

◉ Yes ○ No All equipment used in the designated area or clean room must be made of a material that can be easily cleaned and disinfected. COMAR 10.34.19.09B(3)

○ Yes ○ No ◉ N/A Closed system vial transfer devices (CSTD) are employed when handling cytotoxic drugs. COMAR 10.34.19.12(17)

Pharmacy has appropriate waste containers
Pharmacy does not compound HDs

Comments:

4. COMPOUNDING AREA COMAR 10.34.19.09

◉ Yes ○ No Clean room walls, ceilings, counters, lighting fixtures and floors are made of non-porous, nonshedding, cleanable surfaces. COMAR 10.34.19.09B(3)

◉ Yes ○ No Supplies are stored in a manner that maintains integrity of an aseptic environment.

◉ Yes ○ No The anteroom contains a sink with hot and cold running water. COMAR 10.34.19.09C(2)(a)

None

Comments:

5.POLICIES AND PROCEDURES MUST ADDRESS: COMAR 10.34.19.12

Policies and procedures address at least the following:

◉ Yes ○ No The compounding, filling, and labeling of sterile compounds. COMAR 10.34.19.12C(6)(a), (c) and (d)

◉ Yes ○ No Proper labeling of the compounded sterile preparation including the intended route of administration and recommended rate of administration. COMAR 10.34.19.12C(6)(d)

◉ Yes ○ No Availability of equipment and supplies. COMAR 10.34.19.12C(3); COMAR 10.34.19.12C(17)(a)

◉ Yes ○ No The training of staff in the preparation of compounded sterile preparations. COMAR 10.34.19.12C(10); COMAR 10.34.19.14B

◉ Yes ○ No Staff competency evaluations. COMAR 10.34.19.14E

◉ Yes ○ No Quality Assurance Program. COMAR 10.34.19.12C(9); 10.34.19.15

◉ Yes ○ No All record keeping requirements COMAR 10.34.19.12C(7)

◉ Yes ○ No A written process, verified by a pharmacist, describing ingredients and the process for each preparation. COMAR 10.34.19.05B(4); COMAR 10.34.19.07B(1) and (2)

◉ Yes ○ No Documentation demonstrating that all personnel involved have read the policies procedures before compounding sterile preparations. COMAR 10.34.19.12B

◉ Yes ○ No Documentation of communication of policy and procedure for additions and deletions

◉ Yes ○ No The storage and handling of products and supplies. COMAR 10.34.19.12C(6)(b)

◉ Yes ○ No The storage and delivery of final preparation. COMAR 10.34.19.12(6)(b) and (f)

◉ Yes ○ No Media fill process verification testing. COMAR 10.34.19.12C(11)

◉ Yes ○ No The criteria for Beyond Use Dating (BUD). COMAR 10.34.19.12C(6)(e)

◉ Yes ○ No Personnel access and movement of materials into and near the compounding area. COMAR 10.34.19.12C(2)

◉ Yes ○ No The use and maintenance of environmental control devices used to create the critical area for manipulation of sterile preparations (e.g. laminar air flow workstations, biological safety cabinet, ISO Class 7 clean room, and/or CAIs. COMAR 10.34.19.12C(3)

◉ Yes ○ No A regular cleaning schedule for the controlled area and any equipment in the controlled area and the alternation of disinfectants (pharmacies subject to an institutional infection control policy may follow that policy).

◉ Yes ○ No The method used to monitor the environment for bacterial microorganisms. COMAR 10.34.19.12C(4)

◉ Yes ○ No The disposal of packaging materials, used syringes, containers, and needles to avoid accumulation and maintain sanitation in the controlled area. COMAR 10.34.19.12C(18); COMAR 10.34.19.15F

◉ Yes ○ No Written policies and procedures for the use of established master formulas and worksheets for sterile batch compounding, if applicable

○ Yes ○ No ◉ N/A Established sterilization procedures including documentation of results, if applicable. COMAR 10.34.19.12C(4)

◉ Yes ○ No ○ N/A End-product evaluation and testing, if applicable. COMAR 10.34.19.12C(11); COMAR 10.34.19.15H

Policies kept electronically part of AmerisourceBergen, last review 12/2019

Comments:

6. LABELING REQUIREMENTS COMAR 10.34.19.06

All labeling must include the following:

◉ Yes ○ No The name and concentration or amount of each ingredient contained in the preparation. COMAR 10.34.19.06B(7) and (8)

◉ Yes ○ No Instructions for storage and handling. COMAR 10.34.19.06B(12)

○ Yes ○ No ◉ N/A Cytotoxic agents include a special label which states "Chemotherapy-Dispose of Properly". COMAR 10.34.19.06B(13)

◉ Yes ○ No Beyond Use Dating. COMAR 10.34.19.06B(11)

◉ Yes ○ No For short dated preparations, labeling must include:

◉ Yes ○ No ○ N/A Time

◉ Yes ○ No ○ N/A Date

◉Yes ○No ○N/A Caution label/start-up time

Label attached under supporting documents

Comments:

7. RECORD KEEPING REQUIREMENTS COMAR 10.34.19.07

The following records must be maintained:

◉ Yes ○ No A readily retrievable medication profile for each patient. COMAR 10.34.19.07A

◉ Yes ○ No Compounding worksheets for preparations for future use, indicating the drug name and amount/dose, ingredient lot numbers, quantity prepared, preparation date and BUD. COMAR 10.34.19.07B(2)

◉ Yes ○ No ○ N/A Documentation for 3 years to include: COMAR 10.34.19.07B – 5 years

◉ Yes ○ No Training and competency evaluation of employees in sterile preparation procedures. COMAR 10.34.19.07B(1)(a)

◉ Yes ○ No Refrigerator and freezer temperatures. COMAR 10.34.19.07B(1)(b)

◉ Yes ○ No ○ N/A Certification of the testing of the sterile compounding environment.COMAR 10.34.19.07B(1)(c)

◉ Yes ○ No ○ N/A Other facility quality control logs specific to the pharmacy's policies and procedures (e.g. cleaning logs for facilities and equipment). COMAR 10.34.19.07B(1)(d)

◉ Yes ○ No ○ N/A Preparation records including the master work sheet, the preparation work sheet and records of end product evaluation, if applicable. COMAR 10.34.19.07B(1)(f)

◉ Yes ○ No ○ N/A Daily, weekly and monthly records of disinfection of workbench surface, walls, floors, ceilings, shelving, tables and stools, and after any unanticipated event which increases the risk of contamination. COMAR 10.34.19.07B(1)(d)

Comments:
Patient profiles kept electronically PRx
Compounding is tracked on worksheets
Master tracking sheet used to track pressures, temperatures, humidity, cleaning, and other quarterly/annual checks

8. INVENTORY CONTROL PROCEDURES

○ Yes ○ No ◉ N/A The pharmacy maintains records of wholesale distribution to other pharmacies separately from its other records. COMAR 10.34.37.03

○ Yes ○ No ◉ N/A The pharmacy maintains records of wholesale distribution to wholesale distributors separately from its records of wholesale distribution to other pharmacies. COMAR 10.34.37.03

Per Pharmacist Gina Cohenour, pharmacy does not wholesale distribute

Comments:

9. ATTIRE 10.34.19.13

◉ Yes ○ No ○ N/A Clean room garb consists of a non-shedding coverall, head cover, face mask, and shoe covers must be worn inside the designated area at all times. COMAR 10.34.19.13A(3)

◉ Yes ○ No ○ N/A Clean room garb must be donned and removed outside the designated area. COMAR 10.34.19.13A(4)

◉ Yes ○ No ○ N/A Hand, finger, and wrist jewelry must be removed. COMAR 10.34.19.13A(5)

◉ Yes ○ No ○ N/A Head and facial hair must be covered. COMAR 10.34.19.13A(3)(b)

◉ Yes ○ No ○ N/A Makeup must not be worn in clean room. COMAR 10.34.19.13A(7)

◉ Yes ○ No ○ N/A Protective gloves made of non-shedding materials are required. COMAR 10.34.19.11A

○ Yes ○ No ◉ N/A When preparing cytotoxic agents, appropriate personal protective equipment including gowns and gloves are worn. COMAR 10.34.19.12C(17); COMAR 10.34.19.14B

Pharmacy does not compound HDs

Comments:

Requirements may not apply if a barrier isolator is used to compound sterile preparations.

10. TRAINING OF STAFF, PATIENT, AND CAREGIVER COMAR 10.34.19.14

◉ Yes ○ No ○ N/A In non-hospital environments: Consultation shall be available to the patient and/or primary caregiver concerning proper use of compounded sterile preparations and related supplies furnished by the pharmacy. COMAR 10.34.19.14A

◉ Yes ○ No ○ N/A The supervising pharmacist shall ensure all personnel engaging in compounding sterile drug preparations shall have training and demonstrate on-going competence in the safe handling and compounding of sterile drug preparations including cytotoxic agents if applicable. COMAR 10.34.19.14B

◉ Yes ○ No ○ N/A Pharmacies must establish and follow a written program of training performance evaluation designed to ensure that each person working in the designated area has the knowledge and skills necessary to perform their assigned tasks properly. COMAR 10.34.19.14B(1)

◉ Yes ○ No ○ N/A The program of training and evaluation addresses the following:

◉ Yes ○ No ○ N/A Aseptic technique

◉ Yes ○ No ○ N/A Pharmaceutical calculations/terminology

◉ Yes ○ No ○ N/A Sterile preparations compounding documentation

◉ Yes ○ No ○ N/A Quality assurance procedures

◉ Yes ○ No ○ N/A Aseptic preparation procedures

◉ Yes ○ No ○ N/A Proper cleansing and garbing techniques

◉ Yes ○ No ○ N/A General conduct in the controlled area

◉ Yes ○ No ○ N/A Cleaning/sanitizing and maintaining equipment used in the controlled area

◉ Yes ○ No ○ N/A Sterilization techniques if applicable See COMAR 10.34.19.14E(1)(a) – (i) for above

◉ Yes ○ No ○ N/A Handling, storage, and delivery of sterile compounded preparations

◉ Yes ○ No ○ N/A Equipment training COMAR 10.34.19.14E(1)(j)

◉ Yes ○ No ○ N/A Competency assessment COMAR 10.34.19.14B

◉ Yes ○ No ○ N/A Equipment and closure system selection COMAR 10.34.19.14E(1)(j)

◉ Yes ○ No ○ N/A Each person assigned to the controlled area must successfully complete practical skills training in aseptic technique and aseptic area practices. COMAR 10.34.19.14E(2)

◉ Yes ○ No ○ N/A Evaluations must include written testing and a written protocol of periodic routine performance checks involving adherence to aseptic area policies and procedures. COMAR 10.34.19.14E(3)

◉ Yes ○ No ○ N/A Each person's proficiency and continuing training needs must be reassessed every 12 months (every 6 months for high-risk compounding). COMAR 10.34.19.14E(1)(a)

◉ Yes ○ No ○ N/A Records of training and demonstrated competence shall be available for each individual and shall be retained for three (3) years beyond the period of employment. 5 years for employees. COMAR 10.34.19.14C

Comments:
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Training is through the parent company and each branch as per specialty
Other certification through MOOG medical products
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11. DISPOSAL OF WASTE MATERIAL

◉ Yes ○ No ○ N/A Pharmacies compounding sterile preparations shall have written policies and procedures for disposal of infectious materials and/or materials containing cytotoxic residue or hazardous waste. COMAR 10.34.19.12C(18)

◉ Yes ○ No ○ N/A Procedures must include cleanup of spills and shall be in conformance with local health jurisdictions. COMAR 10.34.19.12C(4)

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Pharmacy has appropriate policies
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Comments:

12. QUALITY ASSURANCE AND PROCESS VERIFICATION COMAR 10.34.19.15

◉ Yes ○ No ○ N/A Each pharmacy shall have a documented, ongoing quality assurance program that monitors personnel performance, equipment and facilities. COMAR 10.34.19.12C; COMAR 10.34.19.15

◉ Yes ○ No ○ N/A The Quality Assurance Program shall include documentation of monitoring to assure successful:

◉ Yes ○ No ○ N/A Cleaning and sanitization of the parenteral medication preparation area. COMAR 10.34.19.15E

◉ Yes ○ No ○ N/A The storage of compounded parenteral preparations in the pharmacy and periodic documentation of refrigeration/freezer temperature. COMAR 10.34.19.15B

◉ Yes ○ No ○ N/A Steps taken in the event of a drug recall. COMAR 10.34.19.12C(6)(h)

◉ Yes ○ No ○ N/A Written justification including literature references of the chosen beyond use dates for compounded sterile preparations.

◉ Yes ○ No ○ N/A Written policies and procedures for implementing the immediate use exemption for admixtures.

◉ Yes ○ No ○ N/A Each individual involved in the preparation of compounded sterile preparations must successfully complete a verification process before being allowed to prepare sterile preparations. COMAR 10.34.19.14B

◉ Yes ○ No ○ N/A The verification process shall be carried out using the same personnel, procedures, equipment, and materials as normal production, except that an appropriate microbiological growth medium is used in the compounding process to verify the sterility of the final preparation. COMAR 10.34.19.12C(11); COMAR 10.34.19.15C

◉ Yes ○ No ○ N/A Completed media samples must be incubated according to currently accepted standards. COMAR 10.34.19.15C

◉ Yes ○ No ○ N/A If microbial growth is detected, then the sterile preparation process must be evaluated, corrective action taken, and the verification process repeated.

◉ Yes ○ No ○ N/A Personnel competency must be re-verified at least every 12 months (every 6 months for highrisk), whenever the quality assurance program yields an unacceptable result, or whenever improper aseptic technique is observed.

◉ Yes ○ No ○ N/A The verification and re-verification process must be documented. COMAR 10.34.19.07B(3)

◉ Yes ○ No ○ N/A Other personnel monitoring requirements as required by current standards must be performed, such as fingertip touch testing.

◉ Yes ○ No ○ N/A There must be current and appropriate reference materials regarding the compounding of sterile preparations located in or immediately available to the pharmacy. COMAR 10.34.19.16

◉ Yes ○ No ○ N/A Written documentation that the end product has been tested on a periodic sampling basis for microbial contamination and steps taken in the event that testing for contamination proves positive, if applicable. COMAR 10.34.19.15C

Reviewed media fill tests, weekly fingertip testing, competencies, and annual testing and calculations.

Comments:

CONTROLLED DANGEROUS SUBSTANCES WORKSHEET

Pharmacy: IgG of America, inc. DBA: US Bioservices
Permit#: PW0285
Date: 07/23/2020

Rx#: NA
Date Filled:

DRUG	NDC Number	ON HAND INVENTORY	PERPETUAL INVENTORY	
NA	NA			Clear
NA	NA			Clear
NA	NA			Clear
NA	NA			Clear

Pharmacy does not dispense controlled substances

Comments:

SCHEDULE II AUDIT

Drug: NA
NDC Number: NA
Date of last Inspection/Biennial: 09/10/2019

SCHEDULE II AUDIT

Amount at last inspection/biennial	0.00	(A)
Purchased since inspection/biennial	0.00	(B)
Total inventory	0	(C) = A + B
Quantity Dispensed	0.00	(D)
Expected Inventory	0	(E) = C - D
Quantity on Hand	0.00	(F)
Discrepancy	0	(G) = (F-E)excess or (E-F) shortage

INVOICE REVIEW

CII: NA

CIII - CV: NA

PRESCRIPTION REVIEW

CII#: NA

Date: NA

Comments:

CIII - CV#: NA

Date: NA

Comments:

Pharmacist Signature for Controlled Dangerous Substances Audit:

SCHEDULE II AUDIT

Amount at last inspection/biennial	0.00	(A)
Purchased since inspection/biennial	0.00	(B)
Total inventory	0	(C) = A + B
Quantity Dispensed	0.00	(D)
Expected Inventory	0	(E) = C - D
Quantity on Hand	0.00	(F)
Discrepancy	0	(G) = (F-E)excess or (E-F) shortage

INVOICE REVIEW

CII: NA

CIII - CV: NA

PRESCRIPTION REVIEW

CII#: NA

Date: NA

Comments:

CIII - CV#: NA

Date: NA

Comments:

Pharmacist Signature for Controlled Dangerous Substances Audit:

INSPECTOR'S COMMENTS:

Reviewed sterile inspection (virtual) with Gina Cohenour, Mischelle Smoot, and Angela Garcia, and shadowed by Trina Leak. Requirements as listed above were observed through documented communication with the facility staff to ensure that this facility meets the minimum requirement by state law. Documents attached to this inspection were provided during virtual communication with Gina Cohenour.

Pharmacy compounds low to medium risk CSPs. Pharmacy does not wholesale distribute or outsources medications. Pharmacy does not extend BUDs, and does not batch compound. Pharmacy compounds IVIG and provides medication pump services. Pharmacy is permitted in AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, IL, IN, IA, KY, ME, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, PA, RI, SC, SD, TN, UT, VT, VA, WA, DC, WV, WI, and WY.

Due to COVID19, pharmacy temporarily ceased compounding in March 2020 in efforts to avoid any wasted product in the event that a patient or Nurse had to delay or cancel an infusion after shipment. Manufacturer medication vials being shipped to patients to eliminate the 9 day BUD of compounded items. The clean room is still being cleaned at appropriate intervals. On June 3 a patient requested her infusion to be mixed by the pharmacy, fingertip testing was performed after compounding as part of QA.

Technicians pull components and perform compounding. Pharmacist check vials for correctness, drug and dose.

Clean room consists of a positive pressure anteroom and buffer room and 2 LAFWs. ENV Services performed environmental sampling and certification on 3/10/2020. Pharmacy conducts monthly in-house surface and air sampling (settling plates), and weekly fingertip sampling.

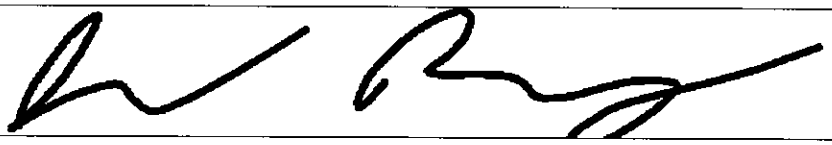
Cleaning of room and hoods is performed by pharmacy staff. Pharmacy uses Cavicide and Sterile Alcohol for the daily, TexQ for the weekly, and Peridox RTU for the monthly cleanings.

Discussed/Recommend
Adding a policy/procedure on reporting AERs to the Board of Pharmacy.

Unresolved matters will be brought to the Board for review.

Pharmacist signatures attached under supporting documents.

Inspector Signature:



Pharmacist Name (Print): 15570 15570 : GINA COHENOUR

Date: 07/23/2020

Signature:

Received a copy of this inspection report:

Supporting Documents.

PW0285_07232020_393_200.307 Pharmacy Sterile Compounding.pdf
PW0285_07232020_393_7-23-2020 Blood-borne_Pathogen_Training_2019_(USB)_Completion__MD Branch .xls
PW0285_07232020_393_7-23-2020 Infection_Control_-_Handwashing_(USB)_MD Branch.xls
PW0285_07232020_393_Board Audit Temp Log.pdf
PW0285_07232020_393_Board Audit- Label and compounding worksheet.pdf
PW0285_07232020_393_Board Audit- MD Pharmacy License.pdf
PW0285_07232020_393_Board Audit-Calculations Test.pdf
PW0285_07232020_393_Board Audit-Compounding Questionnaire.pdf
PW0285_07232020_393_Board Audit-End testing sterility ARL.pdf
PW0285_07232020_393_Board Audit-ENV Biological Sampling Reports.pdf
PW0285_07232020_393_Board Audit-ENV Hepa, Airflow & Smoke test.pdf
PW0285_07232020_393_Board Audit-Fingertip Testing.pdf
PW0285_07232020_393_Board Audit-General Sterile Compounding Policy 200.310.pdf
PW0285_07232020_393_Board Audit-Heath Pump Training.pdf
PW0285_07232020_393_Board Audit-Inspection Form.pdf
PW0285_07232020_393_Board Audit-Pharmacy Staff.docx
PW0285_07232020_393_Board Audit-Pharmacy State Licenses & Exp.docx
PW0285_07232020_393_Board Audit-Staff training & competencies.pdf
PW0285_07232020_393_Board Audit-Sterile Compounding Policy 200.300.pdf
PW0285_07232020_393_board Audit-Surface Sampling.pdf
PW0285_07232020_393_Email questions.pdf
PW0285_07232020_393_Gunn CPR Certification.pdf
PW0285_07232020_393_Pictures.pdf
PW0285_07232020_393_Signature.pdf
PW0285_07232020_393_student_eCard.pdf

410-764-4755 - Fax 410-384-4137 - Toll Free 800-542-4964
MDH 1-877-463-3464 - Maryland Relay Service 1-800-735-2258
Web site: https://health.maryland.gov/pharmacy/Pages/index.aspx

10E

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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 1,2,3,8*
☒ *Partnership - Pages 1,2,6,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: ICP Holdings, LLC D/B/A Integrity Compounding Pharmacy

Physical Address: 8601 Dunwoody Place, Suite 750

Mailing Address: 8601 Dunwoody Place, Suite 750

City: Sandy Springs State: GA Zip Code: 30350

Telephone: 404.815.1610 Fax: 404.815.1609

Toll Free Number: 844.736.9882 (Required per NAC 639.708)

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

Managing Pharmacist: Nichole Feagin License Number: 20961

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☐ Off-site Cognitive Services
☐	☐ Hospital (# beds_____)	☒	☐ Parenteral **
☐	☐ Internet	☒	☐ Parenteral (outpatient)
☐	☐ Nuclear	☒	☐ Outpatient/Discharge
☐	☐ Ambulatory Surgery Center	☒	☐ Mail Service
☒	☐ Community	☐	☐ Long Term Care
☐	☐ Other: _____	☒	☐ Sterile Compounding **
		☒	☐ Non Sterile Compounding
	All boxes must be checked	☒	☐ Mail Service Sterile Compounding **
	For the application to be complete	☐	☐ 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.

nichole Feagin
20961 Temp

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

Charles "Casey" Gaetano
Print Name of Authorized Person

6/29/2021
Date

Board Use Only Date Processed:_____ Amount: $500 Check # 0805411133

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP General _____ Limited ✓

Partnership Name: ICP Holdings, LLC (DBA Integrity Compounding Pharmacy)

Mailing Address: 6601 Dunwoody Place, Suite 750

City: Sandy Springs State: GA Zip Code: 30350

Telephone Number: 404.815.1610 Fax Number: 404.815.1609

Contact Person: Casey Gaetano

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

Name	G or L	Percentage
Charles "Casey" Gaetano	G	70
Susan Gaetano	L	30

List names of 4 largest partners and percentage of ownership:

Name: Charles "Casey" Gaetano %: 70

Name: Susan Gaetano %: 30

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5:30 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours (On Call)

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

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Georgia)
) ss.
Fulton COUNTY)

I, Charles Gaetano, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Managing Member for Integrity Compounding Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Charles Gaetano, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Charles Gaetano
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
16 day of JULY, 2021.

NOTARY PUBLIC

JAIME SIERRA
NOTARY PUBLIC
Fulton County
State of Georgia
My Comm. Expires Oct. 23, 2022

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Charles Gaetano

Responsible Person of Integrity Compounding Pharmacy

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

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

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Charles Gaetano
Print Name of Authorized Person

6/29/2021
Date

Georgia Board of Pharmacy

2 Peachtree Street, N.W., 6th Floor
Atlanta, GA 30303

(404) 651-8000 www.gbp.georgia.gov

Date Mailed: July 1, 2021

Integrity Compounding Pharmacy
8601 Dunwoody Place, Ste 750
Sandy Springs GA 30350

Full Name: Integrity Compounding Pharmacy	Date Issued: 11/23/2018
Type of License: Retail Pharmacy	License #: PHRE010671
Obtained By: Application	Expiration Date: 06/30/2023
License Status: Active	Highest Degree:
Public Board Orders: none	Profession: Pharmacy
Schools:	

VERIFICATION OF LICENSURE

The information above is the only licensure certification information provided by this Division. If other information is needed, it must be obtained from the above-named individual or the agency or institution which initially generated the information. If this verification indicates that a board order exists, please visit our website at https://gadch.mylicense.com/verification/Search.aspx to obtain a copy of the board order.

Eric R. Lacefield
Executive Director
Georgia Board of Pharmacy

STATE OF GEORGIA
Georgia Board of Pharmacy
Retail Pharmacy
LICENSE NO. PHRE010671 Status: Active

Integrity Compounding Pharmacy,
8601 Dunwoody Place Ste 750
Sandy Springs GA 30350

Expires: 06/30/2023
Issued: 11/23/2018

Pharmacist in Charge RPH022111
Nichole Lynn Feagin

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Retail Pharmacy** in the State of Georgia. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.
Please notify the Board if you have a change of address.

STATE OF GEORGIA
Georgia Board of Pharmacy
Retail Pharmacy
LICENSE NO. PHRE010671 Status: Active
Integrity Compounding Pharmacy,
8601 Dunwoody Place Ste 750
Sandy Springs GA 30350

Expires: 06/30/2023 Pharmacist in Charge RPH022111
Issued: 11/23/2018 Nichole Lynn Feagin
Real-time license verification is available at gadch.mylicense.com/verification

ICP HOLDINGS, LLC
8601 DUNWOODY PL STE 750
SANDY SPRINGS, GA 30350-2519

100019907 2/000979-1/1-0

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FI6545303	11-30-2022	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4,5	RETAIL PHARMACY	10-07-2019

ICP HOLDINGS, LLC
D/B/A INTEGRITY COMPOUNDING PHARMACY
8601 DUNWOODY PL STE 750
SANDY SPRINGS, GA 30350-2519

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

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Form DEA-223 (9/2016)

Georgia Drugs and Narcotics Agency
254 Washington Street SW - G2000
Atlanta, Georgia 30334

RETAIL

Pharmacy Permit Inspection Form

Board Office: 404-651-8000
Board Fax: 470-386-6137
GDNA Office: 404-656-5100
GDNA Fax: 404-651-8210
GDNA Toll Free: 800-656-6568

Pharmacy Information

Inspection Type:	Routine Inspection						
Permit Type Primary:	Independent 10-01	Permit Type Secondary:					
Pharmacy Name	Integrity Compounding Pharmacy					County:	Fulton
						Date:	07/16/2020
Pharmacy Permit #:	PHRE010671	Exp Date:	06/30/2021	DEA:	FI6545303	Exp Date:	11/30/2022
Street Address:	8601 Dunwoody Place Ste 750						
City:	Sandy Springs	State:	GA	Zip:	30350	Hours:	m-f 9-530 sat/sun cls
Phone:	404-815-1610	Fax:	404-815-1609	Pharmacy Email:		info@mixwithintegrity.com	
Pharmacist-in-Charge:	Nichole Lynn Feagin			License #:	RPH022111	Exp Date:	12/31/2020
Other Employees							
See attached list	highlighted staff present for inspection					Exp Date:	
						Exp Date:	
						Exp Date:	
						Exp Date:	
						Exp Date:	
						Exp Date:	
						Exp Date:	
Last GDNA Inspection Date	12/12/2018			Inspected By:		White/Khail/Mathis	
Recommendations Made:	4			Corrections Made:		yes	

Criteria	Satisfactory	Comments
1. Pharmacy License	Yes	
2. DEA Permit	Yes	
3. Pharmacist/Intern License	Yes	
4. Dangerous Drug Rxs	Yes	See comments below
5. Schedule II Rxs	N/A	
6. Schedule III, IV, V Rxs	Yes	
7. Refill Records / Computer Printout Records	Yes	
8. Exempt Narcotic Book	N/A	No sales of exempt narcotics per RPH.
9. PSE Logbook and Combat Meth Certificate	N/A	No sales of psuedophed products per RPH.
10. Drug Distribution Records (Non-Rx Sales)	Yes	
11. DEA Biennial Inventory	Yes	05/01/2020 COB
12. Drug Purchase Records (Invoices/Order Forms)	Yes	
13. Rx Department Security / Authorized Access Only	Yes	
14. Rx Department Sanitation / Orderly	Yes	
15. Adequate Pharmacy Temperature Control	Yes	
16. Rx Drug Stock (Adulterated / Misbranded)	Yes	
17. Laws / Rules / Appropriate Reference Material	Yes	
18. Required Equipment for Pharmacy Type	Yes	36F, 36F, 41F, 38F
19. Exemption Documentation / Other Reports	N/A	Pharmacy not operating under any exemptions per RPH.
20. Policies & Procedures Manual (if required)	N/A	
21. Patient Counseling / Patient Profile Records	Yes	Review 480-31-.01 & 26-4-85 for patient counseling.
22. Safety Concerns, i.e. Adequate Staffing	Yes	
23. Proper Supervision of Pharmacy Technicians	Yes	Review 480-15-.03 & 26-4-82 for pharmacist to pharmacy technician ratio.
24. List Drug Suppliers and Reverse Distributors:	McKesson	PCCA Letco Medisca Fagron Return Solutions (others see attached list)

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Compounding	Does this Pharmacy Compound Medication?	Yes	
	Type of Compounding Conducted	Both Sterile and Non-sterile Compounding Conducted	
25. Was a GDNA non-sterile compounding inspection conducted during this visit?		Yes	
26. Was a GDNA sterile compounding inspection conducted during this visit?		Yes	
27. Is this pharmacy registered with the FDA as a 503B Outsourcing Facility?		No	
28. Does this pharmacy receive compounded products from outside sources?		No	
	If yes, provide names of suppliers:	N/A	
Vaccinations	Does this pharmacy administer vaccinations via protocol?	No	

29. Types of vaccinations adminstered:

Influenza	No	Shingles	No	Pneumococcal	No	Meningitis	No	Other	

	Satisfactory	Comments
30. Vaccination Protocol Agreement	N/A	
31. Signed & Notarized Affidavit	N/A	
32. Liability Insurance for each Vaccinating Pharmacist	N/A	
33. Immunization cards issued	N/A	
34. Attempt to contact PCP within 72hrs	N/A	
35. Reporting vaccinations to G.R.I.T.S.	N/A	
36. Supervision during administration	N/A	

Delivery by Mail	Does the pharmacy deliver prescription mediations to the patient via mail or common carrier?	Yes

	Satisfactory	Comments
37. Controlled substance prescriptions sent signature required	Yes	No CII medications per RPH
38. Temperature sensitive Rxs packed correctly	Yes	
39. Proper documentation maintained by pharmacy	Yes	Utilizes FedEX and UPS, records kept online.
40. Replacement of compromised Rx shipment	Yes	

Recommendations / Comments

4) GDNA was provided a copy a "Consent to Deliver Patient-Specific Prescription Drugs to Licensed Medical Practitioner" form to document patient written authorization for the delivery of patient specific compounded medication to physicians office is received by the pharmacy prior to the delivery.

This inspection report has been read and explained to the pharmacist whose name appears below. Explanations include any observed violations, deficiencies, or comments, and such are based on state/federal laws and rules pertaining to the practice of pharmacy in the State of Georgia. I do affirm the information I have given pursuant to this inspection is true and correct to the best of my knowledge. This inspection report is not intended to be all inclusive, and there may be deficiencies, non-compliance, or violations of the laws and rules not detected and noted in this report.

Pharmacist's Email: N/A

Printed Name: Nichole Feagin

Nichole Feagin Pharm D

Signature: Pharmacist-in-Charge or on Duty

Today's Date 07/16/2020

Printed Name: Ron Acoff/Rick White/Eric Durham

Special Agent, Georgia Drugs & Narcotics Agency

Georgia Drugs and Narcotics Agency
254 Washington Street SW - G2000
Atlanta, Georgia 30334

NONSTERILE COMPOUNDING

Inspection Form

Board Office: 404-651-8000
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Pharmacy Information							
Inspection Type:	Routine Inspection		Permit Type:				
Pharmacy Name:	Integrity Compounding Pharmacy					County:	Fulton
						Date:	07/16/2020
Pharmacy Permit #:	PHRE010671	Exp Date:	06/30/2021	DEA:	FI6545303	Exp Date:	11/30/22
Street Address:	8601 Dunwoody Place Ste 750						
City:	Sandy Springs	State:	GA	Zip:	30350	Hours:	m-f 9-530
Phone:	404-815-1610	Fax:	404-815-1609	Pharmacy Email:		info@mixwithintegrity.com	
Pharmacist-in-Charge:	Nicole Lynn Feagin			License #:	RPH022111	Exp Date:	12/31/2020
Is this facility registered with the FDA as a 503B Outsourcing Facility?				No			
Does this pharmacy receive compounded products from outside sources?				No			
	If yes, provide names of suppliers:		N/A				
Types of non-sterile products compounded:							
Non-hazardous	Yes	Hazardous	Yes	Radiopharmaceuticals	N/A	Cytotoxic	Yes

Compounded Drug Preparations 480-11-.02	**Satisfactory**
1. Labeling of compounded product	Yes
2. Documentation of proof for all BUDs	Yes
3. Proper RPh final verification of product	Yes
4. Prescription bulk substances	Yes
5. Record keeping	Yes
6. Radiopharmaceuticals (if applicable)	N/A
7. Cytotoxic drugs (if applicable)	Yes

Organization and Personnel 480-11-.03	**Satisfactory**
8. Documented training kept for 5 years	Yes
9. Appropriate clothing & protective apparel	Yes

Facilities 480-11-.04(1)	**Satisfactory**
10. Adequate compounding area	Yes
11. Bulk drug, chemical, & material storage	Yes
12. Adequate lighting and ventilation	Yes
13. Adequate washing facilities to include:	
a. Hot and cold water	Yes
b. Soap or detergent	Yes
c. Air-drier or single-use towels	Yes
d. Sanitary compounding area	Yes

Equipment 480-11-.04(2)	**Satisfactory**
14. Clean / sanitized equipment and utensils	Yes
15. Equipment and utensil storage	Yes
16. Inspection and calibration of equipment	Yes

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Compounding of Drugs in Anticipation 480-11-.05(1)		Satisfactory
Does the pharmacy compound non-sterile prescription drugs in anticipation?	Yes	
17. Compounding record for each compound (for drugs made in anticipation) contains the following:		
a. Ingredient names & lot numbers		Yes
b. Quantities of each ingredient		Yes
c. Order of component mixing		Yes
d. Personnel involved in any step		Yes
e. Date of preparation		Yes
f. Ingredient expiration dates		Yes
g. Lot number for compounded product		Yes
h. Assigned BUD for compounded product		Yes

Compounding of Drugs for an Individual Prescription Drug Order 480-11-.05(2)	Satisfactory
18. Compounding record for each compound contains the following:	
a. Ingredient names & lot numbers	Yes
b. Quantities of each ingredient	Yes
c. Order of component mixing	Yes
d. Description of compounding process	Yes
e. Personnel involved in any step	Yes
f. Date of preparation (USP795)	Yes
h. Ingredient expiration dates (USP795)	Yes
i. Total quantity compounded (USP795)	Yes
j. Description of final product (USP795)	Yes
k. Assigned control or Rx # (USP795)	Yes
l. Assigned BUD (USP795)	Yes

Additional Requirements	Satisfactory
19. Labeling excess compounded products	Yes
20. Storage of excess compounded products	Yes
21. Drug Preparation containers/closures	Yes
22. Records readily available	Yes

Compliance with USP 795 – Pharmaceutical Compounding – Nonsterile Preparations	
23. Bulk component containers are labeled according to OSHA and MSDSs are available for all drugs and chemicals used in compounding.	Yes
24. Purified water shall be used for compounding nonsterile drug preparations when formulations indicate the inclusion of water.	Yes
25. The entire compounding and storage area shall be controlled using heating and air conditioning systems	Yes
26. All components, equipment and containers shall be stored off the floor and in a manner to prevent contamination and permit inspection and cleaning of the compounding and storage area.	Yes
27. Hazardous drugs shall be stored, prepared, handled and disposed of by appropriately trained personnel.	Yes
28. For components that do not have expiration dates assigned by the manufacturer or supplier, the compounder shall label the container with the date of receipt and assign a conservative expiration date, not to exceed three years after receipt.	Yes

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29. Beyond-Use Dates (BUD) shall be determined using stability information that is applicable to the specific drug and preparation. In the absence of stability information, the BUD shall adhere to the following:		Yes
	Nonaqueous Formulations - The BUD is not later than the time remaining until the earliest expiration date of any active pharmaceutical ingredient (API) or 6 months, whichever is earlier.	
	Water-Containing Oral Formulations – The BUD is not later than 14 days when stored at controlled cold temperatures	
	Water-containing topical/dermal and mucosal liquid and semisolid formulations – The BUD is not later than 30 days.	
30. A Master Formulation Record shall be followed for each compound and shall include the following:		
	a. Official or assigned name, strength and dosage form of the preparation	Yes
	b. Calculations and equipment needed	Yes
	c. Description of ingredients and quantities	Yes
	d. Compatibility and stability information, including references	Yes
	e. Mixing instructions	Yes
	f. Sample labeling	No
	g. Container used in dispensing	Yes
	h. Packaging and storage requirements	Yes
	i. Description of final preparation	Yes
31. Written standard operating procedures (SOPs) should be developed for the facility, equipment, personnel, preparation, packaging, and storage of compounded preparations to ensure accountability, accuracy, quality, safety, and uniformity in compounding.		Yes
32. Training requirements for all personnel involved in the compounding, evaluation, packaging, and dispensing of compounded preparations shall include written documentation to show all personnel involved in compounding has completed the following:		
	a. Read and become familiar with USP 795	Yes
	b. Read and become familiar with the pharmacy's SOPs for compounding	Yes
	c. Hazardous drug training (if applicable)	Yes
	d. Signature of the compounder (pharmacist) to show the employee has been appropriately trained	Yes

Recommendations / Comments

30 f) Master formulation record did not include a sample label with all required information.

This inspection report has been read and explained to the pharmacist whose name appears below. Explanations include any observed violations, deficiencies, or comments, and such are based on state/federal laws and rules pertaining to the practice of pharmacy in the State of Georgia. I do affirm the information I have given pursuant to this inspection is true and correct to the best of my knowledge. This inspection report is not intended to be all inclusive, and there may be deficiencies, non-compliance, or violations of the laws and rules not detected and noted in this report.

Email: N/A

Printed Name: Nichole Feagin

Printed Name: Ron Acoff/Rick White/Eric Durham

Nichole Feagin Pharm D

Signature: Pharmacist-in-Charge or on Duty

Ron Acoff / R White / E Durham

Special Agent, Georgia Drugs & Narcotics Agency

Today's Date 07/16/2020

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						Date:	07/16/2020
Pharmacy Permit #:	PHRE010671	Exp Date:	06/30/2021	DEA:	FI6545303	Exp Date:	
Street Address:	8601 Dunwoody Place Ste 750						
City:	Sandy Springs	State:	GA	Zip:	30350	Hours:	m-f 9-530
Phone:	404-815-1610	Fax:	404-815-1609	Pharmacy Email:		info@mixwithintegrity.com	
Pharmacist-in-Charge:	Nichole Lynn Feagin			License #:	RPH022111	Exp Date:	12/31/2020
Is this facility registered with the FDA as a 503B Outsourcing Facility?				No			
Does this pharmacy receive compounded products from outside sources?				No			
If yes, provide names of suppliers:	N/A						

Risk levels compounded:							
Immediate Use	No	Low Risk	No	Medium Risk	Yes	High Risk	Yes

Types of sterile products compounded:							
Non-hazardous	Yes	Hazardous	Yes	Radiopharmaceuticals	N/A	Cytotoxic	N/A

480-11-.02 Compounded Drug Preparations	Satisfactory
1. Compounded drug preparations are based on the existence of a pharmacist/patient/prescriber relationship or anticipation of a prescription	Yes
2. The facility maintains proof that beyond use dates are valid	Yes
3. Pharmacists personally supervise compounding and provide final verification	Yes
4. Prescription ingredients for sterile compounding meet the following:	
a. Approved for use in the United States by the FDA	Yes
b. Manufactured by a facility registered by the FDA	Yes
c. Distributed by a wholesale distributor licensed by the Board and registered by the FDA	Yes
5. Appropriate safety and containment techniques for compounding cytotoxic drugs are being used in conjunction with aseptic technique (if applicable)	N/A
6. Disposal of cytotoxic waste complies with local, state, federal requirements (if applicable)	N/A
7. Records for all compounded pharmaceutical products	Yes
8. Pharmacy maintains a compounding formula that contains:	
a. Procedures	Yes
b. Necessary equipment	Yes
c. Necessary environmental considerations	Yes
9. Radiopharmaceuticals meet the rules outlined for nuclear pharmacists and pharmacies (if applicable)	N/A
10. Special precaution preparations are handled according to Board rules (if applicable)	Yes
11. Cytotoxic drugs (if applicable)	
a. Compounded using appropriate safety and containment techniques for cytotoxic drugs	N/A
b. Proper disposal of cytotoxic waste	N/A
c. Proper dispensing, labeling, and delivery to minimize the risk of accidental rupture	N/A

480-11-.03 Organization and Personnel	Satisfactory
12. Training records for compounding personnel are maintained for a minimum of five years	Yes
13. Personnel engaged in compounding wear clean and appropriate clothing to include protection from cytotoxic drug exposure (if applicable). This should include disposable masks and sterile, disposable gloves, as well as gowns, hair and shoe covers and goggles (when indicated)	Yes

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14. Only authorized personnel are in the immediate vicinity of the compounding operation	Yes
15. Personnel known to have an apparent illness or open lesions that may adversely affect the safety or quality of a drug preparation are excluded from the compounding process	Yes
480-11-.04 Facilities and Equipment	**Satisfactory**
16. Bulk drugs, chemicals, or materials used in compounding are properly stored	Yes
17. Sewage, trash and other refuse is disposed of in a safe and sanitary manner	Yes
18. Equipment used in compounding of drug preparations is:	
a. Composed of suitable composition to prevent alteration of the compounded product	Yes
b. Cleaned and sanitized	Yes
c. Mechanical equipment - Inspected, calibrated or checked (if necessary)	Yes
19. Physical requirements for compounding sterile products include:	
a. Designated sterile compounding area separate from non-sterile compounding	Yes
b. Adequate ventilation and lighting	Yes
c. Washing areas easily accessible to the compounding area	Yes
d. Sink with hot and cold running water	Yes
e. Soap or detergent; hand washing soap with bactericidal action	Yes
f. Single use towels (USP <797>)	Yes
g. Laminar airflow hood (ISO 5) located within a clean room, or barrier isolator, etc.	Yes
h. Infusion pumps, if appropriate	N/A
i. Facility for light and dark field examination	Yes
j. Appropriate disposal containers for syringes and cytotoxic waste (if applicable)	Yes
k. A properly vented Class II, vertical flow BSC or appropriate barrier isolator if required	Yes
l. Refrigerator/freezer in working condition (with temperature monitored)	Yes
m. Class I or II electronic balance	Yes
n. Disposable syringes and other supplies needed for compounding	Yes
o. Disinfectant and Cleaning solutions (USP <797>)	Yes
p. Appropriate filters and filtration equipment	Yes
q. Oncology drug spill kit (if applicable)	Yes
20. Appropriate references for sterile compounding	Yes
21. Approved variances from the Board of Pharmacy are posted (if applicable)	N/A

480-11-.05 Drug Compounding Controls			**Satisfactory**
Does the pharmacy compound sterile prescription drugs in anticipation?	Yes		
22. Each drug compounded in anticipation has a compounding record that includes the following:			
a. Listing of each ingredient			Yes
b. Amount of each ingredient			Yes
c. Source of each ingredient			Yes
d. Lot number of each ingredient			Yes
e. Expiration date of each ingredient			Yes
f. Order of ingredient mixing			Yes
g. Date mixed			Yes
h. Pharmacy's lot number for final product			Yes
i. Pharmacy's expiration date/BUD for final product			Yes
j. Description of the compounding process			Yes
k. Personnel involved in any step of the compounding process			Yes

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23. Each drug compounded for an individual prescription drug order has a compounding record that includes the following:	
a. Listing of each ingredient	Yes
b. Amount of each ingredient	Yes
c. Lot number of each ingredient (480-11-.08(4)(b))	Yes
d. Expiration date of each ingredient (480-11-.08(4)(b))	Yes
e. Order of component mixing	Yes
f. Description of the compounding process	Yes
g. Personnel involved in each step of the compounding process	Yes
24. Excess compounded drug product shall be properly stored and labeled or documentation referenced to contain a complete list of ingredients, the preparation date, and BUD. (480-11-.06)	Yes
25. Components, drug preparation containers, closures and bagged or boxed components of drug containers and closures are handled in a manner to prevent contamination and stored in a manner to permit unhindered cleaning of the work area (e.g., floors) and inspection. (480-11-.07(1))	Yes
26. Drug preparation containers and closures meet the requirements as described in 480-11-07(2).	Yes

480-11-.08 Records and Reports	**Satisfactory**
27. Procedures and records required by 480-11 are retained for a minimum of two years. These records may be kept as originals, photocopies, electronic files or other means of accurate reproduction.	Yes
28. All records and reports can be produced immediately to the Georgia State Board of Pharmacy or GDNA if stored on site or within 48 hours if maintained in a central database.	Yes

480-11-.09 Quality Assurance Program for Sterile Compounding	**Satisfactory**
29. Documented, ongoing quality assurance program that monitors personnel performance, equipment, and facilities.	Yes
30. All buffer areas, ante areas, LAFWs, BSCs, CAIs, and CACIs shall be certified following procedures, such as those outlined in the CETA Certification Guide for Sterile Compounding Facilities, by a qualified individual no less than every six months and whenever the device or room is relocated or altered or major service to the facility is performed. This documentation shall be maintained for a minimum of 2 years.	Yes

Date of last certification:	04/7/2020

31. Documentation of quality assurance audits at regular, planned intervals, including infection control and sterile technique audits.				Yes
32. The facility maintains a current SOP / P&P manual.	**Last revision date:**	Ongoing		Yes

USP 797 Pharmaceutical Compounding -- Sterile Preparations Training of personnel involved in compounding sterile preparations		**Satisfactory**
Type of training	**Fequency of training**	
33. Written testing	Initial; Annual for low/medium risk level; semiannual for high risk level	Yes
34. Garbing & gloving	Initial and Annual	Yes
35. Media fill testing	Initial; Annual for low/medium risk level; semiannual for high risk level	Yes
36. Cleaning & disinfecting	Initial and Annual	Yes
37. Gloved finger tip	Initial x 3; Annual for low/medium risk level; semiannual for high risk level	Yes
38. Aseptic work practices	Initial and Annual	Yes
39. Aseptic manipulation	Initial; Annual for low/medium risk level; semiannual for high risk level	Yes

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USP 797 Pharmaceutical Compounding – Sterile Preparations Cleaning		**Satisfactory**
Type/location of cleaning	**Frequency of cleaning**	
40. Counters and easily cleanable work surfaces	Daily	Yes
41. Floors*	Daily	Yes
42. Walls*	Monthly	Yes
43. Ceilings	Monthly	Yes
44. Storage Shelving	Monthly	Yes
45. The facility maintains appropriate cleaning documentation for 2 years.		Yes
*Hood placement must allow for cleaning as outlined in USP797.		

USP 797 Pharmaceutical Compounding – Sterile Preparations Facility	**Satisfactory**
46. Temperature is monitored and recorded at least once daily (this can be manual or electronic)	Yes
47. Pressure gauge is installed and the pressure is monitored and recorded each work shift.	Yes
48. There is a line of demarcation in the anteroom or segregated compounding area	Yes
49. The furniture, equipment and physical plant surfaces are nonporous, smooth and cleanable	Yes
50. If the ceiling is composed of inlaid panels, the panels are hydrophobic & caulked around perimeter	Yes
51. The floors are cleanable with coved molding	Yes
52. The walls are solid or locking panels that are impervious, cleanable and non-shedding	Yes
53. There are no sources of water (e.g., sink) inside the buffer area	Yes

Sterile Compounding Standard Operating Procedures (SOPs) or Policy and Procedures (P&Ps)

The following items are required to be included in an SOP for each sterile compounding facility. By signing below, this person is confirming this facility has an SOP or P&P that addresses each item that is applicable to the type of sterile compounding conducted, and personnel involved in compounding shall adhere to these SOPs or P&Ps

CSP microbial containment risk levels	Single and multiple dose containers	Hazardous drugs as CSPs
Radiopharmaceuticals as CSPs	Allergen extracts	Sterilization methods
Depyrogenation by dry heat	Environmental quality and control issues	Exposure of critical sites
Total particle counts	Pressure monitoring	Air sampling frequency and process
Growth media	Viable air sampling	Air sampling devices
Incubation period	Action levels, documentation and data evaluation	Facility design and environmental controls
Environmental viable airborne particle testing program sampling plan	ISO class 5 air sources, buffer areas, and ante-areas	Sterilization of high-risk level CSPs by filtration and/or steam
Personnel training and evaluation in aseptic manipulation skills immediate-use CSPs	Evaluation via personnel glove fingertip sampling	Viable and nonviable environmental sampling testing
Environmental nonviable particle testing program	Placement of primary engineering controls within ISO 7 class buffer areas	Cleaning and disinfecting of sterile compounding areas
Personnel cleansing and garbing	Personnel training & competency evaluation of garbing, aseptic work practices and cleaning & disinfecting procedures	Competency evaluation of garbing and aseptic work practices
Aseptic work practice assessment	Verification of compounding accuracy and sterility	Cytotoxic and infectious waste

Georgia Drugs and Narcotics Agency
254 Washington Street SW - G2000
Atlanta, Georgia 30334

STERILE COMPOUNDING

Inspection Form

Board Office: 404-651-8000
Board Fax: 470-386-6137
GDNA Office: 404-656-5100
GDNA Fax: 404-651-8210
GDNA Toll Free: 800-656-6568

Recommendations / Comments

This inspection was requested by the licensee due to out of state BOP request(s).
30) The EOC Summary Certification Results from 04/07/2020 shows that the DCA smoke study was conducted w/o video. The pharmacy staff stated they took their own video and downloaded to a USB.
49) The negative pressure buffer area's fixed vent was observed to have caulk that was porous.
* A copy of the cleanroom design was provided at the inspection (see attached).

This inspection report has been read and explained to the pharmacist whose name appears below. Explanations include any observed violations, deficiencies, or comments, and such are based on state/federal laws and rules pertaining to the practice of pharmacy in the State of Georgia. I do affirm the information I have given pursuant to this inspection is true and correct to the best of my knowledge. This inspection report is not intended to be all inclusive, and there may be deficiencies, non-compliance, or violations of the laws and rules not detected and noted in this report.

Email: nikkif@mixwithintegrity.com
Printed Name: Nicole Lynn Feagin

Printed Name: Ron Acoff/Rick White/Eric Durham

Nicole Feagin Pharm

Signature: Pharmacist-in-Charge or on Duty

Special Agent, Georgia Drugs & Narcotics Agency

Today's Date 07/16/2020

Control Number : 16090169

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

ICP Holdings, LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	: 22438590
Date Inc/Auth/Filed	: 09/27/2016
Jurisdiction	: Georgia
Print Date	: 02/01/2022
Form Number	: 211

Brad Raffensperger

Brad Raffensperger
Secretary of State

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler ICP Holdings LLC D/B/A Integrity Compounding Pharmacy

Physical Address 8601 Dunwoody Place, Suite 750

City Sandy Springs State GA Zip 30350

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 404.815.1610 Website www.mixwithintegrity.com

Licensing Company Email info@mixwithintegrity.com

Section 2: Personal Information

First Susan Middle Aviles Last Gaetano

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Bucksport Drive

City Roswell State GA Zip 30075

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials SAG

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Suffern High School		09/73 - 05/76	
Address	**City**	**State**	**Zip**
49 Viola Road	Suffern	NY	10901
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Miami University		09/76 - 05/77	
Address	**City**	**State**	**Zip**
1320 S Dixie Hwy	Coral Gables	FL	33146
Diploma/Degree obtained, if any			
N/A			
School Name		**From - To (MM/YY – MM/YY)**	
Rockland Community College		09/77 - 05/79	
Address	**City**	**State**	**Zip**
145 College Road	Suffern	NY	10901
Diploma/Degree obtained, if any			
Associate Degree in Nursing			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/85 - 11/21	[redacted] Bucksport Drive	Roswell	GA	30075
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials SAG

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
ICP Holdings, LLC D/B/A Integrity Compounding Pharmacy			09/16 - 11/21	
Business Address		**City**	**State**	**Zip**
8601 Dunwoody Place, Suite 750		Sandy Springs	GA	30350
Phone	**Title**			
404.815.1610	Member			
Description of Duties				
Silent Partner				

Business Name			From - To (MM/YY – MM/YY)	
P3 Compounding of Georgia, LLC			10/12 - 09/16	
Business Address		**City**	**State**	**Zip**
1140 Hammond Drive, Suite K220		Sandy Springs	GA	30328
Phone	**Title**			
404.815.1610	Member			
Description of Duties				
Silent Partner.				

Business Name			From - To (MM/YY – MM/YY)	
Seagaet, LLC			11/11 - 11/21	
Business Address		**City**	**State**	**Zip**
12845 Bucksport Drive		Roswell	GA	30075
Phone	**Title**			
770.992.9681	Office Management			
Description of Duties				
Office Management				

Business Name			From - To (MM/YY – MM/YY)	
P3 Compounding, LLC			04/10 - 06/15	
Business Address		**City**	**State**	**Zip**
8848 Cedar Springs Lane, Suite 100		Knoxville	TN	37923
Phone	**Title**			
865.769.5180	Member			
Description of Duties				
Silent Partner.				

Business Name			From - To (MM/YY – MM/YY)	
P3 Compounding of Alabama, LLC			02/11 - 10/15	
Business Address		**City**	**State**	**Zip**
818 Leighton Avenue, Suite B		Anniston	AL	36207
Phone	**Title**			
256.238.7166	Member			
Description of Duties				
Silent Partner.				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's Initials SAG

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials SAG

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Susan Gaetano

Print Name (First, Last)

Susan Gaetano

Original Signature (electronic, copies or stamps not accepted)

11/19/2021

Date

Please have this section completed in the presence of a Notary Public.

State of GEORGIA, ss. County of FULTON

I, Susan Gaetano, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Susan Gaetano

Original Signature

11/19/2021

Date

Subscribed and Sworn to before me this 19TH day of NOV, 2021

Notary Public Signature

Charles Evans
My Commission Expires
Notary
Public
May 17, 2022
Cobb County, Georgia

(Seal)

Applicant's initials SAG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler ICP Holdings LLC D/B/A Integrity Compounding Pharmacy

Physical Address 8601 Dunwoody Place, Suite 750

City Sandy Springs State GA Zip 30350

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 404.815.1610 Website www.mixwithintegrity.com

Licensing Company Email caseyg@mixwithintegrity.com

Section 2: Personal Information

First Charles Middle Patrick Last Gaetano III

Alias(es, nicknames, name changes, etc.) "Casey"

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Brookline Circle

City Brookhaven State GA Zip 30319

Telephone [redacted] Email caseyg@mixwithintegrity.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's Initials CPG

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The Walker School		08/01 - 05/05	
Address	**City**	**State**	**Zip**
700 Cobb Parkway North	Marietta	GA	30062
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Emory University		08/05 - 05/09	
Address	**City**	**State**	**Zip**
201 Dowman Drive	Atlanta	GA	30322
Diploma/Degree obtained, if any			
B.A.			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/21 - 11/21	[redacted] Brookline Circle	Brookhaven	GA	30319
05/17 - 03/21	[redacted] Peachtree Street, Unit 1206	Atlanta	GA	30309
03/15 - 05/17	[redacted] Hammond Drive, Unit 570	Sandy Springs	GA	30328
06/13 - 03/15	[redacted] Los Angeles Avenue, Suite B	Atlanta	GA	30306
11/11 - 06/13	[redacted] Kings Court	Atlanta	GA	30306

Applicant's Initials CPG

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
ICP Holdings, LLC D/B/A Integrity Compounding Pharmacy			09/16 - 11/21
Business Address	**City**	**State**	**Zip**
8601 Dunwoody Place, Suite 750	Sandy Springs	GA	30350
Phone	**Title**		
404.815.1610	Managing Member		
Description of Duties			
Operating Partner.			

Business Name			From - To (MM/YY – MM/YY)
P3 Compounding of Georgia, LLC			10/12 - 09/16
Business Address	**City**	**State**	**Zip**
1140 Hammond Drive, Suite K220	Sandy Springs	GA	30328
Phone	**Title**		
404.815.1610	Managing Member		
Description of Duties			
Operating Partner.			

Business Name			From - To (MM/YY – MM/YY)
True Nature Holding			04/16 - 09/16
Business Address	**City**	**State**	**Zip**
1355 Peachtree Street NE, Suite 1150	Atlanta	GA	30309
Phone	**Title**		
844.383.8689	VP of Corporate Development		
Description of Duties			
Business Expansion Planning.			

Business Name			From - To (MM/YY – MM/YY)
P3 Compounding, LLC			04/10 - 06/15
Business Address	**City**	**State**	**Zip**
8848 Cedar Springs Lane, Suite 100	Knoxville	TN	37923
Phone	**Title**		
865.769.5180	VP		
Description of Duties			
Strategy.			

Business Name			From - To (MM/YY – MM/YY)
P3 Compounding of Alabama, LLC			02/11 - 10/15
Business Address	**City**	**State**	**Zip**
818 Leighton Avenue, Suite B	Anniston	AL	36207
Phone	**Title**		
256.238.7166	Member		
Description of Duties			
Silent Partner.			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials CPG

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's Initials CPG

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Charles Gaetano

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/19/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Georgia, ss. County of Fulton

I, Charles Gaetano, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/19/2021

Date

Subscribed and Sworn to before me this 19TH day of NOV, 2021

Notary Public Signature

Charles Evans
My Commission Expires
Notary
Public
May 17, 2022
Cobb County, Georgia

(Seal)

Applicant's initials CPG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: ICP Holdings LLC, dba Integrity Compounding Pharmacy

Physical Address: 8601 Dunwoody Place, Suite 750

City: Sandy Springs State: GA Zip: 30350

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 404-815-1610 Website: www.mixwithintegrity.com

Licensing Company Email: info@mixwithintegrity.com

Section 2: Personal Information

First: Nichole Middle: Lynn Last: Feagin

Alias(es, nicknames, name changes, etc.): Nichole Lynn McNinch

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] Ragley Hall Rd NE

City: Brookhaven State: GA Zip: 30319

Telephone: [redacted] Email: nikkif@mixwithintegrity.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: NLF

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Mercer University School of Pharmacy		08/01 - 05/04	
Address	**City**	**State**	**Zip**
3001 Mercer University Dr	Atlanta	GA	30341
Diploma/Degree obtained, if any			
Doctor of Pharmacy (PharmD)			
School Name		**From - To (MM/YY – MM/YY)**	
West Virginia University		08/98 - 05/01	
Address	**City**	**State**	**Zip**
PO Box 6201	Morgantown	WV	26506
Diploma/Degree obtained, if any			
N/A			
School Name		**From - To (MM/YY – MM/YY)**	
John Marshall High School		08/96 - 06/98	
Address	**City**	**State**	**Zip**
1300 Wheeling Ave	Glen Dale	WV	26038
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/13 - current	[redacted]Ragley Hall Rd NE	Brookhaven	GA	30319
06/13 - 12/13	[redacted]Oak Crest Dr	Tucker	GA	30084
01/04 - 06/13	[redacted]Mockingbird Ln	Decatur	GA	30030
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Integrity Compounding Pharmacy			03/16 - current	
Business Address		**City**	**State**	**Zip**
8601 Dunwoody Place, Suite 750		Sandy Springs	GA	30350
Phone	**Title**		**Number of Employed Hours**	
404-815-1610	Pharmacist in Charge		12,000	
Description of Duties				
dispensing, record keeping, compounding, employee supervision				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials NLF

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's Initials NLF

I, Nichole Lynn Feagin, **certify that as the designated representative for**

ICP Holdings LLC, dba Integrity Compounding Pharmacy,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Nichole Feagin

Print Name (First, Last)

Nichole Feagin

Original Signature (electronic, copies or stamps not accepted)

1/31/2022

Date

Applicant's initials NLF

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nichole Feagin

Print Name (First, Last)

Nichole Feagin

Original Signature (electronic, copies or stamps not accepted)

1/31/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Georgia, ss. County of Fulton

I, Nichole Feagin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Nichole Feagin

Original Signature

1/31/2022

Date

Subscribed and Sworn to before me this 31st day of January.

Amy Chapin

Notary Public Signature

AMY CHAPIN NOTARY PUBLIC COBB COUNTY, GEORGIA MY COMMISSION EXPIRES DECEMBER 14, 2025

(Seal)

Applicant's Initials NLF

10F

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	■ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Mid Valley Health Services

Physical Address: 2800 Mitchell Rd, Suite S

City: Ceres State: CA Zip: 95307

Mailing Address (if different from physical address): same

City: _____ State: _____ Zip: _____

Telephone: 209-531-1858 Toll Free # (NAC 639.708, NRS 639.23286): 888-313-2950

Fax: 209-531-0825 Contact Email: jdent@avevorx.com

Website: www.midvalleyhealthservices.com

Nevada Business License # (if applicable) NA

Supervising/Managing Pharmacist Name (NRS 639.220): Nhu-Cam Tran

Supervising/Managing Pharmacist NV Pharmacist Registration #: 11904 OK exp. 10/31/23

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Retail/Community	■ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	■ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
■ Other: Specialty Home Infusion	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacists (s) that will be providing Pharmacy Services in this Medical Marijuana Establishment (NAC 453D.260, NRS 639.0125) Attach a separate piece of paper if additional space is needed.

Name: Nhu-Cam Tran	NV Pharmacist Registration #: 11904
Name: Robert Barsamian	NV Pharmacist Registration #: 08596
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
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)?		✔
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 from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
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?		✔
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)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Account of the owners a health professional Rx. Pad allowed by NRS 630.30 for Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Optometrist, Podiatrist, Dentist, Veterinarian, Naturopathic Physician (provide the name(s) of the owner(s) who are licensed by the applicable licensing board) (Use separate piece of paper if additional space is needed)

Name: NA	Credentials: NA	%: NA
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: NA

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NA

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ■ Yes ☐ No

Section 7: Partnership

Partnership Name: AvevoRx, LLC

Mailing Address: 200 W Lexington Ave STE 203

City: High Point State: NC Zip: 27262

Telephone: 877-283-8679 Email: contactus@avevorx.com

Contact Person Name: Justin Dent / jdent@avevorx.com

Please check type of partnership (NAC 639.214) ☐ General ■ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ■ Yes ☐ No

Section 8: Sole Owner

Owner's Name: NA

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 4: Statement of Responsibility – MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the MEMBER, OWNER (title) for Mid Valley Health Services (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

COURTNEY L. REMLEY

Print Name of Authorized Person

Courtney L. Remley

Original signature of Authorized Person (copies or stamps not accepted)

11/22/2021

Date

N/A

Section 10: Affidavit for Pharmacies MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, _____ hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the _____ (title) for _____ (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

_____
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

_____
Notary Public

N/A

Section III: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICATIONS ONLY

Managing Pharmacist Name: _____ Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	Charge:	Disposition:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

COURTNEY L. REMLEY

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Courtney L. Remley

Original signature of Authorized Person (copies or stamps not accepted)

11/21/2021

Date

Board Use Only	Date Received: 11/24/21	Amount: 500	CHECK # 2221

Officers & Directors

AvevoRx, LLC Members and Directors

200 V Lexington Ave, Ste 203

High Point, NC 27262

Title	Name	Phone Number	Email	Address	% Ownership
Co-President	Douglas E. Hill	[redacted]	ehill@avevorx.com	[redacted]S. Birch Road, Apt 3c Fort Lauderdale, Fl 33316	25
Co-President	Philip C. Rielly	[redacted]	priely@avevorx.com	[redacted]sla Bahia Drive Fort Lauderdale, FL 33316	25
CFO	Robin R. Johnson	[redacted]	rlohnson@avevorx.com	[redacted]East Canyon Creek Lane Weatherford, TX 76087	16.67
Member;Sales Director East	Courtney L Remley	[redacted]	cremley@avevorx.com	[redacted]Johnson Marina Road Chapin, SC 29036	16.67
Member;Sales Director West	Lauren A. Pumphrey	[redacted]	lpumphrey@avevorx.com	[redacted]E. Broward Blvd Unit [redacted]Fort Lauderdale, FL 33301	16.67
Director of Operations	Justin Dent	[redacted]	ident@avevorz.com	[redacted]Cedar Crest Lane High Point, NC 27265	

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:	MID-VALLEY HEALTH SERVICES, LLC
File Number:	202130110274
Registration Date:	10/25/2021
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Jurisdiction:	CALIFORNIA
Status:	ACTIVE (GOOD STANDING)

As of December 6, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 7, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: YWXGLLR

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Sterile Compounding License

LICENSE NO. LSC 101713

ISSUE DATE NOVEMBER 05, 2021

MID VALLEY HEALTH SERVICES

2800 MITCHELL RD
STE S
CERES CA 95307

The above is licensed with the State Board of Pharmacy as a Corporation.

CORPORATION

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL APRIL 15, 2022

RECEIPT NUMBER 00000000

This original license must be kept for the life of the license and posted in public view.

In accordance with the provisions of Chapter 9 of Division 2 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is non transferable. Contact the California State Board of Pharmacy when there is change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change), administrator or pharmacist-in-charge.

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

----- POST IN PUBLIC VIEW -----

BPHLSC 09/30/19

BOARD OF PHARMACY

LICENSING DETAILS FOR: LSC 101713

NAME: MID VALLEY HEALTH SERVICES

LICENSE TYPE: STERILE COMPOUNDING PHARMACY

LICENSE STATUS: CLEAR

ADDRESS
2800 MITCHELL RD
STE S
CERES CA 95307
STANISLAUS COUNTY

ISSUANCE DATE
NOVEMBER 5, 2021

EXPIRATION DATE
APRIL 15, 2022

CURRENT DATE / TIME
NOVEMBER 9, 2021
3:39:00 PM

LICENSE RELATIONSHIPS

NAME: MID VALLEY HEALTH SERVICES

LICENSE/REGISTRATION TYPE: PHARMACY (COMMUNITY)

LICENSE NUMBER: 58328 **PRIMARY STATUS:** CLEAR

ADDRESS :
2800 MITCHELL RD STE P-U
CERES CA 95307
STANISLAUS COUNTY

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 58328

NAME: MID VALLEY HEALTH SERVICES

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS
2800 MITCHELL RD STE P-U
CERES CA 95307
STANISLAUS COUNTY

ISSUANCE DATE
NOVEMBER 5, 2021

EXPIRATION DATE
APRIL 15, 2022

CURRENT DATE / TIME
NOVEMBER 9, 2021
3:34:01 PM

LICENSE RELATIONSHIPS

NAME: MID VALLEY HEALTH SERVICES

LICENSE/REGISTRATION TYPE: STERILE COMPOUNDING PHARMACY

LICENSE NUMBER: 101713 **PRIMARY STATUS:** CLEAR

ADDRESS :
2800 MITCHELL RD
STE S
CERES CA 95307
STANISLAUS COUNTY

NAME: BARSAMIAN, ROBERT CHARLES

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 37908 **PRIMARY STATUS:** CLEAR
◆ PRIOR DISCIPLINARY ACTION ◆ PUBLIC REPRIMAND

ADDRESS NOT DISCLOSED

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE

UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BM2662509	01-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	12-08-2020

MID-VALLEY HEALTH SERVICES
DBA: MID-VALLEY HEALTH SERVICES INC
2800 MITCHELL RD STE S
CERES, CA 95307-9463

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

2212

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

[redacted]

Name of Pharmacy/Wholesaler Mid Valley Health Services

Physical Address 2800 Mitchell Rd, Suite S

City Ceres State CA Zip 95307

Mailing Address (if different from physical address) same

City _____ State _____ Zip _____

Telephone 209-531-1858 Website www.midvalleyhealthservices.com

Licensing Company Email nc.tran@midvalleyhs.com

[redacted]

First Nhu-Cam Middle Tien Last Tran

Alias(es, nicknames, name changes, etc.) Nhucam Tran

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] Mornington Lane

City San Ramon State CA Zip 94582

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

[redacted]

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

[redacted]

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials nct

School Name		From - To (MM/YY – MM/YY)	
Creighton University School of Pharmacy		1987-1993	
Address	**City**	**State**	**Zip**
2500 Califomia Plaza	Omaha	NE	68178
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Pearl City High School		1984-1987	
Address	**City**	**State**	**Zip**
2100 Hookiekie Street	Pearl City	HI	96782
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/06-11/21	[redacted] Mornington Lane	San Ramon	CA	94582
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Business Name			From - To (MM/YY – MM/YY)
Mid-Valley Health Services			07/94-11/21
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials nct

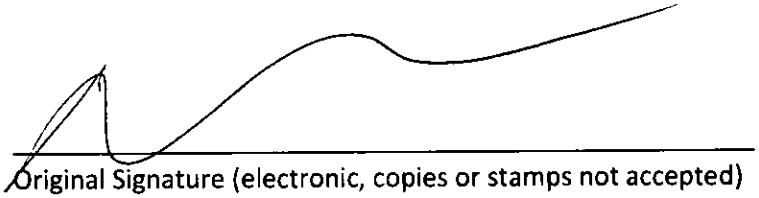
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

11/8/21

Date

nct

Applicant's initials _____

I, Nhu-Cam Tien Tran, **certify that as the designated representative for**

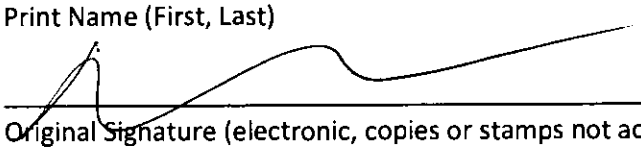
Mid-Valley Health Services

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Nhu-Cam Tran

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

11/8/21

Date

Applicant's initials nct

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nhu-Cam Tran

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/8/21

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

See attached for notary

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

Applicant's initials nct

CALIFORNIA JURAT WITH AFFIANT STATEMENT **GOVERNMENT CODE § 8202**

☐ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], not Notary)

1
2
3
4
5
6

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Alameda

CAECILIA SUGIJOTO
Notary Public - California
Alameda County
Commission # 2352340
My Comm. Expires Mar 26, 2025

Place Notary Seal and/or Stamp Above

Subscribed and sworn to (or affirmed) before me

on this 8th day of November, 2021,
by *Date* *Month* *Year*

(1) Nhu Cam Tien Tran

(and (2) —),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Caecilia S
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Nevada State Board of Pharmacy - Designated Representative Application

Document Date: Nov 8 2021 Number of Pages: 9

Signer(s) Other Than Named Above: —

©2019 National Notary Association

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Mid Valley Health Services

Physical Address: 2800 Mitchell Rd, Suite S

City: Ceres State: CA Zip: 95307

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 209-531-1858 Website: www.midvalleyhealthservices.com

Licensing Company Email: nc.tran@midvalleyhs.com

Section 2: Personal Information

First: Lauren Middle: Ashley Last: Pumphrey

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] E Broward Blvd Unit [redacted]

City: Fort Lauderdale State: FL Zip: 33301

Telephone: 317 340 0843 Email: lpumphrey@avevorx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	**Yes**	**No**
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	**Yes**	**No**
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔ N/A

Applicant's initials: LP

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Ball State Univeristy		1/08-12/12	
Address	**City**	**State**	**Zip**
2000 W. University Ave.	Muncie	IN	47306
Diploma/Degree obtained, if any			
Bachlors of Marketing			
School Name		From - To (MM/YY – MM/YY)	
Hamilton Southeaster High School		8/04-5/07	
Address	**City**	**State**	**Zip**
13910 E 126th St	Fishers	IN	46037
Diploma/Degree obtained, if any			
Diploma obtained			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
4/21-current	[redacted]E. Broward Blvd Unit [redacted]	Fort Lauderdale	FL	33301
From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/20-4/21	[redacted]Portia Circle	Key Largo	FL	33307
From - To (MM/YY – MM/YY)	Address	City	State	Zip
5/19-11/20	[redacted]White Horse Lane	Huntington Beach	CA	92646
From - To (MM/YY – MM/YY)	Address	City	State	Zip
9/16-5/19	[redacted]Canal Street Unit [redacted]	Boston	MA	02114
From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/13-9/16	[redacted]Forst Park Ave	St Louis	MO	63108
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2000-current	[redacted]Alamosa Drive	Fishers	IN	46038
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's Initials RP

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Bio Rx (purchases by Diplomat Pharmacy, then Optum Rx)			12/12-6/~~2022~~ 2021 JP
Business Address	**City**	**State**	**Zip**
10828 Kenwood Rd.	Cincinnati	OH	45242
Phone	**Title**		
513-746-7080	Sales Rep promoted to Regional Manager		

Description of Duties

Sales rep calling directly on perscriber to promote home infusion, manager regional team of sales rep promoting the same services

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Applicant's initials KD

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials AP

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔ N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials JP

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/8/21
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lauren Pumphrey
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/8/21
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Broward

I, Lauren Pumphrey, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/8/21
Date

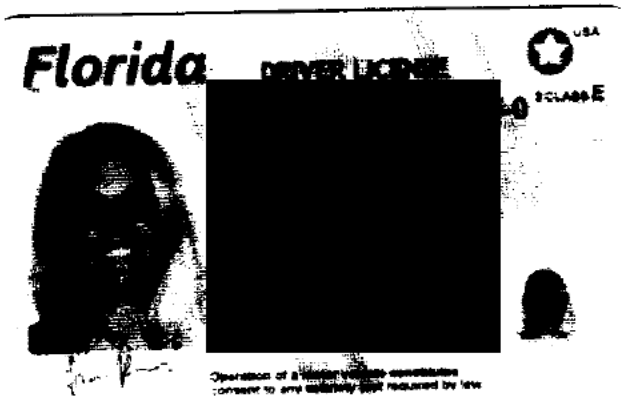
Subscribed and Sworn to before me this 8 day of Nov 2021.

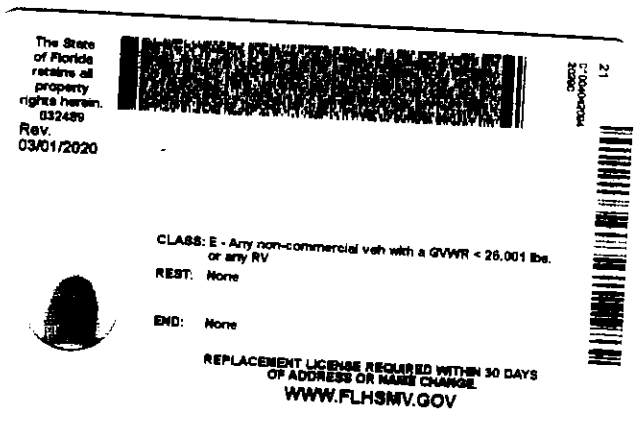
Notary Public Signature

RICHARD AGUIRRE
Notary Public - State of Florida
Commission # GG 921353
My Comm. Expires Oct 9, 2023

(Seal)

Applicant's initials LP


Florida
DRIVER LICENSE
USA
CLASS E



The State of Florida retains all property rights herein.
032489
Rev. 03/01/2020

CLASS: E - Any non-commercial veh with a GVWR < 26,001 lbs. or any RV
REST: None
END: None

REPLACEMENT LICENSE REQUIRED WITHIN 30 DAYS OF ADDRESS OR NAME CHANGE
WWW.FLHSMV.GOV

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Mid Valley Health Services

Physical Address 2800 Mitchell Rd, Suite S

City Ceres State CA Zip 95307

Mailing Address (if different from physical address) same

City _____ State _____ Zip _____

Telephone 209-531-1858 Website www.midvalleyhealthservices.com

Licensing Company Email nc.tran@midvalleyhs.com

Section 2: Personal Information

First Philip Middle Cameron Last Richly

Alias(es, nicknames, name changes, etc.) Phil

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Isla Bahia Dr.

City Fort Lauderdale State FL Zip 33316

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials PCR

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Spring Hill College			9/1985 – 5/1989	
Address		City	State	Zip
4000 Dauphin St.		Mobile	AL	36608
Diploma/Degree obtained, if any				
BA Communications				
School Name			From - To (MM/YY – MM/YY)	
Saint Xavier High School			08/1981 – 05/1985	
Address		City	State	Zip
600 W North Bend Rd.		Cincinnati	OH	45224
Diploma/Degree obtained, if any				
College Prep				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/2015 – new	[redacted] Isla Bahia Dr.	Ft. Lauderdale	FL	33316
From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2009 – 9/2015	[redacted] Isle of Palms Dr.	Ft. Lauderdale	FL	33301
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials PCR

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
BioRx LLC			09/2004 - 09/20X
Business Address	**City**	**State**	**Zip**
7167 E. Kemper Rd.	Cincinnati	OH	45249
Phone	**Title**		
(513) 792-7080	President		
Description of Duties			
Co-founder & President			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials PCR

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/9/2021
Date

Applicant's initials PCR

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Philip Rielly
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/9/2021
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Broward

I, Philip Rielly, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/9/2021
Date

Subscribed and Sworn to before me this 9th day of November 2021

Notary Public Signature

MAX CODIO
Notary Public
State of Florida
Comm# HH131640
Expires 6/28/2025

(Seal)

Applicant's initials PCR

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Mid Valley Health Services

Physical Address: 2800 Mitchell Rd, Suite S

City: Ceres State: CA Zip: 95307

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 209-531-1858 Website: www.midvalleyhealthservices.com

Licensing Company Email: nc.tran@midvalleyhs.com

Section 2: Personal Information

First: Douglas Middle: Eric Last: Hill

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]S. Birch Road, Apt [redacted]

City: Fort Lauderdale State: FL Zip: 33316

Telephone: [redacted] Email: ehill@avevorx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.320)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 606.120)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A DEH

Applicant's initials DEH

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Wake Forest University		08/85 - 5/89	
Address	**City**	**State**	**Zip**
1834 Wake Forest Rd	Winston Salem	NC	27109
Diploma/Degree obtained, if any			
Bachelor of Arts Degree			

School Name		From - To (MM/YY – MM/YY)	
Bassett High School		08/81 - 05/85	
Address	**City**	**State**	**Zip**
85 Riverside Drive	Basset	VA	24055
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/21 - Current	[redacted]S. Birch Road, Apt [redacted]	Fort lauderdale	FL	33316
04/20 - Current	[redacted]Hillcrest Drive	High Point	NC	27262
06/18 - 04/20	[redacted]Woodbrook Drive	High Point	NC	27262
2AS-06/18	[redacted]Hillcrest Drive	High Point	NC	27262
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials [redacted]

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
AvevoRx, LLC			07/21 - Current
Business Address	**City**	**State**	**Zip**
200 W. Lexington Ave, Suite 203	High Point	NC	27262
Phone	**Title**		
336.688.4909	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
OptumRx (Diplomat Specialty Infusion Group)			08/04 - 09/20
Business Address	**City**	**State**	**Zip**
200 W. Lexington Ave, Suite 203	High Point	NC	27262
Phone	**Title**		
513.792.7080	Chief Operating Officer		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Alpha Waste Industries, LLC			03/11 - Current
Business Address	**City**	**State**	**Zip**
343 City lake Road	Lexington	NC	27295
Phone	**Title**		
336.731.0201	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
3A&E Holdings, LLC			09/04 - Current
Business Address	**City**	**State**	**Zip**
200 W. Lexington Ave Suite 203	High Point	NC	27262
Phone	**Title**		
336.688.4909	Owner		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials DSH

Section 3: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials DSA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials [illegible]

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Douglas, Hill

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/11/2021

Date

Please have this section completed in the presence of a Notary Public.

State of North Carolina, ss. County of Guilford

I, Douglas E. Hill, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/11/2021

Date

Subscribed and Sworn to before me this 11th day of November.

Notary Public Signature

DOTTIE S SHAW NOTARY PUBLIC DAVIDSON COUNTY, NC My Commission Expires 08-26-22 (Seal)

Applicant's initials DEH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Mid Valley Health Services

Physical Address 2800 Mitchell Rd. Suite S

City Ceres State CA Zip 95307

Mailing Address (if different from physical address) same

City _____ State _____ Zip _____

Telephone 209-531-1858 Website www.midvalleyhealthservices.com

Licensing Company Email nc.tran@midvalleyhs.com

Section 2: Personal Information

First COURTNEY Middle LEE Last REMLEY

Alias(es, nicknames, name changes, etc.) COURTNEY LEE COPELAND

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] JOHNSON MARINA RD

City CHAPIN State SC Zip 29036

Telephone [redacted] Email CREMLEY@AVEVORX.COM

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (Mark Yes or No)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Family Support Compliance (Mark Yes or No)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials CR

Section 5: List all institutions you have attended for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)
PURDUE UNIVERSITY	08/00 – 12/04

Address	City	State	Zip
150 N. UNIVERSITY ST	WEST LAFAYETTE	IN	47907

Diploma/Degree obtained, if any: BACHELOR OF SCIENCE, AUDIOLOGY AND SPEECH SCIENCES

School Name	From - To (MM/YY – MM/YY)
LAWRENCE NORTH HIGH SCHOOL	08/96 – 05/00

Address	City	State	Zip
7802 HAGUE RD	INDIANAPOLIS	IN	46256

Diploma/Degree obtained, if any: DIPLOMA

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any:

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any:

School Name	From - To (MM/YY – MM/YY

Address	City	State	Zip

Diploma/Degree obtained, if any:

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/18 – current	[redacted] JOHNSON MARINA RD	CHAPIN	SC	29036
10/11 – 10/18	[redacted] WOODROW ST	COLUMBIA	SC	29205
08/09 – 10/11	[redacted] OLIVE ST	COLUMBIA	SC	29205

Applicant's initials _____

[redacted]

Business Name			From - To (MM/YY – MM/YY)
AvevoRx, LLC			07/21 - Current
Business Address	**City**	**State**	**Zip**
200 W. LEXINGTON AVE, STE 203	HIGH POINT	NC	27262
Phone	**Title**		
336-688-4909	MEMBER, OWNER		
Description of Duties			
MEMBER, OWNER			

Business Name			From - To (MM/YY – MM/YY)
OPTUM Rx (DIPLOMAT SPECIALTY INFUSION GROUP)			10/2010 - 07/21
Business Address	**City**	**State**	**Zip**
200 W. LEXINGTON AVE, STE 203	HIGH POINT	NC	27262
Phone	**Title**		
(513) 792-7080	REGIONAL SALES DIRECTOR		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
GOLDEN TAHOE, LLC			09/2010 - current
Business Address	**City**	**State**	**Zip**
2212 JOHNSON MARINA RD	CHAPIN	SC	29036
Phone	**Title**		
(803) 529-0929	OWNER		
Description of Duties			
SELF - STORAGE OWNER			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 3 Arrest, Detention, Litigation, Activities	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

COURTNEY REMLEY
Print Name (First, Last)

Courtney R. Remley
Original Signature (electronic, copies or stamps not accepted)

11/22/2021
Date

Please have this section completed in the presence of a Notary Public.

State of South Carolina, ss. County of Lexington.

I, COURTNEY LEE REMLEY, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Courtney R. Remley
Original Signature

11/22/2021
Date

Subscribed and Sworn to before me this 22nd day of Nov, 2021.

Lisa L Boozer
Notary Public Signature

LISA L. BOOZER
Notary Public - State of South Carolina
My Commission Expires April 9, 2023

LISA L. BOOZER COMM EXP NOTARY PUBLIC APRIL 9, 2023 SOUTH CAROLINA

(Seal)

Applicant's initials _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Mid Valley Health Services

Physical Address 2800 Mitchell Rd, Suite S

City Ceres State CA Zip 95307

Mailing Address (if different from physical address) same

City _____ State _____ Zip _____

Telephone 209-531-1858 Website www.midvalleyhealthservices.com

Licensing Company Email nc.tran@midvalleyhs.com

Section 2: Personal Information

First Robin Middle Rae Last Johnson

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Addres [redacted] E Canyon Creek Lane

City Weatherford State TX Zip 76087

Telephone [redacted] Email rjohnson@avevorx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials RJ

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Boyd County High School		8/73-5/76	
Address	City	State	Zip
14375 Lions Lane	Ashland	KY	41102
Diploma/Degree obtained, if any			
High School			

School Name		From - To (MM/YY – MM/YY)	
Florida Atlantic University		8/80-12/84	
Address	City	State	Zip
777 Glades Road	Boca Raton	FL	33431
Diploma/Degree obtained, if any			
Bachelor of Arts in Education			

School Name		From - To (MM/YY – MM/YY)	
Morehead State University		8/89-5/91	
Address	City	State	Zip
150 University Blvd	Morehead	KY	40351
Diploma/Degree obtained, if any			
Bachelor of Science in Accounting, Masters of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
AvevoRx LLC			07-21-Current
Business Address	**City**	**State**	**Zip**
200 West Lexington Ave. Suite 203	High Point	NC	26272
Phone	**Title**		
	Member		
Description of Duties			
CFO duties which are all duties of a financial nature			

Business Name			From - To (MM/YY – MM/YY)
Diplomat Specialty Infusion Group			01/11-06-20
Business Address	**City**	**State**	**Zip**
11262 Cornell Park Drive	Cincinnati	OH	25242
Phone	**Title**		
513-792-7080	CFO		
Description of Duties			
All duties of a financial nature			

Business Name			From - To (MM/YY – MM/YY)
Johnson Girls Consulting, LLC			01-18-Current
Business Address	**City**	**State**	**Zip**
644 E Canyon Creek Lane	Weatherford	TX	76087
Phone	**Title**		
513-439-4017	Member, Owner		
Description of Duties			
Financial duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials KRD

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date 11/15/2021

Applicant's initials RR

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robin Johnson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/15/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Parker

I, Robin Johnson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/15/21

Date

Subscribed and Sworn to before me this 15th day of November, 2021

Notary Public Signature

Emily Pair
NOTARY PUBLIC
STATE OF TEXAS
12905260-1
EXP 07/13/2024
(Seal)

Applicant's initials RRJ

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy __X__ Hospital Pharmacy ___ Clinic ___ Exempt Hospital ___ Wholesaler ___ Hypodermic ___

Date: 3/3/2021 Inspector: Mayta Vu

Firm: MID VALLEY HEALTH SERVICES Phone: (209) 531-1858

Address: 2800 MITCHELL RD City: CERES Zip: 95307

Ownership: CORPORATION

Permit #: LSC100004 PHY37093 Permit Exp: 4/1/2021 DEA#: BM2662509 DEA Exp: 1/31/2024

Date of Self Assessment Form: 1/7/2021 Other Permit #: N/A Date of DEA Inventory: 12/4/2020

Hours M-F: 0830 to 1700 Hours Saturday on-call Hours Sunday: on-call

PIC ROBERT C BARSAMIAN RPH37908 Administrator

RPH Consultant

Staff	RPH Name:	License #:	Staff Name:	License #:
	NHU-CAM T TRAN	RPH46598	ELINA L BERNAL	TCH124650
	STACIE L SHARAR	RPH51719	JOSEPHINE R YOUNG	TCH50225
			PARIS A CHABOYA	TCH151639
			SARAI GARZA-HODSON	TCH5789

Inspector Remarks:

Sterile Compounding Renewal Inspection
Assisted by RPh Tran and RPh Sharar
Outpatient infusion pharmacy
Compounding and Pharmacy self-assessments – available
Previous BOP inspection report from 2020 – viewed
No FDA, DEA or other accreditation agency inspections in the last 12 months
No changes to the list of sterile compounded preparations in the last 12 months
Sterile compounding: Sterile to sterile, Non-hazardous preparations, TPNs, Batch
CSP Risk Level: Low and medium risk

Wholesaler: Amerisource Bergen
Reverse Distributor: EXP/Inmar
Pharmaceutical Waste Management: Stericycle
Quarterly CII reconciliation: last completed 12/4/2020; viewed
Posted: Notice to consumer, Interpretive Services, Original Pharmacy and Sterile compounding licenses and current renewals, DEA registration

Several documents including but not limited to: certification reports, self-assessments, pharmacist and technician training records, environmental logs, end-product testing, compounding logs/labels, master formulas, and policies and procedures were collected via email and reviewed prior to inspection on or about February 16, 2021.

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STERILE COMPOUNDING AREA

The compounding suite consists of an ISO 7 ante room, an ISO 7 non-hazardous buffer room, and an ISO 7 hazardous buffer room. The HD buffer room is certified as ISO 7 but is not in use. The non-HD buffer room has two ISO 5 laminar airflow workbenches. There have been no physical changes to the compounding suite in the last 12 months.

Last certification completed on December 10, 2020 by CERTS
- Dynamic testing, HEPA filter leak testing, Non-viable air sampling
- Viable air and surface sampling – no growth detected on air and surface samples collected
- Air changes – ante room at 63.6 acph, non-HD buffer room at 64.6 acph, HD buffer room at 32.8 acph
- Pressure differentials – ante room to pharm prep room at 0.068" w.c., non-HD buffer room to ante room at 0.062" w.c., HD buffer room to ante room at -0.013" w.c.
- Smoke studies – available

Cleaning agents
- Germicidal detergent: Decon-Quat or TexQ
- Disinfectant: Sterile 70% Isopropyl Alcohol
- Sporicidal: Peridox RTU

Cleaning of walls, ceilings, and other hard surfaces: done monthly

POLICIES AND PROCEDURES
- Annual review of Policies and Procedures by PIC. Last reviews performed in January 2021
- Aseptic Technique, Hand hygiene and garbing, Conduct in an ISO environment – available
- Facility cleaning and disinfecting – available
- QA program/policy and procedure: end-product testing, recalls – available
- Master formulas and compounding logs - available
- Environmental sampling: action levels for CFUs and actions to be taken when CFUs have been exceeded – available
- Equipment maintenance and use/Training – available
- Compounding, filling, and labeling; BUDs; storage of compounded preparations – available
- Reference materials: Trissel's, USP 797

LABELING REQUIREMENTS
- Compounded by pharmacy – prints on patient specific label
- Generic names of principal ingredients/ Instructions for storage and BUD
- Rate of infusion for intravenous sterile preparations
- Route of administration for injectable preparations

RECORDKEEPING – maintain for 3 years
- Master formulas/ Patient specific compounding records – viewed for:
  - Nafcillin 12 gram in in NS 240 ml, Rx 6930882 – *please update Nafcillin master formula; under procedures #11 the master formula stotes to reconstitute Vancomycin vial with sterile water for injection. Nafcillin compounding log missing manufacturer information.*
  - Vancomycin 1.S gram in NS 100 ml, Rx 6930995 – *BUD listed as 9 days if using bulk 5gm vials, 14 doys using 1gm single dase vials. See discussion.*
  - Cefepime 1 gram in SWFI 10 ml syringes, Rx 6930848 – *BUD listed as 14 days; 6 syringes were compounded. 13-day BUD ossigned. See discussion and correction.*
- Refrigerator/ room / freezer / incubator temperature logs – viewed for December 2020 and January 2021
- Pressure and humidity logs – viewed for December 2020 and January 2021 – *ante room pressures documented as negative in January 2021 log sheet*
- Cleaning logs for room, PECs, shelving – viewed for December 2020 and January 2021; *Documentation for cleaning of incubator with 70% IPA provided for review*
- Log of looking for expired medications – available; viewed for December 2020 and January 2021

TRAINING – viewed for both RPh Stacie Sharar and TCH Josie Young; maintain for 3 years
- Gloved fingertip and media fill testing; written documentation and process review by qualified pharmacy personnel
- Didactic – including Repeater Pump and Exactamix training videos, pharmaceutical calculations

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Observational skills assessments – hand hygiene and garbing, aseptic technique, Exactamix use

QUALITY ASSURANCE / PROCESS EVALUATION

End-product testing performed by Eagle Labs

- TPN sample, received 3/13/2020 – tested for sterility
- Cefazolin 2 gram in 20 ml, received 2/4/2020 – tested for potency

No ADRs attributable to CSPs reported in the last 12 months

PHARMACY LAW WAIVERS:

Waiver(s) implemented at this facility: None

Discussion:

1. Recommend modifying patient label to separate the phone number of the pharmacy from the zip code. Currently, the information is one contiguous entry.
2. Discussed CCR 1735.2(i)(3)-(4) as they relate to CCR 1751.8 and the assignment of BUDs.
3. Discussed patient labels as related to CCR 1735.4(a)(3) which states "Instructions for storage, handling, and administration. For admixed IV solutions, the rate of infusion shall be included."

Education:

1. COVID-19 CDPH/FDA Guidance documents are available on the Board of Pharmacy's website

Please submit all requested items within 14 days, not later than March 17, 2021 to Inspector Mayta Vu by email:
mayta.vu@dca.ca.gov

Mayta Vu, Inspector
Phone: (559) 753-1446
Fax: (559) 291-1013
Email: mayta.vu@dca.ca.gov

Licensee Remarks:

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) _____

Pharmacist (print) _____

Inspector (sign) _____

Inspector (print) Mayra Vu

Owner(sign) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

ORDER OF CORRECTION

Date: 3/3/2021 Permit #: LSC100004

Time of Day: 7:27 AM

Name as shown on permit: **MID VALLEY HEALTH SERVICES**

Address: 2800 MITCHELL RD City: CERES

Please be advised it appears there is a failure to comply with the following laws governing the practice of pharmacy, and/or the rules and regulations of the Board of Pharmacy:

1. **CCR 1735.2(i)(2)**	Compounding Limitations and Requirements; Self-Assessment. Every compounded drug preparation shall be given a beyond use date representing the date or date and time beyond which the compounded drug preparation should not be used, stored, transported or administered, and determined based on the professional judgment of the pharmacist performing or supervising the compounding. For sterile compounded drug preparations, the beyond use date shall not exceed any of the following:
Verified as 9 days	During the desk audit, it was found that Rx 6930848, Cefepime 1 gram in SWFI 10 ml syringes, Qty 6, was assigned a BUD of 13 days. The compounding process for this prescription is medium risk.

I have reviewed, discussed, understand and received a copy of this form.

Inspector (sign) _____ Signed _____

Inspector (print) Mayra Vu Print Name _____

Date March 3, 2021 Title _____

Pursuant to Business and Professions Code §4083, a licensee of the California State Board of Pharmacy, may submit a written request within 30 days of service of the order of correction, for an office conference with the board's executive officer to contest the order of correction.

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ORDER OF CORRECTION

Date: 3/3/2021 Permit #: LSC100004

Time of Day: 7:27 AM

Name as shown on permit: **MID VALLEY HEALTH SERVICES**

Address: 2800 MITCHELL RD City: CERES

Please be advised it appears there is a failure to comply with the following laws governing the practice of pharmacy, and/or the rules and regulations of the Board of Pharmacy:

1. **CCR 1735.2(i)(2)**	Compounding Limitations and Requirements; Self-Assessment. Every compounded drug preparation shall be given a beyond use date representing the date or date and time beyond which the compounded drug preparation should not be used, stored, transported or administered, and determined based on the professional judgment of the pharmacist performing or supervising the compounding. For sterile compounded drug preparations, the beyond use date shall not exceed any of the following:
	During the desk audit, it was found that Rx 6930848, Cefepime 1 gram in SWFI 10 ml syringes, Qty 6, was assigned a BUD of 13 days. The compounding process for this prescription is medium risk.

I have reviewed, discussed, understand and received a copy of this form.

Inspector (sign) _____ Signed _____

Inspector (print) Mayra Vu Print Name Stacie Sharar

Date March 3, 2021 Title Pharmacist

Pursuant to Business and Professions Code §4083, a licensee of the California State Board of Pharmacy, may submit a written request within 30 days of service of the order of correction, for an office conference with the board's executive officer to contest the order of correction.

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Department of Consumer Affairs
Gavin Newsom, Governor

I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) Stacie Shaver

Pharmacist (print) Stacie Shaver

Inspector (sign) _____

Inspector (print) Maytar Vu

Owner(sign) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

10G

Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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** 03015

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

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Optum Infusion Services 550, LLC

Physical Address: 1819 Aston Avenue, Ste 104

Mailing Address: [Same as physical address]

City: Carlsbad State: CA Zip Code: 92008

Telephone: 760-707-1486 Fax: 760-931-0516

Toll Free Number: 866-827-0972 (Required per NAC 639.708)

E-mail: orxpharmlic@optum.com Website: https://specialty.optumrx.com/infusion

Managing Pharmacist: Rose Feaver License Number: RPH 36502 (CA)

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☐	Retail	☐	Off-site Cognitive Services
☐	Hospital (# beds____)	☐	Parenteral **
☐	Internet	☐	Parenteral (outpatient)
☐	Nuclear	☐	Outpatient/Discharge
☐	Ambulatory Surgery Center	☐	Mail Service
☑	Community	☐	Long Term Care
☑	Other: Infusion	☐	Sterile Compounding **
		☐	Non Sterile Compounding
	All boxes must be checked	☐	Mail Service Sterile Compounding **
	For the application to be complete	☐	Other Services: Infusion

****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.

Karen Peterson

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

Karen Peterson, Secretary

Print Name of Authorized Person

07/21/2021

Date

Board Use Only Date Processed:_____ Amount: $500 Check 66176847

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION Ownership is an LLC

State of Incorporation: Entity is an LLC - Formed in Delaware

Parent Company if any: Diplomat Blocker, LLC

Mailing Address: 1600 McConnor Parkway

City: Schaumburg State: IL Zip: 60173

Telephone: 763-321-2595 Fax: 844-377-0216

Contact Person: Cathy Winters

For any corporation non publicly traded, disclose the following:

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

a) No individual owners
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A - entity is an LLC

3) What was the price paid per share? N/A - entity is an LLC

4) What date did the corporation actually receive the cash assets? N/A - entity is an LLC

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

List any physician shareholders and percentage of ownership. N/A - entity is an LLC

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 5:00 pm Saturday On call am _____ pm

Sunday On Call am _____ pm 24 Hours On call

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Karen Peterson

Responsible Person of Optum Infusion Services 550, 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

Karen Peterson, Secretary
Print Name of Authorized Person

07/21/2021
Date

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Vicky S. Lo

Date: 09/29/2021
Amount:
License #: 21378

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:03/29/2022

Vicky S. Lo

License #
21378
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21378

Expires: 03/29/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Vicky S. Lo

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Agatha M. Zurawska

Date: 10/06/2021
Amount:
License #: 21620

(ID Card)

Trim ID Card to fit your wallet

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:04/06/2022

Agatha M. Zurawska

License #
21620
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

License Type: Pharmacist
License #: 21620

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 04/06/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Agatha M. Zurawska

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

the time frame required by California State Board of Pharmacy regulations. $500 fine paid.

Scottsdale, AZ Location

- **California Board of Pharmacy, 2018**. California Board of Pharmacy issued a Citation and Fine to BioRx, LLC for failing to report ownership change within the time frame required by California State Board of Pharmacy regulations. $500 fine paid.

Karen Peterson

Signature

Karen Peterson, Secretary

Printed Name

07/21/2021

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Illinois)
) ss.
Cook COUNTY)

I, Karen Peterson, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Secretary for Optum Infusion Services 550, LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Karen Peterson, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Karen G Peterson
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
3rd day of September, 2021.

Maleta G. Beahan
NOTARY PUBLIC

Official Seal
Maleta G Beahan
Notary Public State of Illinois
My Commission Expires 03/06/2

Optum Infusion Services 550, LLC
Carlsbad, CA

Officer, and Ownership Information

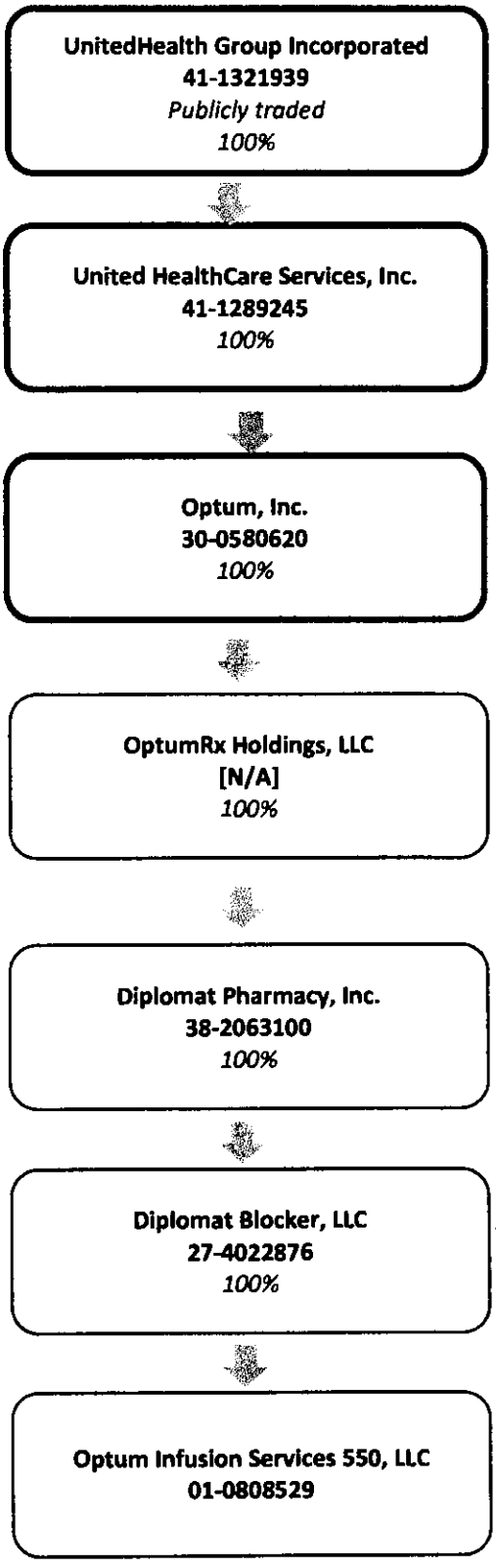
Officers:

Name	Title
Michael Zeglinski	CEO & President
Peter Gill	Treasurer
Karen Peterson	Secretary
Heather Lang	Assistant Secretary
David Oberg	Assistant Secretary
Timothy Langdon	Assistant Secretary

The pharmacy is wholly owned by:
Optum Infusion Services 550, LLC
FEIN: 01-0808529
1600 McConnor Parkway
Schaumburg, IL 60173
(763) 321-2595

The sole member of Optum Infusion Services 550, LLC is:
Diplomat Blocker, LLC
FEIN: 27-4022876
4100 S. Saginaw St.
Flint, MI 48507
(763) 321-2595

Optum Infusion Services 550, LLC – Organizational Chart



BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 57643

NAME: OPTUM INFUSION SERVICES 550 LLC

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

1819 ASTON AVE STE 104
CARLSBAD CA 92008-7338
SAN DIEGO COUNTY

ISSUANCE DATE

FEBRUARY 10, 2020

EXPIRATION DATE

FEBRUARY 1, 2023

CURRENT DATE / TIME

JANUARY 20, 2022
4:02:56 PM

LICENSE RELATIONSHIPS

NAME: OPTUM INFUSION SERVICES 550 LLC

LICENSE/REGISTRATION TYPE: STERILE COMPOUNDING PHARMACY

LICENSE NUMBER: 101535 **PRIMARY STATUS:** CLEAR

ADDRESS :
1819 ASTON AVE STE 104
RM 109 110
CARLSBAD CA 92008-7338
SAN DIEGO COUNTY

NAME: FEAVER, ROSE R

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 36502 **PRIMARY STATUS:** CLEAR

ADDRESS NOT DISCLOSED

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Optum Infusion Services 550, LLC** , as a FOREIGN LIMITED-LIABILITY COMPANY duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/25/2011, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/08/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202202082379668
You may verify this certificate online at http://www.nvsos.gov

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FB9155842	12-31-2022	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	03-24-2020

OPTUM INFUSION SERVICES 550, LLC
1819 ASTON AVE STE 104
CARLSBAD, CA 920087338

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FB9155842	12-31-2022	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	03-24-2020

OPTUM INFUSION SERVICES 550, LLC
1819 ASTON AVE STE 104
CARLSBAD, CA 920087338

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Managing Pharmacist

Pharmacist Name: Rose Ridings Feaver License #: 36502 (CA)

Pharmacy Name: Optum Infusion Services 550, LLC

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☑
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☑	☐

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: CA Date: Approx. 2001 Case #: Not available

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

Disciplinary Action History

Please note, although the California Board of Pharmacy does not consider a citation disciplinary action, we are disclosing citations out of an abundance of caution.

Rose Feaver

Approximately 15 to 20 years ago, while serving as a PIC of a Coram pharmacy, Ms. Feaver received a citation and fine of $500 from the California Board of Pharmacy, with an allegation that a pharmacy technician had a recently expired license which had not been renewed timely. No documentation is available.

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Rose Aidinger Fraser — Signature

9/2/2021 — Date

Disciplinary Action History
Optum Infusion Services 550, LLC
Carlsbad, CA

Optum Infusion Services 550, LLC (fka BioRx, LLC)

Cincinnati, OH Location

- **Hawaii Board of Pharmacy, 2020**. Hawaii Board of Pharmacy Department of Commerce and Consumer Affairs issued a $500 fine to BioRx, LLC, doing business as Diplomat Specialty Infusion Group, for allegations that a 2018 Texas Board of Pharmacy action was not reported timely.

- **New Hampshire Board of Pharmacy, 2019**. New Hampshire Board of Pharmacy issued a notice of violation to Diplomat Specialty Infusion Group for failing to report an August 7, 2018 Texas Board of Pharmacy Order (discipline). NH BOP imposed a $150 fine to resolve the matter.

- **Texas Board of Pharmacy, 2018**. Texas Board of Pharmacy reprimanded Diplomat Specialty Infusion Group for failing to ensure the accuracy of a sample compounded sterile preparation, compounded and collected during an inspection, met the United States Pharmacopeia established range.

- **Hawaii Board of Pharmacy, 2016**. Hawaii Department of Commerce and Consumer Affairs issued a fine to BioRx, LLC for failing to report a disciplinary action from the Alaska Board of Pharmacy in a timely manner. $500 fine paid.

Urbandale, IA Location

- **Alabama Board of Pharmacy, 2020**. Alabama Board of Pharmacy imposed a $1500 fine against BioRx LLC (dba Diplomat Specialty Infusion Group) for failing to disclose a 2010 disciplinary action on the 2011-2012 renewal and failing to timely disclose a 2017 disciplinary action.

- **Texas Board of Pharmacy, 2017**. Texas Board of Pharmacy issued a fine to BioRx, LLC for failing to report disciplinary action from the Colorado State Board of Pharmacy in a timely manner. $1,000 fine paid.

- **Hawaii Board of Pharmacy, 2017**. Hawaii Regulated Industries Complaint Office issued a $500 fine for failing to report the disciplinary action from the Colorado State Board of Pharmacy in a timely manner.

Please note, although the California Board of Pharmacy does not consider a citation disciplinary action, we are disclosing citations out of an abundance of caution.

Carlsbad, CA Location

- **California Board of Pharmacy, 2018**. California Board of Pharmacy issued a Citation and Fine to BioRx, LLC in Carlsbad, CA for failing to report ownership change within

Updated copy of the DEA with the new name. A copy of the updated DEA is enclosed

Updated inspection with the new name (if Available). California, the facility's resident state, does not conduct new inspections for name changes. As a result, the facility does not have an inspection report in the new name.

If you have any questions, please contact me at (608) 283-2628 or Rachel.Dykema@quarles.com or Anne O'Brien at (312) 715-5259 or Anne.O'Brien@quarles.com.

Very truly yours,

Rachel Dykema

Rachel Dykema

Enclosures

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy X Hospital Pharmacy ___ Clinic ___ Exempt Hospital ___ Wholesaler ___ Hypodermic ___

Date: 1/11/2021 Inspector: Ben Rustia

Firm: DIPLOMAT SPECIALTY INFUSION GROUP Phone: (760) 707-1486

Address: 1819 ASTON AVE STE 104 City: CARLSBAD Zip: 920087338

Ownership: CORPORATION

Permit #: LSC101535 PHY56130 Permit Exp: 2/1/2021 DEA#: FB3737903 DEA Exp: 6/30/2021

Date of Self Assessment Form: 8/14/2019 Other Permit #: N/A Date of DEA Inventory: 7/15/2019

Hours M-F: 8AM-5PM Hours Saturday CLOSED Hours Sunday: CLOSED

PIC ROSE R FEAVER RPH36502 Administrator

RPH Consultant

Staff RPH Name:	License #:
.IL R SALTER	RPH53820
VICKY S LO	RPH61137
AGATHA M ZURAWSKA	RPH61899

Staff Name:	License #:
ANGELICA BARRIGA	TCH125079
FRANK MENDEZ III	TCH84671
JAMES D MONTANA JR	TCH124666
JENNIFER J FREEMAN	TCH120010
JOSHUA A SAGER	TCH126962
VERONICA A MENDOZA	TCH128529

Inspector Remarks:

Due to the COVID-19 Public Health Emergency, this inspection was performed remotely with data supplied by the facility. The information was reviewed by the inspector and conversations with the pharmacist-in-charge or pharmacy contact occurred as appropriate.

General Information:

- Renewal of LSC permit for Diplomat Specialty Infusion Group, PHY57643, LSC101535
- Assisted by PIC Rose Feaver
- Compounding self-assessments completed on 8/14/2019 and 1/6/2021 were reviewed
- Updated list of CSPs: Received
- No accreditation inspections conducted within the past 12 months:

Previous BOP Inspection Report
- Reviewed 1/23/2020 inspection report for previous corrections or written notice of noncompliance. Non-compliance issues was addressed with PIC Feaver

.armacy Law Waivers: None utilized

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Sterile Compounding Area
Facility and equipment:
SEC:
1. ISO 8 Anteroom positive pressure
2. ISO 7 Cleanroom positive pressure

PEC:
1. Hood 1: Nuaire NU-301-636 Series 63 SN 184365021218.
2. Hood 2: Nuaire NU-301-636 Series 63 SN 184367021218
3. Hood 3: Nuaire NU-301-636 Series 63 SN 184366021218

- Certification completed by: CERTS conducted on 2/7/2020 and 7/31/2020
- Dynamic testing, Non-viable air sampling, HEPA filter leak testing, air changes, smoke study, and viable air and surface sampling for bacteria and mold were reviewed
- Sporicidal, cleaning, and disinfecting agents: BruClean, Vesphene, PreEmpt, SIPA, Sporicidin, Dispatch, Bleach.
- Cleaning logs reviewed: Daily, weekly, and monthly.

Policies and Procedures
Updated and new PnPs reviewed.

Record Keeping
-Compounding records/master formula/labeling
- Sterile compounding equipment calibration and maintenance logs:
- Pressure differential monitoring logs:
- Refrigerator/freezer/incubator/room temperature logs

Employee training/competencies
- Didactic training, pharmaceutical calculations, gloved fingertip sampling, media fill testing, practical skills training in aseptic area practices, cleaning.

Quality Assurance
- End product sterility reviewed

ADRS
- No ADRS reported within past 12 months.

Discussion: None

No corrections issued.

For inquiries regarding the status of your sterile compounding licensure, please use the following: compounding.pharmacy@dca.ca.gov

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Licensee Remarks:

I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) Ron Feaver

Pharmacist (print) Rose Feaver

Inspector (sign) Benedicto Rustia

Inspector (print) Benedicto Rustia

Owner(sign) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Optum Infusion Services 550, LLC

Physical Address 1819 Aston Avenue, Ste. 104

City Carlsbad State CA Zip 92008

Mailing Address (if different from physical address) N/A - same as physical address

City _____ State _____ Zip _____

Telephone (760) 707-1486 Website https://specialty.optumrx.com/infusion

Licensing Company Email orxpharmlic@optum.com

Section 2: Personal Information

First Vicky Middle _____ Last Lo

Alias(es, nicknames, name changes, etc.) _____

Date of Birth _____ SSN or ITIN _____ Sex ☐ M ☐ F ☐ X

Mailing Address [redacted] Aston Avenue, Ste. [redacted]

City Carlsbad State CA Zip 92008

Telephone [redacted] Email _____

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.1291)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials VL

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Kingman High			1991-1994	
Address		City	State	Zip
4182 N Bank St		Kingman	Az	86409
Diploma/Degree obtained, if any				
High School Diploma				
School Name			From - To (MM/YY – MM/YY)	
University of Arizona			1994-1999	
Address		City	State	Zip
1200 E. University Blvd		Tucson	Az	85721
Diploma/Degree obtained, if any				
BSBA				
School Name			From - To (MM/YY – MM/YY)	
University of Arizona School of Pharmacy			2003-2007	
Address		City	State	Zip
1295 N Martin Ave		Tucson	Az	85721
Diploma/Degree obtained, if any				
PharmD				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2011-2019	[redacted] Portofino Dr	Del Mar	Ca	92014
2019-current	[redacted] Caminito Leon #203	Carlsbad	Ca	92009
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials VL

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5095) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Optum Infusion			2/2020 to current
Business Address	**City**	**State**	**Zip**
1819 Aston Ave #104	Carlsbad	CA	92009
Phone	**Title**	**Number of Employed Hours**	
760-707-1486	Pharmacist	3760 hours	
Description of Duties			
Dispense, order drug, review med profile, counsel patients, enter/obtain orders			

Business Name			From - To (MM/YY – MM/YY)
OptionCare			7/2011-1/2020
Business Address	**City**	**State**	**Zip**
15025 Innovation Dr #100	San Diego	CA	92182
Phone	**Title**	**Number of Employed Hours**	
858-547-8487	Clinical Pharmacist	17,680 hours	
Description of Duties			
Dispense, review med profile, counsel patients, enter/obtain orders			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials VL

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I, Vicky Lo, **certify that as the designated representative for**

Optum Infusion Services 550, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Vicky Lo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/17/21

Date

Applicant's initials VL

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Vicky Lo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

~~12/19/21~~ 1/4/22

Date

Please have this section completed in the presence of a Notary Public.

State of CALIFORNIA, ss. County of SAN DIEGO

I, Vicky Lo, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/4/22

Date

Subscribed and Sworn to before me this 4th day of JANUARY 2022.

Notary Public Signature

* PLEASE SEE ATTACHED CALIFORNIA JURAT

(Seal)

CALIFORNIA JURAT GOVERNMENT CODE § 8202

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of SAN DIEGO

Subscribed and sworn to (or affirmed) before me on

this 4th day of JANUARY, 2022, by

Date Month Year

(1) VICKY LO

(and (2) _____).

Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

HERMIE AQUINO
Notary Public - California
San Diego County
Commission # 2238483
My Comm. Expires May 14, 2022

Signature _____

Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document NEVADA STATE BOARD OF PHARMACY

Title or Type of Document: DESIGNATED REPRESENTATIVE APPLICATION

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

2019 National Notary Association

10H

Pharmacy Application Checklist

Facility Name: Optum Infusion Services 550, LLC License # PH02195

Facility Address (City, State): Cincinnati, OH

Application Type: ____ New X CHOW X Name Change ____ Location Change

Documentation:

✓ RPH licensed in Nevada

✓ Eligible per NAC 639.232

✓ Registration Fee Included - $500

X Ownership Type Included (Check below):

____ Publicly Traded X Non-Publicly Traded ____ Partnership ____ Sole Owner

✓ Certificate of Good Standing (within 6 months)

X Copy of Most Recent Inspection (Out of State Only)

✓ HSL or Good Standing Form (Out of State Only)

X List of Officers and Directors

X Hours of Operation

✓ Designated Rep Form

A. ✓ At least 21 years old
B. ✓ Meets NAC 639.5005 – 6000 Hours
C. NO Disclosure Noted?
D. N/A Located in Nevada (In state applications only)

✓ Copy of Pharmacy License – Out of State Only (if applicable)

N/A Personal History Record ____ Disclosure Noted?

X Statement of Responsibility of Owners

✓ ~~Managing Pharmacist Form~~ Disclosure

✓ Copy of DEA Registration (if provided)

Yes Disclosure Noted? ~ No Disclosures

____ Board Appearance Required ____ Consent Agenda

____ Addendum for Internet (if "Internet" service is checked on application)

Application Complete: ____ Yes ____ No

Reviewed by: _____ Date Reviewed: _____

Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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** 02195

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

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
■ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Optum Infusion Services 550, LLC

Physical Address: 7167 E. Kemper Road

Mailing Address: [Same as physical address]

City: Cincinnati State: OH Zip Code: 45249

Telephone: 513-792-7080 Fax: 513-792-3838

Toll Free Number: 866-442-4679 (Required per NAC 639.708)

E-mail: orxpharmlic@optum.com Website: https://specialty.optumrx.com/infusion

Managing Pharmacist: Mark Kestler License Number: 03215192 (OH)

NV - Brendonkestler 21304

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☑	☐ Retail	☐	■ Off-site Cognitive Services
☐	■ Hospital (# beds____)	☐	■ Parenteral **
☐	■ Internet	☐	■ Parenteral (outpatient)
☐	■ Nuclear	☐	■ Outpatient/Discharge
☐	■ Ambulatory Surgery Center	■	☐ Mail Service
☑	☐ Community	☐	■ Long Term Care
☑	☐ Other: Home Infusion Pharmacy	☑	☐ Sterile Compounding **
		☐	■ Non Sterile Compounding
	All boxes must be checked	☐	■ Mail Service Sterile Compounding **
	For the application to be complete	☐	■ Other Services: _____

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☑ No ☐

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.

Karen Peterson

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

Karen Peterson, Secretary

Print Name of Authorized Person

07/21/2021

Date

Board Use Only Date Processed:_____ Amount: $500 check 46776846

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Entity is and LLC - Formed in Delaware

Parent Company if any: Diplomat Blocker, LLC

Mailing Address: 1600 McConnor Parkway

City: Schaumburg State: IL Zip: 60173

Telephone: 763-321-2595 Fax: 844-377-0216

Contact Person: Cathy Winters

For any corporation non publicly traded, disclose the following:

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

a) No individual owners
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A - entity is an LLC

3) What was the price paid per share? N/A - entity is an LLC

4) What date did the corporation actually receive the cash assets? N/A - entity is an LLC

5) Provide a copy of the corporation's stock register evidencing the above information N/A - entity is an LLC

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 08:30 am 05:30 pm Saturday On call am _____ pm

Sunday On call am _____ pm 24 Hours No

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, Karen Peterson

Responsible Person of Optum Infusion Services 550, 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.

Karen Peterson

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

Karen Peterson, Secretary

Print Name of Authorized Person

07/21/2021

Date

Disciplinary Action History
Optum Infusion Services 550, LLC
Cincinnati, OH

Optum Infusion Services 550, LLC (fka BioRx, LLC)

Cincinnati, OH Location

- **Hawaii Board of Pharmacy, 2020.** Hawaii Board of Pharmacy Department of Commerce and Consumer Affairs issued a $500 fine to BioRx, LLC, doing business as Diplomat Specialty Infusion Group, for allegations that a 2018 Texas Board of Pharmacy action was not reported timely.

- **New Hampshire Board of Pharmacy, 2019.** New Hampshire Board of Pharmacy issued a notice of violation to Diplomat Specialty Infusion Group for failing to report an August 7, 2018 Texas Board of Pharmacy Order (discipline). NH BOP imposed a $150 fine to resolve the matter.

- **Texas Board of Pharmacy, 2018.** Texas Board of Pharmacy reprimanded Diplomat Specialty Infusion Group for failing to ensure the accuracy of a sample compounded sterile preparation, compounded and collected during an inspection, met the United States Pharmacopeia established range.

- **Hawaii Board of Pharmacy, 2016.** Hawaii Department of Commerce and Consumer Affairs issued a fine to BioRx, LLC for failing to report a disciplinary action from the Alaska Board of Pharmacy in a timely manner. $500 fine paid.

Urbandale, IA Location

- **Alabama Board of Pharmacy, 2020.** Alabama Board of Pharmacy imposed a $1500 fine against BioRx LLC (dba Diplomat Specialty Infusion Group) for failing to disclose a 2010 disciplinary action on the 2011-2012 renewal and failing to timely disclose a 2017 disciplinary action.

- **Texas Board of Pharmacy, 2017.** Texas Board of Pharmacy issued a fine to BioRx, LLC for failing to report disciplinary action from the Colorado State Board of Pharmacy in a timely manner. $1,000 fine paid.

- **Hawaii Board of Pharmacy, 2017.** Hawaii Regulated Industries Complaint Office issued a $500 fine for failing to report the disciplinary action from the Colorado State Board of Pharmacy in a timely manner.

Please note, although the California Board of Pharmacy does not consider a citation disciplinary action, we are disclosing citations out of an abundance of caution.

Carlsbad, CA Location

- **California Board of Pharmacy, 2018.** California Board of Pharmacy issued a Citation and Fine to BioRx, LLC in Carlsbad, CA for failing to report ownership change within

the time frame required by California State Board of Pharmacy regulations. $500 fine paid.

Scottsdale, AZ Location

- **California Board of Pharmacy, 2018**. California Board of Pharmacy issued a Citation and Fine to BioRx, LLC for failing to report ownership change within the time frame required by California State Board of Pharmacy regulations. $500 fine paid.

Karen Peterson
Signature

Karen Peterson, Secretary
Printed Name

07/21/2021
Date

Ohio | eLicense Ohio Professional Licensure

License Look Up

8/13/2021 6:01 PM

Optum Infusion Services 550, LLC

Status	Active
Sub-Status	
Board	Board of Pharmacy
License Type	Terminal - Pharmacy - Category 3
License Number	022104800
License Issue Date	01/27/2011
License Expiration Date	03/31/2023
License Effective Date	08/12/2021
Street Address	7167 E. KEMPER RD
City	CINCINNATI
State	OH
Zipcode	45249
Country	United States
Board Action	No

Supervised By:

Supervisor Name	Supervisor License	Status	Start Date	End Date
MARK KESTLER	03215192	Active	Fri Jan 30 00:00:00 GMT 2015	

Current date & time: **8/13/2021 6:01 PM**

2305

Disclaimer: The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

Managing Pharmacist

Pharmacist Name: Mark Robert Kestler License #: 03215192 (OH)

Pharmacy Name: Optum Infusion Services 550, LLC

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☑	☐
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: OH Date: 11/12/1992 Case #: 407164610

County: Hamilton Court: Sharonville, OH

To Whom It May Concern:

Attached you will find documentation relating to the arrest record of

Mark R. Kestler
6990 Clawson Ridge Court
Liberty Township, Ohio
45011-9118
513-844-1234

Document #1 relates to a misdemeanor arrest for a non-drug related theft (under $150) which occurred on February 2nd, 1978.
I was sentenced to pay a $50 fine and court cost.

This arrest was expunged on January 23rd, 1980.

Document #2 relates to a traffic/misdemeanor DUI arrest which occurred on November 12th, 1992.
I was sentenced to pay a $400 fine, court cost, 7 days community service, attend a 2 day alcohol awareness class and had driving privileges restricted to and from work for 60 days. This sentence was successfully completed within the 60 day period.

While I regret these incidents, I am proud of my accomplishments since and consider myself to be a person of good moral character and a competent responsible Pharmacist.

Should you have any questions or concerns regarding these incidents or the corresponding documentation, please contact me.

Respectfully,

Mark R. Kestler, R.Ph.
Ohio License #03-2-15192

HAMILTON COUNTY SHERIFFS DIV.
ROOM 100, JUSTICE CENTER
1000 SYCAMORE STREET
CINCINNATI, OHIO 45202

NOTARIAL SEAL * STATE OF OHIO *

GEORGE J. BUTTELWIETH
Notary Public, State of Ohio
My Commission Expires Aug. 11, 1982

I HEREBY CERTIFY THIS TO BE A TRUE COPY OF THE ORIGINAL WRIT WITH ALL ENDORSEMENTS THEREON.

NOTARY PUBLIC

STATE OF OHIO, COUNTY OF HAMILTON
COURT OF COMMON PLEAS

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE IN THIS OFFICE ENTERED 1-23-80

WITNESS MY HAND AND SEAL OF SAID COURT THIS 11-11-97

JAMES CISSELL, CLERK OF COURTS
BY _____
DEPUTY CLERK

Court order for expungement received 1/23/80
Mark Kestler Springfield Township case mailed
to Springfield Township 1/23/80 SE.

MARK R. KESTLER

CTL NO. 768028 BCI NO. A 915238
ARRESTING AGENCY: SPRINGFIELD TWP. POLICE DEPT.
ARREST DATE: 2-2-78 SENTENCING DATE: 2-6-78
SENTENCING: $50.00 FINE AND COURT COST
CHARGE: THEFT-UNDER $150.00

5/
431
11/24

CITY OF SHARONVILLE, OHIO
TRAFFIC DOCKET

NOVEMBER 23, 1992 PAGE 3

T	NAME ADDRESS	DATE OFFENSE COMPLAINANT	SEC NUM	BOND	PLEA	JDGMNT	FINE	COST	TOTAL	JAIL	REMARKS
	4062 64997 C: MINDERMAN, EVE	92/11/11 FAILURE TO YIELD MERKLE	331.17								
	4063 59621 C: BROTHIAN, JAMES C	92/11/11 PKING/HANDICAP AUTHORIZED HALPIN	351.04F								CAPIAS
	4071 64610 C: RESTLER, MARK R	92/11/12 DUI LARUE	333.01	NC	G		400	30	430	7	CAPIAS 180 d. susp Rel 60 d. susp to Hom/Drug Use
	4072 64611 C: RESTLER, MARK R	92/11/12 SPEEDING LARUE	333.03			DM	400	30	430		
	074 5000 C: BARBER-PELS, GREGORY W	92/11/12 FAIL TO DISPLAY/PROD LIC MERKLE	335.06	NC		DM					
	075 501 C: BARBER-PELS, GREGORY W	92/11/12 LEFT OF CENTER MERKLE	331.01	NC	G		23	17	40		
	77 503 C: CLARKE, SUZANNE B	92/11/12 PARK IN FIRE LANE MERKLE	351.17				23	17	40		
	9 09 C: LIAKOS, GREG J	92/11/12 SPEEDING LEVO	333.03								CAPIAS WARRANT FTA
	10 C: VOLZ, MICHAEL J	92/11/12 RED LIGHT LEVO	[illegible]								CAPIAS WARRANT FTA
	C: BAK, GLEN F	92/11/13	313.03								CAPIAS WARRANT FTA

I, Linda Ittes, Clerk of Courts for the City of Sharonville, hereby certify that the above is a true and exact copy of the Mayor's Court Docket of 11/23/92.

Linda Ittes, Clerk of Courts

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

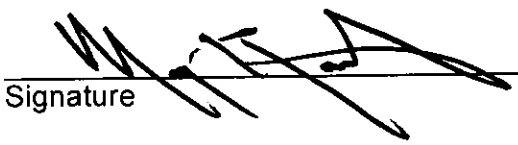
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature 

9.2.21
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Illinois)
) ss.
Cook COUNTY)

I, Karen Peterson, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Secretary for Optum Infusion Services 550, LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Karen Peterson, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Karen Peterson
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
3rd day of September, 2021.

Official Seal
Maleta G Beahan
Notary Public State of Illinois
My Commission Expires 03/06/2022

Maleta G. Beahan
NOTARY PUBLIC

I certify that this is a true certified copy of the Ohio Board of Pharmacy License.

Mark Kestler, Pharmacist-in-Charge

9-1-21

Date

STATE OF OHIO BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until March 31, 2023.

Notary

Albert D. Ramey, Attorney at Law
Notary Public, State of Ohio
My Commission has no expiration
date. Section 147.03 O.R.C.

Albert D. Ramey

Optum Infusion Services 550, LLC

7167 E. KEMPER RD

CINCINNATI, OH 45249

License Number: 022104800

Terminal - Pharmacy - Category 3

Expiration Date: March 31, 2023

CLASS: Terminal - Pharmacy - Category 3
BUSINESS TYPE: SP - Specialty Pharmacy

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
MARK KESTLER RPH	

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

1: 4
262/525

OPTUM INFUSION SERVICES 550, LLC
7167 E. KEMPER RD.
CINCINNATI, OH 45249-0000

10001558 . 2/001318-1/1-0

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BB8820537	12-31-2022	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	05-03-2019

OPTUM INFUSION SERVICES 550, LLC
7167 E. KEMPER RD.
CINCINNATI, OH 45249-0000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
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DRUG ENFORCEMENT ADMINISTRATION
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OPTUM INFUSION SERVICES 550, LLC
7167 E. KEMPER RD.
CINCINNATI, OH 45249-0000

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Form DEA-223 (9/2016)

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Brendon A. Kestler

Date: 01/13/2022
Amount:
License #: 21304

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2023

Brendon A. Kestler

License #
21304
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 10/31/2023
STATUS: Active

License Type: Pharmacist
License #: 21304

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Brendon A. Kestler

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Optum Infusion Services 550, LLC
7167 E. Kemper Rd
Cincinnati, OH

Pharmacists with Nevada Licensure

Pharmacist Name	License Number
Brendon Kestler	21304 (NV)
John McMaken	22085 (NV)

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Optum Infusion Services 550, LLC** , as a FOREIGN LIMITED-LIABILITY COMPANY duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/25/2011, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/08/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202202082379668
You may verify this certificate online at http://www.nvsos.gov

Updated copy of the DEA with the new name. A copy of the updated DEA is enclosed ✓

Updated inspection with the new name (if Available). Ohio, the facility's resident state, does not conduct new inspections for name changes. As a result, the facility does not have an inspection report in the new name.

If you have any questions, please contact me at (608) 283-2628 or Rachel.Dykema@quarles.com or Anne O'Brien at (312) 715-5259 or Anne.O'Brien@quarles.com.

Very truly yours,

Rachel Dykema

Rachel Dykema

Enclosures

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836 | http://www.pharmacy.ohio.gov

License 022104800

Diplomat Specialty Infusion Group

7167 E. Kemper Rd
Cincinnati, OH 45249
Hamilton County

Terminal - Pharmacy - Category 3

Compounding Inspection for Pharmacies

November 18, 2020

License 022104800 - Diplomat Specialty Infusion Group

Full

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836
http://www.pharmacy.ohio.gov

Completed by Elizabeth Bond
Start 11/18/2020 8:42 AM
End 11/18/2020 3:46 PM

Organization

Name	License Type	Category
Diplomat Specialty Infusion Group	Terminal - Pharmacy - Category 3	
License Number	**Business Type**	**DEA Number**
022104800	SP - Specialty Pharmacy	BB8820537
Responsible Person	**Hours of Operation**	
Mark Robert Kestler, RPH	M-F: 8:30 AM to 5:30 PM; Closed Sat & Sun	

Contact

Address	Primary Number	Fax Number	Website
7167 E. Kemper Rd Cincinnati, OH 45249 Hamilton County	(866) 442-4679	(513) 792-3838	

Personnel

Name	Initials	Position	I.D. No.	Phone	Email
Christopher Thomas Ball, RPH		Pharmacist	03228422	(513) 310-8285	ballct@gmail.com
Mark Robert Kestler, RPH		Pharmacist	03215192	(513) 403-1970	mkestler@diplomat.is
Rosa Maria Voyten, RPH		Pharmacist	03234248	(724) 875-9616	rvoyten@gmail.com

1) General Operations and Information

1) Multiple inspection reports were generated during this inspection. A full report will include the following information:

No

2) The pharmacy intends to use this inspection as part of the NABP Multistate Pharmacy Inspection Blueprint Program.

No

3) Ohio State Board of Pharmacy Personnel Present at Inspection Include:

Observation
C/S Elizabeth Bond

4) Description of Business

Observation
This pharmacy is a closed door specialty pharmacy that provides both specialty and sterile compounded drug products. The specialty products are primarily for hemophilia, neurologic, GI, and immunodeficiency conditions. The sterile compounded products are primarily TPNs for nutrition. Only low and medium risk compounded sterile products are compounded at this location. The pharmacy services 1683 patients with an approximate prescription volume of 6,000 prescriptions per month. Staffing includes: 13 pharmacists, 12 technicians, 5 support staff, and 15 ancillary employees.

5) Is the license current and on-site available for viewing at the time of inspection?

Yes

Observation
TDDD exp of 3-31-2021
DEA: exp of 6-30-22

6) The pharmacy is licensed in other states.

Yes

Observation
The pharmacy is licensed in 49 states.

7) The pharmacy is registered with the FDA as a repackager or 503B outsourcer?

No

9) At all times a pharmacist provides supervision and control of dangerous drugs.

Yes

10) Pharmacy staff are properly credentialed and performing duties within their scope of practice.

Yes

12) The pharmacy is appropriately staffed to conduct the practice of pharmacy in a safe and effective manner.

Yes

13) Additional observations regarding the pharmacy general operations and information include:

Observation
This is a complete inspection requested by the licensee. The inspection is needed for multiple out of state license renewals. The licensee also requested approval of an additional 3000 square feet of space to be added to the pharmacy barricade. The focus of the inspection was sterile compounding, drug security and record keeping, controlled substance accountability, and overall pharmacy operations.

2) Security/Theft or Loss of Drugs

1) Is the security of the pharmacy drug stock adequate to detect and deter drug theft and diversion?

Yes

Observation
The building is a single story building with solid floors, walls and ceilings. The site is equipped with a total of 61 cameras and motion sensors monitoring the exterior and interior of the facility (including the parking lot). The building is equipped with an alarm system. The system is monitored via Dial One and leadership, as well as, local law enforcement are notified as necessary. The exterior doors are equipped with badge access and key back ups. Keys to the main entrance (non-pharmacy space) are in the possession of select individual employees and pharmacists. All visitors must sign in and have a photograph taken before entering the facility.
The pharmacy space is equipped with a separate alarm system. Only pharmacists have individual alarm codes. Access to a code is granted and audited by the RP. Cameras, motion sensors, and panic buttons are located throughout. The doors to the pharmacy barricade are badge access and key lock back up. The keys are only under the control of pharmacists. No issues noted.

2) Dangerous drugs, exempt narcotics, hypodermics, poisons, D.E.A controlled substance order forms and records related to the practice of pharmacy are located inside the pharmacy barricade.

Yes

3) Are all records of accountability that are stored outside of the pharmacy barricade but within the same physical location secure and tamper evident?

No

Observation
All records of accountability are stored on-site.

4) Has the pharmacy experienced any drug thefts or losses in the last three (3) years?

No

5) Drug Theft or Loss Statement

Observation
Any theft or significant loss of drugs must be reported, by telephone, to the Board of Pharmacy and local law enforcement immediately upon discovery. If a controlled substance the DEA must be notified as well using a DEA-106 form.

3) Electronic Record Keeping Systems and Positive Identification

1) The pharmacy uses the following electronic record keeping system

Observation
CPR is the EMR utilized. It is accessed by username + password and fingerprint (biometrics) with a 30 second lock out. The site prints an end of day report that is signed via wet ink signature for positive ID.
Paper records include: Annual CS Inventory, CS audits, drug invoices, sterile compounding competencies, and dispensing records for at least one year before becoming electronically maintained.

2) Positive identification of the pharmacist or pharmacists responsible for performing all activities relating to the practice of pharmacy is documented in accordance with OAC 4729-5-01.

Yes

Observation
Pen and ink signature is utilized for all paper records.

4) Controlled Substances

1) The facility maintains controlled substances on-site.

Yes

2) The facility compounds using controlled substances.

Observation
The facility does not compound controlled substances.

3) The facility orders controlled substances using the following methods:

Paper DEA 222 Forms

6) The facility maintains a record of all controlled substances received, dispensed, administered, sold or used.

Yes

7) The facility maintains a perpetual or running inventory of controlled substances on-hand.

Yes

Observation
Leadership audits the inventory on a weekly basis.

8) Controlled substances awaiting destruction are maintained with appropriate security and control.

Yes

9) Controlled substance destruction is conducted in accordance with OAC 4729-9-06.

Yes

Observation
PharmaLink is the reverse distributor utilized.

10) The facility conducts a complete and accurate inventory of all controlled substances on-hand annually.

Yes

Observation
Observed the CS inventory dated 2-11-2020 and 2-22-2019

5.3) General Non-Sterile Compounding Information

7) Additional general information regarding non-sterile compounding includes:

Observation
The pharmacy does not perform non-sterile compounding.

6.1.1) *General Sterile Compounded Product Information

1) *The licensee reports they compound the following risk levels for sterile products:

Low Risk
Medium Risk

2) *The licensee compounds the following types of sterile products.

IV Fluids
Antibiotics
TPN

4) *All CSP's are dispensed pursuant to a patient specific prescription?

Yes

6.1.2) Sterile Compounded Blood Products/Biologics/Sensitizing Agents

1) The licensee is performing compounding activities with blood-derived or biological material?

No

6.1.4) Radiopharmaceuticals

1) Does the licensee prepare CSPs which are considered radiopharmaceutials?

No

6.1.5) Sterile Compounding for Animals

1) The pharmacy sterile compounds animal products.

No

6.2) *Compounding Policies and Procedures

1) *The facility has a policy and procedure manual for sterile product compounding.

Yes

2) The policy and procedure manual contains written and properly approved SOPs designed to ensure the quality of the quality of the environment in which the CSP is prepared?

Yes

Observation
Observed manual updated and signed off on January 24, 2020 by RP, Mark Kestler, RPh. The P&P is available both electronically and in printed form.

3) Observation of facility adherence to policies and procedures:

Yes

Observation
Observed the Garbing policy by three pharmacy staff members with no issues noted. (Policy PE 005.00)

8) *The pharmacy has a plan in place to provide continued compounding services in the event the cleanroom fails environmental testing, as as a result must be closed for additional cleaning and re-certification.

Yes

Observation
The pharmacy would move operations to a sister facilty.

6.3) *Sterile Compounding Training

1) *The training program includes the following essential elements to safely compound sterile products.

Yes

Observation
Reviewed employee files of RV (supervisor), DB (pharmacist), MB (technician). All required competencies were present.

2) *Compounding supervisors are adequately trained to supervise and/or verify staff training and compounding?

Yes

Observation
I reviewed the employee training for Rosa Voyten, RPh.

3) Relief personnel from outside agencies performing sterile compounding are appropriately trained.

No

4) *There is documentation that compounding staff have completed and passed a didactic compounding review and exam prior to compounding and annually/semiannually thereafter.

Yes

Observation
RV: 1-27-2020; 2-12-2019
DB: 1-28-2020; 1-28-2019
MB: 2-14-2020; 1/28/19 & 11-19-20

6) *There is documentation that compounding personnel have passed an annual/semi-annual gowning procedure and gloved fingertip sampling test.

Yes

Observation
RV: 1/17/2020, 2/21/2020
DB: 1/28/2020, 1/28/2020
MB: 1/24/2020, 1/28/2020

7) *There is documentation that compounding personnel have passed a media fill test of appropriate breadth and depth prior to compounding and at least annually/semi-annually.

Yes

Observation
RV: 2/21/2020; 1/25/2020
DB: 1/28/2020; 1/28/2019
MB: 1/28/2020; 1/25/2019

9) *There is documentation that compounding personnel have passed an initial and annual/semi-annual observational compounding skills assessment.

Yes

Observation
RV: 1/17/2020; 1/25/2019
DB:1/28/2020; 1/28/2019
MB: 1/24/2020; 1/25/2019

6.4.1) *General Storage for Sterile Product Components

1) *Temperature monitoring of controlled room temperature drug storage areas is performed at least once daily.

Yes

Observation
Both paper and electronic logs are maintained twice daily. The electronic system is Simplifi. Panasonic is the continuous web based monitoring system in place. The pharmacy is notified of excursions by telephone and email alerts. Dial One is also utilized as a back up monitoring and alerting system. Current temperature is 70 degrees F.

2) *Temperature monitoring for refrigerated drug storage areas is performed at least once daily.

Yes

Observation
Both paper and electronic logs are maintained twice daily. The electronic system is Simplifi. Panasonic is the continuous web based monitoring system in place. The pharmacy is notified of excursions by telephone and email alerts. Dial One is also utilized as a back up monitoring and alerting system. Current temperature is 40 degrees F.

3) *Temperature monitoring for frozen drug storage areas is performed at least once daily.

No

Observation
No frozen drugs are on site but observed current temperature of -10 degrees F.

4) The pharmacy has an action plan in place for temperature excursions including evaluating excursion effects on drug product integrity for all temperature monitored areas.

Yes

Observation
Panasonic is the continuous web based monitoring system in place. The pharmacy is notified of excursions by telephone and email alerts. Dial One is also utilized as a back up monitoring and alerting system.

6.4.2) *Active pharmaceutical Ingredients used in Sterile Compounding

16) Additional findings regarding active pharmaceutical ingredients used in sterile compounding include:

Observation
The site does not utilize any APIs.

6.4.3) Single and Multiple-Dose Vials used in Sterile Compounding

1) Single-dose vials used more than one (1) time after puncture follow USP 797 standards.

Yes

Observation
Thiamine is the only drug utilized more than one time. No issues noted.

2) Multiple-dose vials were observed stored outside of USP 797 and USP 51 standards.

Observation
Folic acid and methadone are the only MDIs utilized. No issues noted.

6.4.4) Sterile Compounded Stock Solutions

1) The pharmacy compounds stock solutions.

No

6.5) *Sterile Compounding Environmental Certification, Sampling and Monitoring

1) *Certification of primary engineering controls and ISO classified spaces has been conducted every 6 months, and whenever a device or room is moved, or major work is done to the space, by a CETA Certified vendor.

Observation
STERIS certified all classified spaces on the following dates: 9-19-2020, 3-14-2020, 9-14-2019, 3-16-2019. STERIS is CETA certified.

2) *The certification report includes information about the equipment used for performing calibration testing.

Yes

3) Compounding supervisors are familiar with certification requirements and interpretation of results.

Yes

4) *ISO spaces meet or exceed the required air changes per hour (ACPH).

Observation
Ante Room: 37 ACPH
Buffer: 93 ACPH
Neg. Pressure: 30 ACPH

5) *Air pattern analysis using smoke studies was performed under dynamic conditions.

Yes

6) *Particle generating equipment located in ante and buffer areas are actively used during certification processes.

Yes

7) *Differential air pressures between rooms was measured and recorded during certification.

Observation
The differential pressure measured from the clean/buffer room to the anteroom was _0.023___ water column positive pressure.

The differential pressure measured from the anteroom and all adjacent spaces was __0.048_ water column positive pressure.
From Buffer to the Neg. Pressure Room: -0.030

Readings were taken when all doors were closed.

8) Air velocity from buffer rooms (or zones) to ante areas is at least 40 feet/minute.

Observation
Ranged from 91 fpm to 96 fpm
In PECS: 91 fpm to 96 fpm

9) *Certification included the measurement of particle counts 0.5um and larger under dynamic conditions.

Observation
Ante Room: 3120 to 5380
Buffer: 240 to 29,720
Neg Room: 7900 to 35,460
No particles in any PEC.

10) *HEPA filters were leak tested.

Yes

11) *Viable air sampling has been conducted no less than every 6 months in each PEC, in all compounding rooms, and whenever a device or room is relocated or altered, or if major service to the facility was performed.

12) *Viable air samples were collected in appropriate locations, on appropriate growth media, and incubated for an appropriate interval.

Yes

13) *Viable air samples did not exceed USP action levels.

Observation
On September 19, 2020:
OG PEC 1332601006609- Hood was not in use at the time of the certification. It was triple cleaned and retested clean before use reinstated.
OG in Negative Pressure Room- no PEC in room, room not in use
OG in Ante Room- Triple cleaned and retested.
On October 17, 2020:
PEC above passed with no growth
Negative Pressure Room- 1 CFU of OG- tripled cleaned again and retested ***Room not used and no PEC in room***
Ante: passed with no growth

14) *Surface sampling has been conducted periodically according to the pharmacy surface sampling plan.

Observation
Pharmacy conducts surface sampling in-house on a monthly basis. If a positive result is obtained, the plates are sent to ARL labs. ARL is an accredited, credentialed lab that identifies growth to the genus species. Discussed the need for outside validation of surface sampling. Steris will conduct independent surface sampling as soon as possible and the results will be emailed to C/S Bond for review.

15) *Surface samples did not exceed USP action levels.

Yes

Observation
See 6.5.14 above

16) *Compounding operations are suspended if mold, yeast, coagulase positive staphylococcus or gram negative rods are detected in the PEC.

Yes

Observation
See 6.5.13 above

19) Additional findings regarding the sterile compounding environmental certification include:

Observation
Pharmacy does not use the negative pressure room and does not have a PEC in that space. If room is ever to be utilized, site will notify C/S Bond and ensure space tests clean.

6.6) Sterile Compounding Equipment Certification and Calibration

1) Appropriate equipment and utensils are available, clean, and in good working order.

Yes

Observation
Repeater pump and ACD utilized.

2) *Types of equipment/compounding devices utilized include:

Incubators
Automated Compounding Devices
Repeater Pumps
Balances

Observation
Maintenance for incubators includes confirmation of correct functioning, including control of gas levels, temperature mapping of empty and simulated load chambers and alarm functioning.

Maintenance for automated compounding devices involves programming the ACD to deliver a specific volume to a volumetric device. The volume delivered should be accurately represented on the volumetric device (and/or) weight accuracy; If sterile water (assuming relative density of water is 1.0) the weight of the water in grams should equal the volume of water measured. Tubing is changed daily.

Maintenance for repeater pumps involves programming the pump to deliver a specific volume to a volumetric device. The volume delivered should be accurately represented on the volumetric device (and/or) weight accuracy; If sterile water (assuming relative density of water is 1.0) the weight of the water in grams should equal the volume of water measured.

Balance maintenance includes internal calibration per manufacturer instructions. Performance check after auto-calibration. Weigh known weights individually, shall be within 0.1% of actual mass value of the individual weight. Drift test uses one weight weighted 10 times (sometimes over several days) variation of observed weights from the mean shall not exceed +/- 0.2mg. Calibrate daily, after any maintenance, and after relocation of or failure of balance.

3) *The pharmacy maintains documentation of calibration and maintenance of equipment/compounding devices?

Yes

Observation
Observed calibration records for the repeater pump and the ACD for the past year with no issues noted.

4) *Environmental monitoring equipment and gauges are periodically inspected and calibrated yearly or in accordance with the equipment manufacturer guidelines, and calibration is documented.

Yes

6.7.1) *General Sterile Environment

1) *Sterile Compounding is performed in a separate and distinct compounding area.

Yes

3) *Walls are painted with epoxy based paint or other impermeable surface, and are seamless or have sealed seams.

Yes

4) *Ceiling tiles and light fixtures are impervious, smooth, mounted flush and sealed.

Yes

Observation
Clean room tiles that are sealed.

5) *Floors are overlaid with wide sheet flooring with seamless or heat welded seams and coving.

Yes

6) *Compounding areas do not contain dust collecting overhangs.

Yes

7) *HEPA filtered air is introduced though ducts in the ceiling and returns are located low on walls.

Yes

8) *ISO room which are completely enclosed are equipped with monitors/gauges to measure differential pressure.

Yes

9) *Pressures are continuously monitored and a plan is in place to detect and react to pressure differentials outside acceptable limits.

Yes

Observation
Current Differential Pressure from the ante room into the pharmacy is 0.050 wc. DP from the buffer to the ante room is 0.025 wc. DP from the buffer to the negative pressure room is -0.03 wc. Observed previous monthly logs with no issues noted.

11) *Temperatures of the compounding areas are controlled by a thermostat, with appropriate air-conditioning systems in place.

Yes

Observation
Current temperature is 68.6 degrees F.

12) Temperature monitoring of the compounding is in place to detect any excursions.

Yes

13) Humidity of the compounding area is maintained to provide humidity within the specified ranges.

Yes

Observation
Current humidity is 27%. Humidity has been within the stated range. Leadership will monitor.

6.7.2) *Sterile Compounding Ante-Area

1) *A working sink is available that enables pharmacy personnel to wash hands and enter the sterile compounding area without contaminating his/her hands and is away from/not adjacent to any PECs.

Yes

6.7.3) *Cleanrooms for Sterile Compounding

1) *The licensee maintains the following primary engineering control devices.

Laminar Air Flow Hoods (LAFW)

2) *The buffer/clean room (ISO 7) space does not contain sinks or drains.

Yes

3) Primary engineering controls are located out of traffic flow and avoid disruption from the HVAC system.

Yes

4) *Only appropriate furniture, equipment, supplies and other material required for compounding is located in the clean room.

Yes

5) *Clean room provides adequate windows/observational space for compounding supervision.

Yes

6.7.4) *Isolators for Sterile Compounding

8) Additional findings regarding isolators used for sterile compounding include:

Observation
The site does not utilize isolators.

6.8) *Sterile Compounding Environment Cleaning

5) *Cleaning agents effective for bacteria, viruses, fungi and spores are used in the appropriate order and for the appropriate dwell times.

Yes

Observation
PreEmpt and Peridox are utilized.

6) *All ISO 5 PECs are cleaned at the beginning of each shift, between compounding activities, and at least every 30 minutes while compounding, and after spills or suspected surface contamination.

Yes

7) *The pharmacy has documentation that counters, easily cleanable work surfaces, and floors are cleaned and disinfected daily.

Yes

Observation
Observed complete logs for 2020 with no issues noted.

9) *Monthly cleaning includes cleaning and disinfecting of walls, ceilings and shelving in the buffer/clean room and in the ante-room.

Yes

Observation
Observed complete logs for 2020 with no issues noted.

6.9.1) General Requirements of Compounding Personnel- observed

1) Entry to compounding areas is limited to authorized staff only.

Yes

2) Compounding personnel were observed free of rashes, burns, sunburn, weeping sores, conjunctivitis or active respiratory infections.

Yes

3) Compounding personnel were observed free of personal outer garments, cosmetics, visible jewelry and artificial nails/nail polish.

Yes

4) *No food, drink or inappropriate materials were observed in ante-areas, buffer areas, or segregated compounding areas.

Yes

6.9.2) *Sterile Environment Ante-Room Observation

1) *There is a clear line of demarcation between the dirty and clean side of the ante-room.

Yes

3) *Compounding personnel were observed donning all required personal protective equipment, in the correct order and replacing personal protective equipment when appropriate.

Personal items such as sweaters, coats, hats etc. were removed prior to entering the ante-area.
Head and facial hair covers and masks were donned prior to crossing the line of demarcation
Shoe covers were donned while crossing the line of demarcation, and the dedicated shoe cover never touched the dirty side of the line of demarcation.
Face masks and eye shields were donned after crossing the line of demarcation
Hand cleansing procedures were performed
Hands and forearms were dried using a lint-free disposable towel or an electronic hand dryer
A nonshedding gown with sleeves that fit snugly around the wrist and enclosed at the neck was donned.

4) *Personnel do not enter the ante-room and cross the line of demarcation without donning shoe covers or dedicated shoes.

Yes

6.9.3) *Sterile Environment Cleanroom Observation

1) *Personnel enter the clean room properly garbed from the ante room and immediately complete aseptic hand cleansing using alcohol-based surgical hand scrubs with persistent activity.

Yes

3) *Disinfection of contaminated gloved hands is accomplished by wiping/rubbing sterile 70% isopropyl alcohol to all contact surfaces and letting the gloved hands dry thoroughly.

Yes

4) *Compounding personnel were observed routinely applying sterile 70% isopropyl alcohol throughout the compounding process and whenever non-sterile surfaces were touched.

Yes

8) Pharmacists or other personnel do NOT enter the clean/buffer room without fully washing and garbing.

Yes

11) *Observations or concerns with compounding staff handling of first air in the primary engineering control included:

Observation
Observed 3 technicians involved in the sterile compounding process with no issues noted. Proper first air technique used, sanitation of gloves observed, clean DCA area.

7.1) Hazardous sterile compounding policies and procedures.

2) Additional findings regarding hazardous drug policies and procedures includes:

Observation
Hazardous drugs are not compounded on site.

7.2) Training for Hazardous Sterile Drug Compounding

4) Have compounding personnel verified in writing they understand the risk associated with compounding hazardous drugs, or compounding with hazardous chemicals?

Yes

7.3) Hazardous Drug Compounding

1) *Does the licensee prepare hazardous drugs as CSPs?

No

8) *Record Keeping For Compounding

3) The pharmacy maintains a record of all compounds dispensed.

Yes

5) *The pharmacy maintains records of all drugs compounded.

Yes

16) Quality Assurance and Recall Procedures for Sterile, Non-Sterile and Hazardous Compounding

1) Does the licensee have a formal QA program for monitoring, evaluating, correcting and improving the activities and processes for CSPs?

Yes

Observation
The facility utilizes a Quality Action Team (QAT) for peer review. The team meets monthly on the 2nd Tuesday of each month and minutes are kept. The team addresses incident reports resulting from a variety of errors and potential errors, and focuses on those identified as reaching a patient. The errors are investigated and processes and policies are reviewed and updated/changed as warranted.

17) Error in Dispensing

4) Has a dispensing error occurred in the pharmacy?

No

18) Records Request

1) Requested Records

Observation
The pharmacy is to produce, within three (3) business days (in a mutually acceptable format), any records of accountability or dispensing, to the Board of Pharmacy upon request. Cut and paste this language into the observation section of your records request, and document what is .

(C) Records relating to the practice of pharmacy, the administration of drugs, or any patient specific drug transaction which may be required as evidence of a violation shall be released, upon request, to a member, inspector, agent, or investigator of the state board of pharmacy or any state, county, or municipal officer whose duty is to enforce the laws of this state or the United States relating to drugs and who is engaged in a specific investigation involving a designated person or drug. Such person shall furnish a receipt to the person having legal custody of the records. If the record is a prescription, the receipt shall list the following information:

(1) Prescription identification number; or, if an order for medication, the name of the patient;
(2) The drugs prescribed or ordered;
(3) Quantity of drugs prescribed, dispensed, administered or personally furnished;
(4) Name of the prescriber;
(5) Date, name of agency, and signature of person removing the records.

19) Additional Findings

1) Additional Findings Upon Inspection Include:

Observation
This inspection included a barricade inspection to add approximately 3000 square feet of space to the pharmacy barricade. The additional space will include a walk-in freezer and a walk-in refrigerator. It will also be utilized for bulk storage. The space will also include two dock doors. Access to the dock doors will be by pharmacy staff or under pharmacy staff supervision only. No drivers or couriers have after hours access. There are three exterior entrances, one traditional door and two dock type doors. The traditional door is badge access with a key back up. Only pharmacists have the keys. The area is alarmed and equipped with cameras and motion sensors. The floors, walls, and ceilings are solid. The building is a one story building. No issues were noted. This space is approved as part of the pharmacy barricade as of today, November 18, 2020.

2) Additional Findings Upon Inspection Include:

Observation
Reviewed staff competencies for the specialty group with no issues noted. Files of BK (1-17-20), CB (1-31-20), DA (1-17-20), and SM (1-21-20) reviewed.

20) Inspection Affirmation

1) Inspection Affirmation

Observation
As the on-duty pharmacist, at the time of this inspection, I affirm that I have reviewed this inspection report with the Specialist/Agent, and understand its content. If this inspection report requires a written response of corrective action, the response shall be provided to the Ohio State Board of Pharmacy within 30 days of this inspection. I understand that if I am not the Responsible Person documented on this site's Ohio TDDD license, I will ensure the Responsible Person is notified of this inspection report and any corrective actions required. Responses can be emailed (with a copy of the inspection report) to writtenresponse@pharmacy.ohio.gov or they may be mailed to 77 South High Street, 17th Floor, Columbus, Ohio 43215.

Summary

No Issue Found

Reviewed by Mark Robert Kestler, RPH

(signature)

Optum Infusion Services 550, LLC

Officer, and Ownership Information

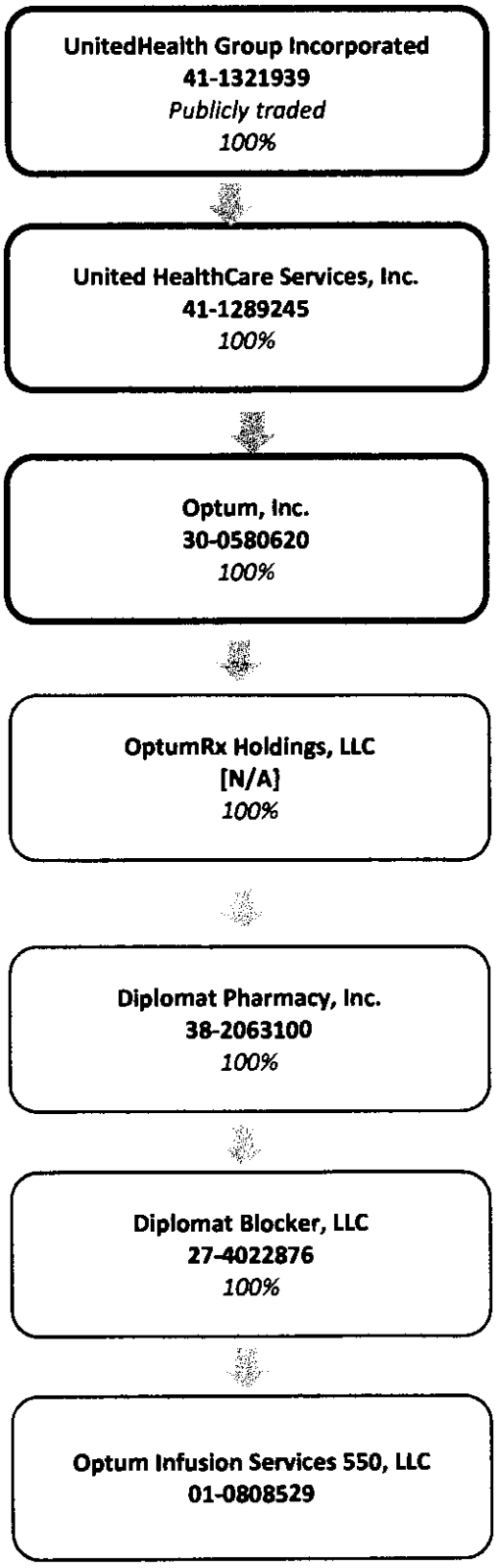
Officers:

Name	Title
Michael Zeglinski	CEO & President
Peter Gill	Treasurer
Karen Peterson	Secretary
Heather Lang	Assistant Secretary
David Oberg	Assistant Secretary
Timothy Langdon	Assistant Secretary

The pharmacy is wholly owned by:
Optum Infusion Services 550, LLC
FEIN: 01-0808529
1600 McConnor Parkway
Schaumburg, IL 60173
(763) 321-2595

The sole member of Optum Infusion Services 550, LLC is:
Diplomat Blocker, LLC
FEIN: 27-4022876
4100 S. Saginaw St.
Flint, MI 48507
(763) 321-2595

Optum Infusion Services 550, LLC – Organizational Chart



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Optum Infusion Services 550, LLC

Physical Address: 7167 E. Kemper Rd.

City: Cincinnati State: OH Zip: 45249

Mailing Address (if different from physical address): N/A - same as physical address

City: State: Zip:

Telephone: (513) 792-7080 Website: https://specialty.optumrx.com/infusion

Licensing Company Email: orxpharmlic@optum.com

Section 2: Personal Information

First: Brendon Middle: A Last: Kestler

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] E. Kemper Rd.

City: Cincinnati State: OH Zip: 45249

Telephone: [redacted] Email: BKestler@optum.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 630.120)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: BAK

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
James L Winkle College of Pharmacy (University of Cincinnati)		08/13-04/17	
Address	**City**	**State**	**Zip**
3255 Eden Ave (161 Kowalewski Hall)	Cincinnati	Ohio	45229
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
University of Cincinnati (College of Arts and Sciences)		08/10-05/13	
Address	**City**	**State**	**Zip**
2700 Campus Way	Cincinnati	Ohio	45219
Diploma/Degree obtained, if any			
Neuroscience (Biology)			

School Name		From - To (MM/YY – MM/YY)	
Trine University		08/09-04/10	
Address	**City**	**State**	**Zip**
1 Universtiy Ave	Angola	In	46703
Diploma/Degree obtained, if any			
Transferred to Cincinnati			

School Name		From - To (MM/YY – MM/YY)	
Lakota West High School		08/06-05/09	
Address	**City**	**State**	**Zip**
8940 Union Centre Blvd	West Chester	Ohio	45069
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/13- current	[redacted] Moatbridge Court	West Chester	Ohio	45069
06/11-06/13	[redacted] Stratford Ave	Cincinnati	Ohio	45219

BAK

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 4,000 hours in pharmacies (NAC 639.5095) or wholesalers (NAC 639.5085) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment relevant to the above.

Business Name		From - To (MM/YY – MM/YY)	
Optum Specialty Infusion (Diplomat Specialty Infusion Group)		06/17 - current	
Business Address	**City**	**State**	**Zip**
7167 E Kemper Rd	Cincinnati	Ohio	45249
Phone	**Title**	**Number of Employed Hours**	
513-792-7080	Clinical Pharmacist	9360	
Description of Duties			
Perform clinical and dispensing duties relating to patient clinical service; including proper documentation.			

Business Name		From - To (MM/YY – MM/YY)	
Walgreens Staff Pharmacist		06/17-04/19	
Business Address	**City**	**State**	**Zip**
7804 Cincinnati Dayton Rd (Floater)	West Chester	Ohio	45069
Phone	**Title**	**Number of Employed Hours**	
513-779-8302	Staff/Floater Pharmacist	750	
Description of Duties			
Perform clinical and dispensing duties.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials BAK

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials BAK

Section 2: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

1-4-2022
Date

BAK
Applicant's initials _____

I, Brendon Kestler, **certify that as the designated representative for**

Optum Infusion Services 550, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Brendon Kestler

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/04/2022

Date

Applicant's initials BAK

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brendon Kestler

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/04/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Ohio, ss. County of Hamilton

I, Brendon Kestler, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1-9-2022

Date

Subscribed and Sworn to before me this 4th day of January 2022

Albert D. Ranz

Notary Public Signature

ALBERT D. RANZ, Attorney at Law
NOTARY PUBLIC - STATE OF OHIO
My Commission has no expiration date, Section 147.03 O.R.C.

(Seal)

Applicant's initials BAK

10I

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 02575	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Wickliffe LLC d/b/a Wickliffe Veterinary Pharmacy

Physical Address: 4340 Georgetown Road

City: Lexington State: KY Zip: 40511

Mailing Address (if different from physical address): Same as above.

City: _____ State: _____ Zip: _____

Telephone: 859-389-7470 Toll Free # (NAC 639.708, NRS 639.23286): 888-934-5678

Fax: 859-381-9252 Contact Email: nkirkpatrick@wicklifferx.com

Website: wickliffeRX.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Nicholas Kirkpatrick

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22165

Type of Pharmacy (check all applicable)

- ■ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

- ■ Retail/Community
- ■ Non-sterile Compounding
- ■ Sterile Compounding
- ■ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ■ Saturday** ☐ Sunday

**On call

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Nicholas Kirkpatrick	NV Pharmacist Registration #: 22165
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
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)?		✔
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 from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
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?		✔
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)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Wickliffe Holdco, LLC

Corporation/Organization Name: Wickliffe LLC

Mailing Address: 4340 Georgetown Road

City: Lexington State: KY Zip: 40511

Telephone: 859-389-7470 Email: joel.heberlein@bluerabbit.vet

Contact Person Name: Joel Heberlein, President

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for Wickliffe LLC d/b/a Wickliffe Veterinary Pharm. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Joel Heberlein

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

12/1/21

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, _____ hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the _____ (title) for _____ (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

_____
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

_____
Notary Public

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: _____ Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	**Yes**	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	**State:**	**Date:**	**Case #:**

Criminal Action:	**State:**	**Date:**	**Case #:**	**County:**	**Court:**

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joel Heberlein, President

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

12/1/21
Date

Board Use Only	Date Received: _____	Amount: 500 Check# 1316452

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administration action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?

First, the applicant, Wickliffe LLC d/b/a Wickliffe Veterinary Pharmacy ("*Applicant*"), wishes to clarify that, as a new entity, it has never had a professional license disciplined by any board or agency in any jurisdiction. Accordingly, the answer to the above question is "No." However, out of an abundance of caution, we have elected to disclose the below disciplinary history for the predecessor entity, Wickliffe Veterinary Pharmacy (the "*Predecessor Entity*"). Please note, all of the Predecessor Entity's licenses are currently unrestricted, active and in good standing.

- **Kentucky Board of Pharmacy** (Case No. 03-0036A): Agreed Order executed on July 9, 2003 wherein the Predecessor Entity agreed to pay a fine and accept a discipline.

- **Kentucky Board of Pharmacy** (Case No. 11-0196A): Agreed Order executed on November 5, 2011 wherein the Predecessor Entity agreed to pay a fine and accept a discipline. This discipline led to a sister-state discipline by the Michigan Board of Pharmacy (Case No. 53-12-123396), which fined the facility.

- **Kentucky Board of Pharmacy** (Case No. 14-0250A and 15-0279A): Agreed Order executed on October 23, 2015 wherein the Predecessor Entity agreed to a fine and a three (3) year probation. This discipline led to sister-state disciplines in the following states[1]:

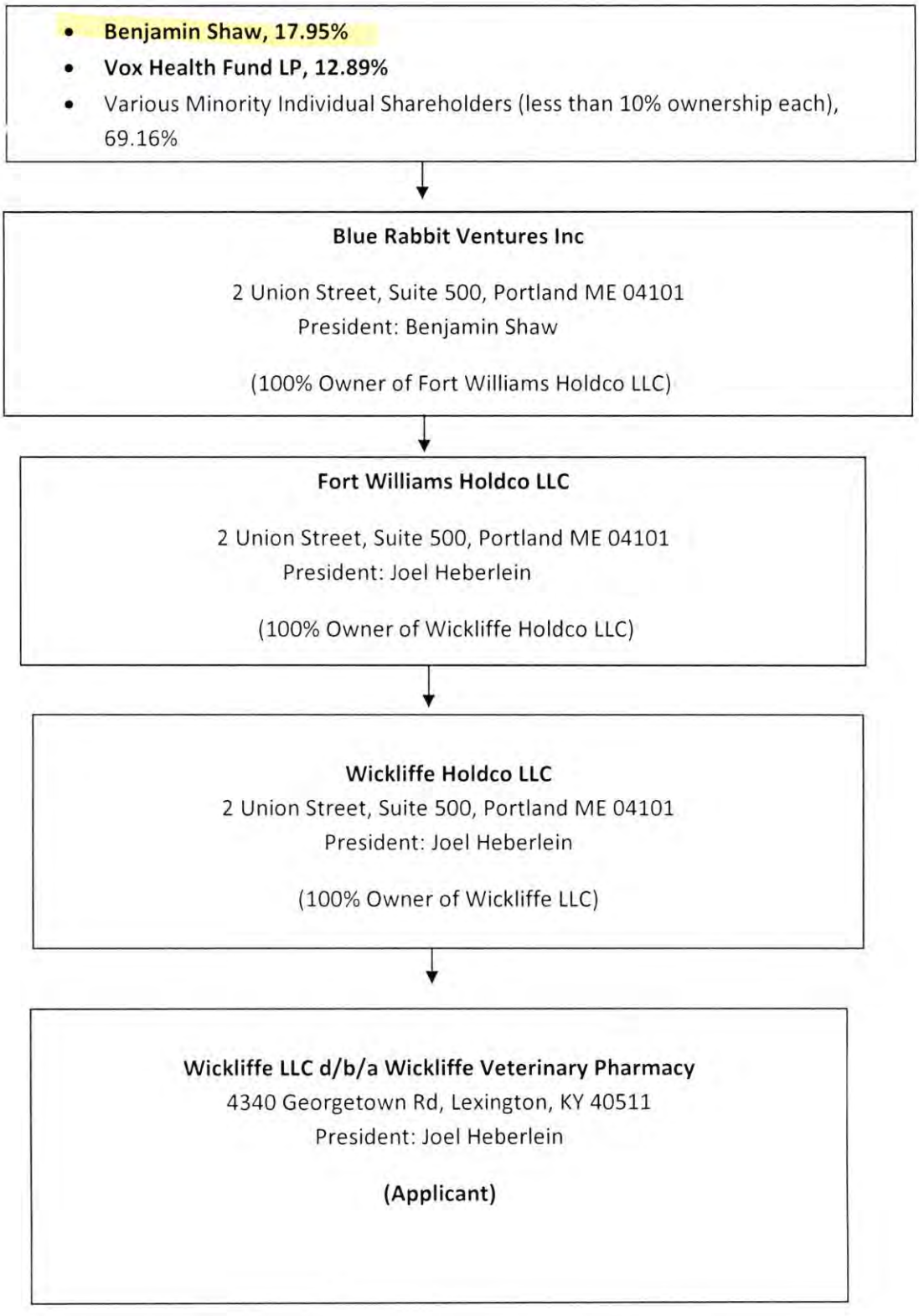
    - **Oregon Board of Pharmacy** (Case No. 2015-0594): Predecessor Entity's license was placed on probation for the duration of the probation with the Kentucky BOP. Probation was terminated on October 24, 2018 and the Oregon license is currently unencumbered and in good standing.
    - **Alabama Board of Pharmacy** (No Case No): Predecessor Entity paid a fine and its Alabama license was placed on probation for the same length of time that it remained under Kentucky's probation. Probation has since been terminated and the Alabama license is currently unencumbered and in good standing.
    - **Iowa Board of Pharmacy** (Case No. 2014-181): Predecessor Entity paid a fine and and its Iowa license was placed on probation until its Kentucky probation was lifted. On February 7, 2019, the Iowa Board terminated the probation. The Iowa license is currently unencumbered and in good standing.
    - **Colorado Board of Pharmacy** (Case No. 2015-4608): Predecessor Entity's Colorado license was placed on probation until its Kentucky probation was lifted. The Colorado probation has since been terminated and its license is currently unencumbered and in good standing.
    - **Texas Board of Pharmacy** (Case No. L-14-055): Predecessor Entity's license was placed on probation for three (3) years and it was ordered to pay a fine. That probation has since been terminated and Predecessor Entity's Texas license is currently unencumbered and in good standing.

[1]As these matters are all sister-state actions arising from the 2015 Kentucky discipline, we have only attached the Kentucky orders for 2003, 2011 and 2015. If you would like copies of the sister-state actions stemming from the 2015 Kentucky discipline, please let us know.

- **Wisconsin Board of Pharmacy** (Case No. 0004737): Predecessor Entity was reprimanded and fined.
- **Maryland Board of Pharmacy** (Case No. PI-15-052): Predecessor Entity's Maryland license was placed on a three (3) year probation. That probation has since been terminated and the Maryland license is currently unencumbered and in good standing.
- **Florida Board of Pharmacy** (Case No. 2014-07670): Predecessor Entity's Florida license was placed on probation and fined. Probation was later lifted and its Florida license is currently unencumbered and in good standing.
- **Rhode Island Board of Pharmacy** (Case No. C-16-418): Predecessor Entity was placed on probation for three (3) years running concurrently with the Kentucky Order probation period. The probation was later lifted and the Rhode Island license is currently unencumbered and in good standing.
- **Louisiana Board of Pharmacy** (Case No. 2016-60): Predecessor Entity's Louisiana license was placed on probation for two years and fined. The probation ended on October 23, 2018 and its Louisiana license is currently unencumbered and in good standing.
- **Utah Board of Pharmacy** (Case No. DOPL 2016-684): Predecessor Entity was reprimanded and fined by the Utah BOP.
- **Missouri Board of Pharmacy** (No Case No): Predecessor Entity's Missouri license was placed on probation until October 23. The Missouri license is currently unencumbered and in good standing.
- **California Board of Pharmacy** (Case No. 5856): Predecessor Entity's California licenses were placed on probation for three (3) years and Predecessor Entity paid administrative costs. The probation has since been terminated and the California licenses are unencumbered and in good standing.
- **Michigan Board of Pharmacy** (Case No. 53-17-145600): Predecessor Entity was fined.
- **Illinois Board of Pharmacy** (Case No. 2015010771): Predecessor Entity was reprimanded and fined.

Joel Heberlein
President
Wickliffe LLC d/b/a Wickliffe Veterinary Pharmacy

ORGANIZATIONAL CHART



* The above chart reflects the anticipated stock ownership interest stockholders following the closing of the transaction and calculated on a fully diluted and fully vested basis. The stock ownership amounts set forth in the above chart is subject to normal adjustments upon final closing of the transaction.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Wickliffe LLC d/b/a Wickliffe Veterinary Pharmacy

Physical Address: 4340 Georgetown Road

City: Lexington State: KY Zip: 40511

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 859-389-7470 Website: wickliffeRX.com

Licensing Company Email: nkirkpatrick@wickliffex.com

Section 2: Personal Information

First: Benjamin Middle: Last: Shaw

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Union Street, Suite [redacted]

City: Portland State: ME Zip: 04101

Telephone: [redacted] Email: bshaw@bluerabbit.vet

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials BJS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Portland High School			
Address	**City**	**State**	**Zip**
284 Cumberland Ave	Portland	Maine	04101
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Bates College			
Address	**City**	**State**	**Zip**
2 Andrews Rd	Lewiston	Maine	04240
Diploma/Degree obtained, if any			
B.A in Biology, Political Science & Enviormental Sciences			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2017-Present	[redacted]Sunny Bank Rd	Cape Elizabeth	Maine	04107
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2010-2017	[redacted] Park Circle	Cape Elizabeth	Maine	04107
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Blue Rabbit Ventures Inc.			
Business Address	**City**	**State**	**Zip**
2 Union Street, Suite 500	Portland	ME	04101
Phone	**Title**		
	President		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Borealis Ventures			11/19 - Present
Business Address	**City**	**State**	**Zip**
10 Allen St	Hanover	NH	03755
Phone	**Title**		
	Partner		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Covetrus			04/18 - 10/19
Business Address	**City**	**State**	**Zip**
7 Custom House	Portland	Maine	04101
Phone	**Title**		
	CEO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Vets First Choice			05/10 - 04/18
Business Address	**City**	**State**	**Zip**
7 Custom House	Portland	Maine	04101
Phone	**Title**		
	CEO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials BJG

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

1/25/22
Date

Applicant's initials BJS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Benjamin Shaw

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/25/22

Date

Please have this section completed in the presence of a Notary Public.

State of Maine, ss. County of Cumberland

I, Benjamin Shaw, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/25/22

Date

Subscribed and Sworn to before me this 25 day of January 2022

Maureen C Valentine

Notary Public Signature

MAUREEN C. VALENTINE
Notary Public Maine
My Commission Expires July 18, 2027

(Seal)

Applicant's initials BJS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Wickliffe, LLC d/b/a Wickliffe Veterinary Pharmacy

Physical Address: 4340 Georgetown Road

City: Lexington State: KY Zip: 40511

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 859-389-7470 Website: wickliffeRX.com

Licensing Company Email: nkirkpatrick@wicklifferx.com

Section 2: Personal Information

First: Joel Middle: Last: Heberlein

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Union Street, Suite [redacted]

City: Portland State: ME Zip: 04101

Telephone: [redacted] Email: joel.heberlein@bluerabbit.vet

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: N/A to: N/A

Military Occupation/Specialty: N/A

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Applicant's initials: gmw

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
PROVIDENCE COLLEGE		9/93 - 5/97	
Address	**City**	**State**	**Zip**
1 CUNNINGHAM SQUARE	PROVIDENCE	RI	02918
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
MARSHFIELD HIGH SCHOOL		9/89 - 5/93	
Address	**City**	**State**	**Zip**
167 FOREST STREET	MARSHFIELD	MA	02050
Diploma/Degree obtained, if any			
HS DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
9/03 - Present	[redacted] Damon's Point Circle	Marshfield	MA	02050
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
BLUE RABBIT VENTURES, IN			4/21 - PRESENT
Business Address	**City**	**State**	**Zip**
2 UNION ST, SUITE 501	PORTLAND	ME	04101
Phone	**Title**		
781-264-4453	CFO		
Description of Duties			
CFO FOR ANIMAL HEALTH COMPANY			

Business Name			From - To (MM/YY – MM/YY)
TEAM LAUNCH LLC			6/16 - 4/21
Business Address	**City**	**State**	**Zip**
268 SUMMER STREET	BOSTON	MA	02210
Phone	**Title**		
781-264-4453	OPERATING PARTNER		
Description of Duties			
PARTNER IN COMPANY THAT CREATES NEW E-COMMERCE COMPANIES			

Business Name			From - To (MM/YY – MM/YY)
FOLLAIN LAUNCH INC			1/19 - 4/21
Business Address	**City**	**State**	**Zip**
268 SUMMER STREET	BOSTON	MA	02210
Phone	**Title**		
781-264-4453	CFO/COO		
Description of Duties			
CFO/COO FOR BEAUTY AND PERSONAL CARE RETAILER			

Business Name			From - To (MM/YY – MM/YY)
FLASHNOTES, INC.			18/~~19~~ - 5/16
Business Address	**City**	**State**	**Zip**
2 FANEUIL HALL MARKETPLACE #501	BOSTON	MA	02109
Phone	**Title**		
857-230-5761	CFO		
Description of Duties			
CFO FOR STUDENT TO STUDENT MARKETPLACE			

Business Name			From - To (MM/YY – MM/YY)
RUE LA LA			7/09 - ~~11/14~~ 11/14
Business Address	**City**	**State**	**Zip**
20 CHANNEL CENTER STREET	BOSTON	MA	02210
Phone	**Title**		
617-695-7300	SVP, FINANCE		
Description of Duties			
RESPONSIBLE FOR DAILY ACTIVITIES OF FINANCE AND ACCOUNTING FUNCTIONS			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joel Heberlein

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/7/21

Date

Please have this section completed in the presence of a Notary Public.

State of Maine, ss. County of Cumberland

I, Joel Heberlein, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/7/21

Date

Subscribed and Sworn to before me this 7 day of December, 2021

Notary Public Signature

MAUREEN C. VALENTINE
Notary Public Maine
My Commission Expires July 18, 2027

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Wickliffe, LLC d/b/a Wickliffe Veterinary Pharmacy

Physical Address: 4340 Georgetown Road

City: Lexington State: KY Zip: 40511

Mailing Address (if different from physical address): Same as above.

City: State: Zip:

Telephone: 859-389-7470 Website: wickliffeRX.com

Licensing Company Email: nkirkpatrick@wickliffeRX.com

Section 2: Personal Information

First: Nicholas Middle: R. Last: Kirkpatrick

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Georgetown Road

City: Lexington State: KY Zip: 40511

Telephone: [redacted] Email: nkirkpatrick@wickliffeRX.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: N/A to: N/A

Military Occupation/Specialty: N/A

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Applicant's Initials: NK

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
East Tennessee State University Bill Gatton College of Pharmacy		08/2012 – 05/2016	
Address	**City**	**State**	**Zip**
Maple Avenue,	Johnson City	TN	37604
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
University of Kentucky		08/09 - 05/12	
Address	**City**	**State**	**Zip**
301 Peterson Service Building	Lexington	KY	40506
Diploma/Degree obtained, if any			
Bachelor of Science - Human Nutrition			

School Name		From - To (MM/YY – MM/YY)	
West Kentucky Community and Technical College		08/07 – 05/09	
Address	**City**	**State**	**Zip**
4810 Alben Barkley Dr.	Paducah	KY	42001
Diploma/Degree obtained, if any			
Associate of Science			

School Name		From - To (MM/YY – MM/YY)	
Heath High School		08/04 - 05/07	
Address	**City**	**State**	**Zip**
~~300 Lakeway View Dr.~~ 4330 Metropolis Lake Road	Paducah	KY	42086
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/16 - Present	[redacted] Horsemint Trail	Lexington	KY	40509
08/12 - 04/16	[redacted] Judd Lane	Johnson City	TN	37604
08/10 - 08/12	[redacted] Simpson Avenue	Lexington	KY	40504
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Wickliffe Veterinary Pharmacy			05/20 - present
Business Address	**City**	**State**	**Zip**
4340 Georgetown Road	Lexington	KY	40511
Phone	**Title**	**Number of Employed Hours**	
859-839-7470	Pharmacy Manager	3000	
Description of Duties			
Pharmacist in Charge - manage all pharmacists and technicians			

Business Name			From - To (MM/YY – MM/YY)
Tailor Made Compounding			12/16 - 05/20
Business Address	**City**	**State**	**Zip**
200 Moore Dr.	Nicholasville	KY	40356
Phone	**Title**	**Number of Employed Hours**	
859-887-0013	Staff Pharmacist	7000	
Description of Duties			
Oversaw sterile pharmacy operations, managed inventory, manage pharmacy technicians			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials MM

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 16. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See attached.

Original Signature (electronic, copies or stamps not accepted)

12/3/2021
Date

Applicant's initials MC

6. Have you or any general or limited partnership, company, or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?

Nicholas Kirkpatrick was disciplined by the Kansas Board of Pharmacy (Case No. 20-224), for failing to timely report to the Board a change of his position as pharmacist-in-charge of his prior employer. Mr. Kirkpatrick was disciplined and fined $120. His Kansas license is currently active, in good standing, and unencumbered.

The Kansas Board of Pharmacy's discipline led to a sister state discipline by the Alabama Board of Pharmacy (Case No. 20-L-0104). Mr. Kirkpatrick was disciplined and paid an administrative fee of $500. His Alabama license is currently active, in good standing, and unencumbered.

I, Nicholas R. Kirkpatrick, **certify that as the designated representative for**

Wickliffe, LLC d/b/a Wickliffe Veterinary Pharmacy,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Nicholas Kirkpatrick

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/3/2021

Date

Applicant's initials MK

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicholas Kirkpatrick

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/3/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Kentucky, ss. County of Fayette

I, Nicholas Kirkpatrick, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/3/2021

Date

Subscribed and Sworn to before me this 3 day of December 2021

Notary Public Signature

LINDA C RAMSEY
Notary Public-State at Large
KENTUCKY - Notary ID # KYNP26196
My Commission Expires 03-26-2025

(Seal)

Applicant's initials NK

Officer Information for Wickliffe LLC

Wickliffe LLC
4340 Georgetown Road
Lexington KY 40511
FEIN: 87-2983014

Wickliffe LLC will have the following officer:

1. Joel Heberlein

   President
   Home Address: [redacted] Damon's Point Circle, Marshfield, MA 02050
   Business Address: 2 Union Street, Suite 500, Portland ME 04101
   DOB: [redacted]
   Telephone: [redacted]
   Email: joel.heberlein@bluerabbit.vet
   SSN: [redacted]

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
http://www.sos.ky.gov

Certificate of Existence

Authentication number: 259107
Visit https://web.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

WICKLIFFE PHARMACEUTICAL, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is January 12, 2000 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 3rd day of December, 2021, in the 230th year of the Commonwealth.



Michael G. Adams
Secretary of State
Commonwealth of Kentucky
259107/0486870

COMMONWEALTH OF KENTUCKY

KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601

LICENSE/PERMIT: Resident Pharmacy

EFFECTIVE DATE: 04/18/2000

NUMBER: P06568

EXPIRATION DATE: 06/30/2022

PIC: NICHOLAS R. KIRKPATRICK

Issued to:
WICKLIFFE PHARMACEUTICAL INC

4340 GEORGETOWN RD
LEXINGTON, KY 40511

License/Permit must be posted in public view.

The official status of this license/permit can be verified at www.pharmacy.ky.gov.

The facility above is hereby licensed or permitted at the above address, and is subject to the rules and regulations of the Kentucky Board of Pharmacy.

nkirkpatrick@wicklifferx.com

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BW7636838	05-31-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	RETAIL PHARMACY	04-03-2020

WICKLIFFE PHARMACEUTICALS
4340 GEORGETOWN RD
LEXINGTON, KY 40511

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BW7636838	05-31-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	RETAIL PHARMACY	04-03-2020

WICKLIFFE PHARMACEUTICALS
4340 GEORGETOWN RD
LEXINGTON, KY 40511

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Kentucky Board of Pharmacy

125 Holmes St.
Frankfort, KY 40601

Report

Pharmacy

Name: *WICKLIFFE PHARMACEUTICAL INC* Permit No.: *P06568*

Address: *4340 GEORGETOWN RD, LEXINGTON, KY 40511*

Phone: *(859) 389-7470* Fax: *(859) 381-9252* Email: *vinced@WICKLIFFERX.COM*

Inspection

Date: *03/30/2021* Time In: *12:00 AM* Time Out: *10:00 AM*

Type: *Audit*

Notes: *Desktop Review is an administrative review of portions of a licensee's Sterile Compounding Program. Compliance is based on assessment of documentation submitted by the licensee and does not constitute or take the place of an onsite inspection. Documentation provided by Nick Kirkpatrick.*

Pharmacist and Interns

Rhyan N Banas

License: *PT00363652* Status: *Active* PIC: *No*

jolie b kadja

License: *PT00353197* Status: *Active* PIC: *No*

ALEX G DUDLEY

License: *PT00021915* Status: *Active* PIC: *No*

MONETTE WRIGHT

License: *010906* Status: *Active* PIC: *No*

Maxwell K Johnson

License: *PT00366336* Status: *Lapsed* PIC: *No*

Emily A Elkins

License: *PT00367878* Status: *Active* PIC: *No*

britany m walker

License: *PT00350034* Status: *Active* PIC: *No*

Pharmacist and Interns *(continued)*

Anna Hatfield
License: *PT00363800* Status: *Lapsed* PIC: *No*

Noel Pooler
License: *PT00347102* Status: *Active* PIC: *No*

LOGAN BARBERIE
License: *PT00362930* Status: *Active* PIC: *No*

MICHELLE COMPTON
License: *PT00024263* Status: *Active* PIC: *No*

Roberto Ortiz
License: *PT00022636* Status: *Active* PIC: *No*

NICHOLAS R. KIRKPATRICK
License: *018695* Status: *Active* PIC: *Yes*

Aliona Markos
License: *PT00357969* Status: *Active* PIC: *No*

REGAN T. WATKINS
License: *I14719* Status: *Intern* PIC: *No*

FREDRICK VINCENT DA GRAVA
License: *011753* Status: *Active* PIC: *No*

Ashley N Cornelius
License: *PT00348143* Status: *Active* PIC: *No*

Samantha Briggs
License: *PT00362929* Status: *Active* PIC: *No*

Donni J Plunkett
License: *PT00351245* Status: *Active* PIC: *No*

Natasha E. Thompson
License: *018196* Status: *Active* PIC: *No*

Ryan C Smith
License: *PT00362781* Status: *Active* PIC: *No*

Garrett A Tamminga
License: *PT00027617* Status: *Lapsed* PIC: *No*

Pharmacist and Interns *(continued)*

Jackie S Bernard

License: *PT00088470* Status: *Active* PIC: *No*

Jessica Crossan

License: *PT00346925* Status: *Active* PIC: *No*

TIMOTHY CRAIG ARNOLD JR

License: *PT00023183* Status: *Lapsed* PIC: *No*

Keith D Allen

License: *PT00029806* Status: *Active* PIC: *No*

Policies and Procedures

Compounding Personnel Education and Assessment	*Compliant*
Personnel Cleansing and Garbing	*Compliant*
Cleaning and Disinfecting Compounding Area	*Compliant*
Operation of Isolators	*Compliant*
Compounding Procedures for In-Process Checks and Final Product Verification	*Compliant*
Ingredient Inspection and Assessment	*Compliant*
Checks for Compounding Accuracy and Recordkeeping of Compounding Log	*Compliant*
Physical Inspection of CSPs	*Compliant*
Final Check of CSPs Including Labeling	*Compliant*
Maintenance and Assessment of Compounding Equipment	*Compliant*
Assignment of BUDs	*Compliant*
Monitoring of Storage Areas	*Compliant*
Packaging, Handling, Security, Storage, Disposal, Destruction, Transport and Return of CSPs and Supplies	*Compliant*
Quality Assurance Program	*Not inspected*
Adverse Events Reporting and Monitoring	*Not inspected*
Hazardous and Oncology Drug Handling and Disposal	*Compliant*
Sterilization by Steam	*Compliant*

Policies and Procedures *(continued)*

Sterilization by Dry Heat	*Compliant*
Depyrogenation by Dry Heat	*Compliant*
Monitoring of CSPs Dispensed Prior to Sterility Results, including Recall Procedures	*Not inspected*
P&P reviewed and revised annually	*Not inspected*

Comments

document annual review date(s) for each PnP

Training and Garbing

Documentation all compounding personnel passed initial and annual/semi-annual written exam for appropriate risk level for cleaning and disinfecting.	*Compliant*
Documentation all compounding personnel passed initial and annual/semi-annual written exam for hand hygiene and garbing.	*Compliant*
Documentation all compounding personnel passed initial and annual/semi-annual written exam for aseptic technique.	*Compliant*
Visually observed and appropriately documented competencies of cleaning and disinfecting, initially and at the completion of media fill test, and including environmental services, if applicable and when appropriate.	*Compliant*
Visually observed and appropriately documented competencies of hand hygiene and garbing, initially with initial gloved fingertip sample with zero growth.	*Compliant*
Visually observed and appropriately documented competencies of hand hygiene and garbing annually/semi-annually done upon completion of aseptic media fill test performed annually/semi-annually with up to 3 total CFUs.	*Compliant*
Visually observed and appropriately documented competencies of aseptic technique, initially and annually/semi-annually for appropriate risk level under most challenging conditions.	*Compliant*
Training of any equipment used.	*Not inspected*
Documentation of immediate reinstruction, reevaluation and retesting of compounding personnel who fail any testing.	*N/A*
Written policy personnel cannot compound if have sunburn, illness, open sores, etc.	*Compliant*
Personnel remove outer garments, make-up, visible jewelry (hand, wrist, ears, lips, eyebrow piercings).	*Compliant*

Comments

per policy

Training and Garbing *(continued)*

Personnel keep nails short and natural.	*Compliant*

Comments

per policy

Garbing

Garb from dirtiest to cleanest, using the line of demarcation appropriately.	*Not inspected*
Performs hand washing appropriately up to the elbows for 30 seconds and uses a nail pick.	*Not inspected*
Use waterless, alcohol based surgical scrub with persistent activity. Has chlorhexidine/emollients: Purell Surgical Scrug; Avagard; Sterillium; Surgicept; Triseptin; Alcare.	*Not inspected*
Sterile gloves donned appropriately.	*Not inspected*
Dispose of gown when leave compounding area or reuse for one shift (nonhazardous).	*Not inspected*
Non-garbed personnel are not entering compounding area.	*Not inspected*

Environment with Ante and Buffer Rooms

Floor is smooth, impervious, free from cracks and crevices, and seams are heat sealed.	*Not inspected*
Ceiling tiles are sealed, free from cracks and crevices, and seams where walls and ceiling meet are sealed.	*Not inspected*
Walls are painted with epoxy based paint or other impermeable surface, are smooth, impervious, easily cleanable, and free from cracks and crevices, seams are heat sealed.	*Not inspected*
Non-shedding equipment is used.	*Not inspected*
Limited entry to necessary personnel.	*Compliant*

Comments

per policy

Accessories: shelving, chairs, stools, carts easily cleanable and non-permeable, free from cracks and crevices, low particulate generating and limited to necessary equipment in ante and buffer rooms.	*Not inspected*
All items cleaned and disinfected before bringing into buffer room.	*Not inspected*
Ante-Room has a sink with hot and cold water and hands dried with lint free non-shedding, disposable paper towels or blow dryer.	*Not inspected*
Buffer Room has no sink, drain or water source.	*Not inspected*

Environment with Ante and Buffer Rooms *(continued)*

Proper utilization of line of demarcation (LOD).	*Not inspected*
HEPA Filters must be on air ducts in the ceiling of ante and buffer rooms.	*Not inspected*
Food, drinks, gum prohibited in compounding area. Comments *per policy*	*Compliant*
If LAFW Blower turned off, must run for 30 minutes before using.	*Not inspected*
If no physical barrier between the buffer and ante rooms, only performing low and medium risk sterile compounding.	*N/A*
If no physical barrier between the buffer and ante rooms, air velocity is at least 40 feet/minute continuously from buffer area across LOD into ante area.	*N/A*
If no physical barrier between the buffer and ante rooms, air velocity is recorded every shift, a minimum of daily.	*N/A*
Pressure is recorded each shift, a minimum of daily.	*Not inspected*
Ante room is positive pressure of at least 0.02 inch water column to general pharmacy.	*Not inspected*
Buffer room is positive pressure of at least 0.02 inch water column to ante room.	*N/A*
Temperature is recorded daily.	*Compliant*
Temperature of buffer room is appropriate.	*Compliant*
Controlled storage areas for room temperature is 68 to 77 F or 20 to 25 C.	*Compliant*
Controlled storage area for cold temperature is 36 to 46 F or 2 to 8 C.	*Compliant*
Controlled storage area for freezer temperature is -13 to 14 F or -25 to -10 C.	*Not inspected*
Components store in appropriate humidity, recommended 35% to 60%.	*Compliant*

Cleaning

Personnel appropriately garbed when cleaning.	*Not inspected*
Cleaning and disinfecting agent (may be one step cleaning and disinfecting) appropriate for bacteria, viruses, fungi.	*Compliant*
Cleaning equipment is non-shedding, disposable or dedicated.	*Not inspected*
Daily cleaning of compound area takes place when no compounding is occurring and includes easily cleanable surfaces including counter tops, pass through, etc. and floors.	*Compliant*

Cleaning *(continued)*

Monthly cleaning of compound area takes place when no compounding is occurring and includes everything in compound area – bins, equipment, ceiling, walls and floor.	*Compliant*
Cleaning of ISO Class 5 PEC is documented each shift, a minimum of daily.	*Compliant*
Uses low linting towels to clean ISO Class 5 PEC.	*Not inspected*
Uses germicidal detergent diluted with sterile water if not ready to use, to clean each shift or daily.	*Compliant*
ISO Class 5 PEC is disinfected between compounding activities.	*Not inspected*
ISO Class 5 PEC is wiped with sterile water followed by disinfectant after spills or surface contamination.	*Not inspected*
70% sIPA allowed to remain in contact with surface for 30 seconds before compounding.	*Not inspected*
PEC cleaned in correct order of top ,back, sides, racks/poles, items on deck, deck.	*Not inspected*

Environmental Monitoring: Certification of Ante and Buffer Rooms

All ISO Class 5 PEC and ISO Class 7 and/or ISO Class 8 rooms have been certified as required.	*Compliant*
Review report from certifier. Date: *08/13/2020* Certifier: *Steris* Comments *previous certification 2/26/2020*	*Compliant*
Certification done to CETA guidelines, CAG-003-2006, or similar.	*Compliant*
Certifier's equipment calibrated to manufacturer standards.	*Compliant*
Ante room has HEPA filtered air certified to ISO Class 8 for non-hazardous compounding.	*N/A*
Ante room has HEPA filtered air certified to ISO Class 7 for hazardous compounding.	*Compliant*
Buffer room has HEPA filtered air certified to ISO Class 7.	*Compliant*
ISO Class 7 ante room, minimum of 30 ACPH. ACPH: *35*	*Compliant*
ISO Class 8 ante room, recommended 20 ACPH. ACPH:	*N/A*
ISO Class 7 non-hazardous buffer room, minimum of 30 ACPH with at least 15 from outside source. ACPH:	*N/A*

Environmental Monitoring: Certification of Ante and Buffer Rooms *(continued)*

ISO Class 7 hazardous buffer room, minimum of 30 ACPH. ACPH: *78*	*Compliant*
Smoke test performed in PEC in direct compounding area to demonstrate unidirectional airflow under dynamic conditions.	*Compliant*
Differential pressure measured to be at least positive 0.02 inch water column from ante room to general pharmacy with door closed.	*Compliant*
Differential pressure measured to be at least positive 0.02 inch water column from buffer room to ante room with door closed.	*N/A*
Differential pressure measured to be at least negative 0.01 inch water column from buffer room to positive pressure ISO 7 ante room with door closed.	*Compliant*
If no physical separation of ante and buffer room, displacement airflow measured requiring air velocity of 40 feet/minute or more from buffer area across LOD into ante room.	*N/A*
ISO Class 5 areas not more than 3,520 particles per cubic meter of air, taken under dynamic conditions.	*Compliant*
ISO Class 7 areas not more than 352,000 particles per cubic meter of air, taken under dynamic conditions.	*Compliant*
ISO Class 8 areas not more than 3,520,000 particles per cubic meter of air, taken under dynamic conditions.	*N/A*
Room HEPA filters leak tested and repaired if needed.	*Compliant*
PEC HEPA filters leak tested and repaired if needed.	*Compliant*
PEC airflow velocity measured.	*Compliant*
Documentation of viable air and surface sampling shall include date and time of sampling.	*Compliant*
Documentation of viable air and surface sampling shall include sampling shall include sample locations.	*Compliant*
Documentation of viable air and surface sampling shall include method of collection.	*Compliant*
Documentation of viable air and surface sampling shall include frequency of sampling.	*Compliant*
Documentation of viable air and surface sampling shall include volume of air sampled.	*Compliant*
Documentation of surface sampling shall include size of surface sampled, 24-30 cm2.	*Not inspected*
Documentation of viable air and surface sampling shall include time of day in relationship to compounding.	*Compliant*
Documentation of viable air and surface sampling shall include action levels.	*Compliant*

Environmental Monitoring: Certification of Ante and Buffer Rooms *(continued)*

Viable air sampling performed using active impaction device with appropriate growth media to support bacteria and for high risk compounding fungus, at least every 6 months in all ISO classified areas using 400 – 1000 L of air per sample.	*Compliant*
Viable air microbial action levels for ISO Class 5: 1000 liters > 1 CFU/m3 or 400 liters > 1CFU/m3.	*Compliant*
Viable air microbial action levels for ISO Class 7: 1000 liters, > 10 CFU/m3 or 400 liters, > 4CFU/m3	*Compliant*
Viable air microbial action levels for ISO Class 8: 1000 liters, > 100 CFU/m3 or 400 liters, > 40 CFU/m3	*N/A*
Viable surface sampling performed periodically on direct compounding areas, buffer and ante rooms, pass thru and surfaces likely to be contaminated, as applicable, using media supplemented with neutralizing effects of disinfecting agents (TSA with lecithin & Polysorbate 80) and done at the conclusion of compounding.	*Compliant*
Surface microbial action levels for ISO Class 5, less than 3 CFU/m3.	*Compliant*
Surface microbial action levels for ISO Class 7, less than 5 CFU/m3.	*Compliant*
Surface microbial action levels for ISO Class 8, less than 100 CFU/m3.	*N/A*
All CFUs analyzed down to the genus with mold, yeast, coagulase positive Staph, gram negative rods requiring immediate Investigation.	*Compliant*
Exceeded action levels should prompt a re-evaluation of adequacy of personnel work practices, cleaning, operational procedures and/or air efficiency and require an investigation into the source of contamination.	*Not inspected*

Environmental Monitoring: Certification of PEC

All ISO Class 5 PECs have been certified as required.	*N/A*
Review report from outside agency.	*N/A*
Certification done to CETA guidelines, CAG-003-2006, or similar.	*N/A*
Certifiers equipment calibrated to manufacturer standards.	*N/A*
Smoke test performed in PEC in direct compounding area to demonstrate unidirectional airflow under dynamic conditions.	*N/A*
Differential pressure measured to be at least 0.02 inches water column from ante chamber to general pharmacy area.	*N/A*
Differential pressure measured to be at least 0.02 inches water column from main chamber to ante chamber.	*N/A*

Environmental Monitoring: Certification of PEC *(continued)*

ISO Class 5 areas not more than 3,520 particles per cubic meter of air, taken under dynamic conditions.	*N/A*
PEC HEPA filters leak tested and repaired if needed.	*N/A*
PEC airflow velocity measured.	*N/A*
Documentation of viable air and surface sampling shall include date and time of sampling.	*N/A*
Documentation of viable air and surface sampling shall include sample locations.	*N/A*
Documentation of viable air and surface sampling shall include method of collection.	*N/A*
Documentation of viable air and surface sampling shall include frequency of sampling.	*N/A*
Documentation of viable air sampling shall include volume of air sampled.	*N/A*
Documentation of surface sampling shall include size of surface sampled, 24-30 cm2.	*N/A*
Documentation of viable air and surface sampling shall include time of day in relationship to compounding.	*N/A*
Documentation of viable air and surface sampling shall include action levels.	*N/A*
Viable air sampling performed using active impaction device with appropriate growth media to support bacteria and for high risk compounding fungus, at least every 6 months in all ISO classified areas using 400 – 1000 liters of air per sample.	*N/A*
Viable air microbial action levels for ISO Class 5: 1000 liters > 1 CFU/m3 or 400 liters > 1CFU/m3.	*N/A*
Viable surface sampling performed periodically on direct compounding areas using media supplemented with neutralizing effects of disinfecting agents (TSA with lecithin & Polysorbate 80) and done at the conclusion of compounding.	*N/A*
Surface microbial action levels for ISO Class 5, less than 3 CFU/m3.	*N/A*
All CFUs analyzed down to the genus with mold, yeast, coagulase positive Staph, gram negative rods requiring immediate investigation.	*N/A*
Exceeded action levels should prompt a re-evaluation of adequacy of personnel work practices, cleaning, operational procedures and/or air efficiency and require an investigation into the source of contamination.	*N/A*

Compounding Procedures

Documentation of equipment maintenance and calibration logs.	*Compliant*
Objects that shed prohibited from buffer room or compounding area of CAI/CACI: pencils, cardboard, paper towels, cotton gauze pads.	*Not inspected*

Compounding Procedures *(continued)*

Essential paper products (syringe overwrap, work records in protective plastic sleeves) are wiped down with 70% sIPA in ante room before bringing into buffer room or before placing in the ante chamber of CAI/CACI.	*Not inspected*
Required supplies wiped down with 70% sIPA (or removing outer wrap) as item introduced into aseptic work space.	*Not inspected*
Syringes, needles, tubing opened only In ISO Class 5 PEC.	*Not inspected*
Personnel use correct aseptic technique, compounding in first air.	*Not inspected*
Personnel routinely inspecting sterile gloves for wear and tear and replace as necessary.	*Not inspected*
Personnel routinely disinfecting sterile gloves with 70% sIPA prior to entering and when re-entering ISO Class 5 area and touching non-sterile objects.	*Not inspected*
Personnel ascertain CSP ingredients are correct by looking at label and doing unit by unit inspection of product before using.	*Not inspected*
Rubber stoppers of vials/bottles and ampules disinfected with 70% sIPA prior to introducing needle/breaking ampule, waiting 10 seconds for 70% sIPA to dry.	*Not inspected*
Contents thoroughly mixed and inspected for particulate matter, incompatibility or other issues.	*Not inspected*
Before dispensing CSP, clarity is visually confirmed. Identity and amounts of ingredients, procedures to prepare, sterilize, and specific release criteria are reviewed to assure accuracy and completeness.	*Not inspected*
Opened single dose ampules must be discarded immediately.	*Not inspected*
Single dose containers opened in worse than ISO Class 5 used within 1 hour then discarded, with time first used/discard time documented on container.	*Not inspected*
Single dose containers opened in ISO Class 5 used within 6 hours then discarded, with time first used/discard time documented on container.	*N/A*
MDV used for 28 days, or as specified by manufacturer, once punctured, with date first used/discard date documented on MDV.	*Not inspected*
Compound record is required.	*Compliant*
Appropriate procedures and packaging followed for each step.	*Compliant*
Pharmacist verification of steps performed by technicians by visual inspection.	*Compliant*
Documentation of compounding accuracy by 2nd person in addition to compounder if more than one person is compounding, to ensure proper measurement, reconstitution, component usage.	*Compliant*

Compounding Procedures *(continued)*

Name and quantity of each component on batch labels.	*Compliant*
Date and time preparation compounded (may be internal reference number) on batch labels.	*Compliant*
Verifying pharmacist identifier on batch labels.	*Compliant*
BUD on batch labels. Cannot use exp/expiration. May use: Use Before/Discard After/Administer By, etc.	*Compliant*
Auxiliary labels, ie packaging and labeling of hazardous CSP, on batch lables.	*Compliant*
Standard label requirements on patient specific labels to include date of dispensing, and pharmacy name, address if CSP will leave the premises.	*Compliant*
Verifying pharmacist identifier on patient specific labels.	*Compliant*
BUD on patient specific labels. Cannot use exp/expiration. May use: Use Before/Discard After/Administer By, etc.	*Compliant*
Flow rate, if applicable, on patient specific labels.	*N/A*
Auxiliary labels, ie packaging & labeling of hazardous CSP, on patient specific labels.	*Compliant*
Directions for use, including infusion rate, on patient specific labels.	*Compliant*
Required controlled substances transfer warnings, where applicable, on patient specific labels.	*Not inspected*
Identity of dispensing pharmacist on patient specific labels.	*Compliant*
Storage requirements, when applicable, on patient specific labels.	*Compliant*
If redispense CSPs, must ensure sterility, purity and stability of CSP and BUD cannot be changed unless retested.	*N/A*
Check for container and closure integrity, done after compounding and if stored, before dispensing.	*Compliant*
Compounding accuracy documented by verification of steps.	*Compliant*
Verification of identity and quantity verified by reconciliation of components.	*Compliant*
Labels verified as being correct.	*Compliant*

Continuous Quality Improvement

Share data with staff.	*Not inspected*
Track and trend data.	*Not inspected*

Continuous Quality Improvement *(continued)*

Track complaints from patients and practitioners.	*Not inspected*
Formalized in writing.	*Not inspected*
Consideration of all aspects of preparation and dispensing including environmental testing and verification of results.	*Not inspected*
Description of specific monitoring and evaluation activities.	*Not inspected*
Specification of how results are to be reported and evaluated.	*Not inspected*
Identification of appropriate follow-up mechanisms when action limits or thresholds are exceeded.	*Not inspected*
Delineation of the individuals responsible for each aspect of the program.	*Not inspected*

Sterile Compounding of Hazardous Drugs

Personnel who handle, dispose or compound HD are trained and competency is assessed prior to handling HD and annually thereafter. Training shall be a didactic overview and verified by testing specific HD preparation techniques.	*Compliant*
Personnel who compound HD shall be trained in storage, handling and disposal.	*Not inspected*
Personnel who compound HD shall be trained in safe aseptic manipulation practices.	*Not inspected*
Personnel who compound HD shall be trained in negative pressure techniques when utilizing BSC or CACI.	*Not inspected*
Personnel who compound HD shall be trained in correct use of Closed-System Transfer Devices (CSTD), if applicable.	*N/A*
Personnel who compound HD shall be trained in containment, cleanup and disposal for breakages and spills.	*Not inspected*
Personnel who compound HD shall be trained in treatment of personnel contact and inhalation exposure.	*Not inspected*
Written confirmation by all compounding personnel of reproductive capability that they understand the risks of handling HD.	*Not inspected*

Comments

form incorporated by reference in PnP

HD are handled with caution at all times using chemo rated gloves during receiving, distributing, stocking, inventorying, preparing for administration, and disposal.	*Not inspected*
Personal compounding equipment (PPE) includes gowns with low permeability like polyethylene.	*Not inspected*

Sterile Compounding of Hazardous Drugs *(continued)*

Personal compounding equipment (PPE) includes face masks.	*Not inspected*
Personal compounding equipment (PPE) includes eye protection, as appropriate.	*Not inspected*
Personal compounding equipment (PPE) includes hair covers.	*Not inspected*
Personal compounding equipment (PPE) includes shoe covers or dedicated shoes.	*Not inspected*
Personal compounding equipment (PPE) includes double gloving with chemo rated gloves, with outer glove being sterile.	*Not inspected*
HD CSP are compounded in a BSC or CACI.	*Compliant*
BSC or CACI is located inside an ISO Class 7 area that is physically separate from other areas and is negative pressure of 0.01 inch water column to adjacent positive pressure ISO Class 7 ante room.	*Compliant*
Documentation from CACI manufacturer that the ISO Class 5 environment is maintained under dynamic conditions when not located in an ISO Class 7 environment but must be in a negative pressure room with at least 12 ACPH.	*N/A*
For low volume exemption, defined by KBOP as 5 HD CSPs/2 week period, may use 2 levels of containment.	*N/A*
Documentation from manufacturer of recovery time to achieve ISO Class 5 air quality of CACI when turning off/on and when transferring material from ante chamber to main chamber before and during compounding.	*Not inspected*
CACI located in low traffic area. Comments *located in negative pressure buffer room*	*N/A*
For CACI, pressures recorded each shift, minimum of daily. Main chamber is at least negative 0.01 inch water column to ante chamber and ante chamber is at least positive 0.02 inch water column to general pharmacy.	*Not inspected*
PEC cleaned daily/each shift in correct order of top, back, sides, racks/poles, front inside of BSC shield or CACI, gauntlets in CACI, items on deck, deck, CACI ante chamber in the same order,	*Compliant*
HD shall be stored separately from other inventory.	*Not inspected*
HD disposed of in a manner that complies with all Federal and State laws.	*Not inspected*

12 Hour BUD

Compounded in an ISO Class 5 LAFW not located in ISO Class 7 room.	*N/A*
Low risk, non-hazardous, patient specific CSP.	*N/A*
BUD 12 hours or less, administration begins no later than 12 hours from beginning of compounding.	*N/A*
Personnel gowns and garbs the same as for a clean room.	*N/A*
Cleaning of ISO Class 5 LAWF is the same as for an ISO Class 5 LAWF in clean room.	*N/A*
ISO Class 5 LAWF is segregated compounding area, not near garbage can, sink, window, door.	*N/A*

Immediate use

Compounding does not take place in ISO Class 5 PEC.	*N/A*
Low risk, non-hazardous CSP.	*N/A*
Compounding procedure is continuous not exceeding 1 hour & administration begins no later than 1 hour from start of compounding, if not CSP is discarded.	*N/A*
During compounding, aseptic technique is followed and if not immediately administered the CSP is under continuous supervision to minimize contact with non-sterile items.	*N/A*
CSP is immediately and completely administered by compounder or witnessed by compounder, if not must be labeled with patient identifier, names and amounts of all components, name or initials of compounder, and exact 1-hour BUD and time.	*N/A*

CAI not Located in ISO Class 7

Documentation from CAI manufacturer the ISO Class 5 environment is maintained under dynamic conditions when not located in an ISO Class 7 environment.	*N/A*
Documentation from CAI manufacturer of recovery time to achieve ISO Class 5 air quality when turn off and on and when transferring material from ante chamber to main chamber before and during compounding.	*N/A*
CAI located in low traffic area.	*N/A*
Documentation from CAI manufacturer compounder Is exempt from garbing.	*N/A*
CAI Pressures documented each shift, minimum of daily. Main chamber at least positive 0.02 inch water column to ante chamber and ante chamber at least positive 0.02 inch water column to general pharmacy.	*N/A*
Daily/shift documented cleaning of CAI, in the following order: top, back, sides, racks/poles, inside front, gauntlets, items on deck, deck, and ante chamber in same order.	*N/A*

CAI not Located in ISO Class 7 *(continued)*

Personnel appropriately garbed while cleaning CAI.	*N/A*
All items cleaned and disinfected before placing in ante chamber of CAI.	*N/A*
Temperature is recorded daily.	*N/A*
Controlled storage areas for room temperature is 68 to 77 F or 20 to 25 C.	*N/A*
Controlled storage area for cold temperature is 36 to 46 F or 2 to 8 C.	*N/A*
Controlled storage area for freezer temperature is -13 to 14 F or -25 to -10 C.	*N/A*

High Risk

Active Pharmaceutical Ingredient (API): Certificate of Analysis on file.	*Not inspected*
Active Pharmaceutical Ingredient (API): Use USP or NF product and if not, safety and purity established.	*Not inspected*
Active Pharmaceutical Ingredient (API): Label bears batch or lot number.	*Not inspected*
Active Pharmaceutical Ingredient (API): Label bears expiration date, if not, an expiration date of no more than 1 year from date of receiving is assigned.	*Not inspected*
Pharmacy marks API with date received.	*Not inspected*
If pharmacy puts API in smaller container for ease of use, container bears name of API.	*Not inspected*
If pharmacy puts API in smaller container for ease of use, container bears date API was received.	*Not inspected*
If pharmacy puts API in smaller container for ease of use, container bears date API was transferred.	*Not inspected*
If pharmacy puts API in smaller container for ease of use, container bears batch or lot number of API.	*Not inspected*
If pharmacy puts API in smaller container for ease of use, container bears expiration date from manufacturer or pharmacy assigned expiration date of no more than 1 year from date of receiving.	*Not inspected*
APIs stored in tightly closed containers under temperature, humidity and lighting conditions per official monograph or suppliers.	*Not inspected*
Pre-sterilization procedures for high risk CSP, weighing and mixing, shall be completed in no worse than ISO Class 8 environment.	*Compliant*
Appropriate sterilization methods used and documented.	*Compliant*
Terminal sterilization of non-sterile empty vials or stoppers/closures used and documented.	*Compliant*

High Risk *(continued)*

Pre-filter with 1.2 micron to remove large particles, if needed.	*Not inspected*
Filtration performed in ISO Class 5 environment.	*Compliant*
Documentation 0.2/ 0.22 micron sterile, non-pyrogenic microporous membrane filter is chemically/physically compatible with CSP.	*Compliant*
Filtration is completed rapidly without filter replacement.	*Not inspected*
Filter integrity testing is performed and documented for each filter used with each batch sterilized by filtration.	*Compliant*
Written documentation of description of steam sterilization includes conditions and duration for specific CSP.	*Compliant*
Prior to sterilizing, plastic, glass and metal devices are tightly wrapped in low particle shedding paper or fabric or sealed in envelopes that prevent post-sterilization microbial penetration.	*Compliant*
Autoclave allowed to reach 121 C before starting sterilization process.	*Compliant*
Usual expose to 121 C at 15 psi for 20 – 60 minutes. Maintains log of temperature and exposure time for each steam sterilized CSP.	*Compliant*
Ensures steam contacts all ingredients and surfaces to be sterilized.	*Not inspected*
Autoclave was mapped.	*Not inspected*
Effectiveness of steam sterilization is verified each time using biological indicators (BI) and temperature-sensing devices.	*Compliant*
For dry heat sterilization, heat filtered air is evenly distributed throughout the chamber with a blower.	*Not inspected*
Dry heat oven is equipped with system for controlling temperature and exposure period and has been mapped.	*Not inspected*
Sufficient space is left between materials to allow circulation of hot air.	*Not inspected*
Written documentation of description of dry heat includes conditions and duration for specific CSP.	*Compliant*
Effectiveness of dry heat sterilization is verified each time using biological indicators (BI) and temperature-sensing devices.	*Compliant*
For depyrogenation by heat used to render glassware, containers, vials free from pyrogens and viable microbes. Cover tightly with aluminum foil, bake at 250 C for 30 minutes, use immediately or if stored must be ISO Class 7 environment.	*Compliant*

High Risk *(continued)*

For depyrogenation by heat written documentation of description of cycle and duration for specific load items.	*Compliant*
For depyrogenation by heat effectiveness of cycle is verified using Endotoxin Challenge Vials (ECVs) with bacterial endotoxin testing performed on ECVs to verify the cycle is capable of achieving a 3 log reduction in endotoxins.	*Not inspected*
If depyrogenated glassware, containers, and/or vials are not used immediately, must be kept tightly covered with aluminum foil and stored in an ISO 7 environment.	*Compliant*
Other methods of sterilization are used with documented procedures and validation performed.	*Not inspected*

Extending BUD and Sterility Testing

Sterility testing for both bacteria and fungus performed each time BUD is extended beyond USP guidelines.	*Compliant*
Sterility testing performed on high risk CSP prepared in groups of more than 25 identical containers.	*Compliant*
Sterility testing performed on high risk CSP exposed longer than 12 hours at 2-8C (36-46F) or longer than 6 hours at warmer than 8C (46F) before sterilization.	*Not inspected*
Sterility testing is done using membrane filtration (preferred method) or direct inoculation per USP <71>.	*Compliant*
Appropriate number of CSPs tested for sterility per UPS <71> for parenterals: less than 100 units, test 10% or 4 units, whichever is greater; for 100-500 units, test 10 units; and for greater than 500 units, test 2% or 20 units, whichever is less.	*Compliant*
Appropriate number of CSPs tested for sterility per UPS <71> for large volume parenterals: 2% or 10 containers, whichever is less.	*Not inspected*
Appropriate number of CSPs tested for sterility per UPS <71> for non-parenterals (eye drops, inhalations): less than 200 units, test 5% or 2 units, whichever is greater; for 200 or more units, test 10 units; and if packaged as unit dose, use parenteral testing numbers.	*Not inspected*
Bacterial endotoxin testing performed on high risk CSP if prepared in groups of more than 25 identical containers.	*Compliant*
Bacterial endotoxin testing performed on high risk CSP if exposed longer than 12 hours at 2-8C (36-46F) or longer than 6 hours at warmer than 8C (46F) before sterilization.	*Not inspected*
CSP quarantined until results of sterility and endotoxin tests received or if dispensed before receiving results, written procedure requiring daily observation of incubating CSPs and immediate recall when evidence of growth. Patient and prescriber notified of potentially contaminated CSP and potential risk.	*Compliant*

Extending BUD and Sterility Testing *(continued)*

Positive sterility test results promptly investigated including aseptic technique, environmental control, etc. to identify source of contamination and correct the issue.	*Not inspected*
Stability data documented to support extended BUD, either from literature or testing.	*Not inspected*
Method suitability test performed on CSP for stability data derived from testing.	*Not inspected*
If potency testing is performed, strength must be within 10% of stated potency.	*Not inspected*

Transporting CSP Outside Facility

P&P for packing containers specifying which to use.	*Not inspected*
P&P for insulating and stuffing materials specifying which to use.	*Not inspected*
Written instructions to patients how to safely open containers of CSP.	*Not inspected*
Ascertain temperature of CSP during transit.	*Not inspected*
Specific handling and exposure instructions on the exteriors of containers packed with CSPs.	*Not inspected*
Periodic review of delivery performance of couriers to ascertain CSPs are being efficiently and properly transported.	*Not inspected*
Provide CSP labeling that includes clearly readable BUDs, storage instructions, and disposal information for out of date units.	*Not inspected*
Ascertain each patient is able to store CSP properly, including use of properly functioning refrigerator or freezer if needed.	*Not inspected*

Board Approved Waivers

Board has approved a waiver for non-hazardous sterile compounding.	*N/A*
Board has approved a waiver for hazardous sterile compounding.	*N/A*

Inspector's Signature

I have completed this inspection in accordance with the statutes and administrative codes.

Inspector: *Jessica Williams*

Pharmacist's Signature

I have read and understand the statutes and administrative codes. I acknowledge that the items noted in this report have been discussed with me. I understand that if I disagree with any of the deficiencies cited, that I have the right to refute them on this report or and other form that I choose to send to the department.

n/a

Pharmacist: *NICHOLAS KIRKPATRICK*

RECD KYBOP 06/22/15

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 14-0250A and 15-0279A

IN RE: PHARMACY PERMIT NO. P06568 HELD BY WICKLIFFE PHARMACEUTICAL INC.

Agreed Order

Come the parties, the Kentucky Board of Pharmacy ("the Board") and Wickliffe Pharmaceutical Inc. ("Respondent"), and the parties having been fully informed regarding the matter set forth herein, state as follows:

(1) Pursuant to Chapter 315 of the Kentucky Revised Statutes, the Board is authorized to regulate and control all matters related to pharmacists and pharmacies not delegated to another agency of the Commonwealth. The matter herein has not been delegated to another agency of the Commonwealth.

(2) Respondent is a pharmacy in the Commonwealth of Kentucky, having been assigned pharmacy permit no. P06568.

Case 14-0250A

(3) (a) On or about April 25, 2014, Kathleen Culver (Culver) from the Food and Drug Administration (FDA) advised Steve Hart, the Board's Inspections and Investigations Coordinator at the time, that two horses in Kentucky had died after being administered a paste compounded by Respondent.

(b) The toltrazuril 227mg/pyrimethamine 340mg/ml paste was dispensed on or about March 24, 2014 by pharmacist Kelly Zaccarelli (Zaccarelli).

(c) On or about April 29-30, 2014, Katie Busroe (Busroe), a Pharmacy and Drug Inspector for the Board, investigated the incident with Culver at Respondent's site. Culver removed samples of the active pharmaceutical ingredients (APIs) that were used to compound the paste.

(d) FDA lab analysis indicated there was no contamination of the APIs. The FDA determined that the dose of paste administered to the horses resulted in an overdose of pyrimethamine. Two tubes of paste were tested for potency with the results being:

- **Tube 1**: pyrimethamine 82% of declared potency and toltrazuril 83% of declared potency; and

- **Tube 2**: pyrimethamine 80% of declared potency and toltrazuril 82% of declared potency.

(e) The potency testing indicated that the compounded preparation was adulterated, in violation of KRS 217.055 and KRS 315.121(1)(h).

(4) (a) On or about May 8, 2014, Jackie Bernard, Owner of Wickliffe, advised Busroe and Culver that a horse in Florida died after being administered toltrazuril 416mg/pyrimethamine 17mg/ml suspension compounded by Wickliffe.

(b) The suspension was compounded by Respondent on or about March 28, 2014. Tyler Hill was the responsible pharmacist for the compounded suspension.

(c) Altogether, two horses died and six additional horses were hospitalized after they received the compounded suspension.

(d) On or about May 9, 2014, Hart traveled to Wickliffe with Culver to investigate the incident. The same APIs that were used to compound the above-referenced paste were used to compound the suspension.

(e) FDA lab testing indicated the pyrimethamine was 2380% of the declared potency and the toltrazuril was 3.74% of the declared potency.

(f) The potency testing indicated that the compounded preparation was adulterated, in violation of KRS 217.055 and KRS 315.121(1)(h).

(5) (a) On or about November 5, 2014, Busroe inspected Wickliffe with two other Pharmacy and Drug Inspectors, Phil Losche and Amanda Harding. On this date, Zaccarelli served as the Pharmacist-in-Charge (PIC).

(b) During the day long inspection the general operations of Wickliffe were observed. Respondent dispenses to animals. Approximately 99% of dispensed prescriptions are compounded and 1% is commercially available product. Of the compounded preparations, approximately 75% are nonsterile and 25% are sterile. Of the sterile compounds, approximately 98% are injectibles and 2% are ophthalmic preparations; all are high risk. Respondent advised it had 754 compounding formulas. Respondent employed 5 pharmacists (4 present on the day of the inspection) and 27 technicians. The PIC performed mostly administrative and some dispensing functions. One pharmacist was preparing to go on maternity leave, two pharmacists worked in the nonsterile compounding area, two technicians (one full-time and one part-time) worked in the sterile compounding area, eight technicians worked in the nonsterile compounding area, and multiple technicians answered telephones and provided customer service functions. Respondent had one sterile compounding room and three nonsterile compounding rooms; each with at least two work stations. At any time, there may be eight nonsterile preparations being made. The week of the inspection, Respondent averaged 267 prescriptions per day, and filled 284 the day of the inspection. The following issues were discovered:

1. Technicians were performing functions without the immediate supervision of a pharmacist, in violation of 201 KAR 2:045, Section 3 and KRS 315.020(1).
2. There was no documented stability data to substantiate the extended beyond use date (BUD) of various compounded sterile preparations (CSPs) and compounded nonsterile preparations (CNSPs), in violation of KRS 315.121(1)(a). [*See* STORAGE AND BEYOND-USE DATING, USP 797; and STABILITY CRITERIA AND BEYOND-USE DATING, USP 795]
3. Hazardous drugs were improperly stored and handled, in violation of KRS 315.121(1)(a). [*See* HAZARDOUS DRUGS AS CSPs, USP 797]
4. A container of Phenylbutazone alfalfa flavor did not have a tight fitting lid in violation of KRS 315.121(1)(a). [*See* ELEMENTS OF QUALITY CONTROL, USP 797]
5. Respondent transfers Active Pharmaceutical Ingredients (APIs) into smaller containers that are not identified with the component name, original supplier, lot or control number, transfer date and expiration date, in violation of KRS 315.121(1)(a). [*See* COMPONENT SELECTION, HANDLING AND STORAGE, USP 795]
6. Some hazardous drugs had not been prepared in a Biological Safety Cabinet or Compounding Aseptic Containment Isolator in violation of KRS 315.121(1)(a). [*See* HAZARDOUS DRUGS AS CSPs, USP 797]
7. Prescription labels do not always correctly identify the identity of the dispensing pharmacist as required by 201 KAR 2:076, Section 4; and KRS 315.121(1)(a) and (h).
8. Prescription labels do not contain adequate directions for use as required by 201 KAR 2:076, Section 4; and KRS 315.121(1)(a) and (h).
9. A person known as "Sylvia," who was not registered as a technician nor licensed as a pharmacist or pharmacist intern, made an over-the-counter product for another company in a nonsterile compounding room in the pharmacy, in violation of 201 KAR 2:100, Section 1 and KRS 315.121(1)(h).
10. Drug Utilization Review was not performed by a pharmacist on all prescriptions as required by 201 KAR 2:210, Section 4, and in violation of KRS 315.121(1)(h).
11. CSPs were dispensed utilizing a prescriber whose license and/or DEA number was/were not current, in violation of 201 KAR 2:076, Section 4(1)(f) and (g); and KRS 315.121(1)(a) and (h).
12. Respondent permits prepared prescription medications to be left outside the pharmacy for pickup, in violation of 201 KAR 2:100, Section 4; and KRS 315.121(1)(a) and (h).

Case No. 15-0279A

(6) (a) Marhonda Goldey worked from March 31, 2013 through May 27, 2015 without being appropriately registered with the Board. Consequently, the Respondent was in violation of KRS 315.121(1)(g).

(b) The above facts subject Respondent to discipline pursuant to KRS 315.121(1) (h).

(7) In lieu of the filing of a formal Complaint and hearing on the above-referenced two cases, the Board and Respondent have agreed to address this matter by entering into this Agreed Order.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

(A) Respondent is fined $100,000. The fine is payable in four installments. The first payment of $50,000.00 is due on or before December 1, 2015. The second payment of $16,666.67 is due on or before December 1, 2016. The third payment of $16,666.67 is due on or before December 1, 2017. The fourth and final payment of $16,666.66 is due on or before December 1, 2018. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy, State Office Building Annex, Suite 300, 125 Holmes St., Frankfort, Kentucky, 40601. Respondent agrees that a missed, late or insufficient payment shall result in the full balance of the fine being due and payable; Respondent's license shall be suspended without a 13B hearing until the fine is paid in full;

(B) Respondent shall be placed on probation for a minimum of three (3) years from the date this Agreed Order is finally executed by the President of the Board, or until the last installment payment is made should Respondent choose to make the fourth and final installment payment as late as December 1, 2018. Respondent agrees to the following terms of probations:

1. The Board shall conduct quarterly inspections at Respondent's site; the costs of which, not to exceed $500 per inspection, shall be paid by Respondent to the Board within thirty (30) days of invoicing by the Board. Costs shall be determined as time, travel costs, and mileage charges of the inspector(s);
2. Respondent agrees to maintain a ratio of one (1) pharmacist to two (2) technicians in the sterile compounding areas, one (1) pharmacist to three (3) technicians in the nonsterile compounding areas, and one (1) pharmacist to three (3) technicians in the noncompounding areas;
3. Respondent agrees that technicians shall initiate or receive telephonic communications about refills if the refills exactly duplicate the original prescription tied to the refill. Technicians shall immediately refer live phone calls or recordings of all other inquiries (e.g., choice of drug, dosage strength, form or delivery method, product recommendations and directions for use) to a pharmacist;
4. Respondent shall not dispense any preparations that have failed potency testing;
5. Respondent agrees it shall not extend BUD on CSPs without stability, potency, and sterility data performed to USP standards. Testing results shall be sent from the lab directly to the Board within seven (7) days of results;
6. Respondent agrees it shall not extend BUD on CNSPs without stability and potency data performed to USP standards. Testing results shall be sent from the lab

directly to the Board within seven (7) days of results;
7. Respondent agrees to validate APIs that are not analyzed to USP or NF standards by reliable testing and acceptable specifications, and to make those tests immediately available to the Board upon request;
8. Respondent agrees to store hazardous drugs pursuant to USP 795, 797 and 800;
9. Respondent agrees to have a properly designated area for quarantined drugs, including a tracking mechanism for each drug and separation from other drugs if not prepared as a batch;
10. Respondent agrees to treat hazardous drugs in CSP areas as hazardous from start to finish;
11. Respondent agrees to abide by USP 795, 797, and 800 regarding the cleaning and decontamination of hazardous compounding areas;
12. Respondent agrees to use compounding sheets that are validated as accurate by the Pharmacist-in-Charge (PIC);
13. Respondent shall label each prescription with information included in 201 KAR 2:276, Section 4(3)(a)-(k);
14. Respondent agrees to obtain specific directions for use, and will not accept "Use as Directed;"
15. A pharmacist shall physically check each product in a PIC developed process that is approved by the Board or its President. The PIC developed process shall be submitted to the Board within thirty (30) days from the date this Agreed Order is finally executed by the President of the Board;
16. Respondent shall report all adverse drug events (ADEs) to FDA MedWatch and USP MEDMARX;
17. The PIC shall immediately investigate and memorialize all ADEs, perform a root cause analysis, and develop quality assurance measures designed to prevent a further occurrence; those reports shall be made immediately available to the Board or its agents upon request;
18. The PIC shall meet with pharmacy staff each quarter to conduct ADE analysis, and a Board inspector shall attend each quarterly meeting;
19. The PIC shall serve as the liaison between Respondent and the Board;
20. All currently named PICs shall attend Critical Point Boot Camp on or before August 1, 2016; thereafter attendance at Critical Point Boot Camp is required within one (1) year of appointment as PIC;
21. Respondent agrees no other business shall be conducted within the confines of the pharmacy;
22. Respondent shall not manufacture for Bluegrass Equine within Respondent's premises;
23. Respondent shall not leave prescription medications outside the pharmacy for pickup;
24. Respondent agrees to pay for sterility and/or potency testing of sterile or nonsterile preparations of samples confiscated by the Board's agents;
25. Respondent shall not dispense prescription medications without a lawful drug order;
26. Respondent shall not dispense prescription medications for the Owner or Owner's family members;

27. Respondent shall document an ongoing quality control program and quality assurance procedures as required by 201 KAR 7:076, Section 6; USP 795 and 797; the program shall be made immediately available to the Board or its agents upon request;
28. Respondent agrees that the PIC shall be responsible for quality assurance programs and the procurement, storage, security, disposition of drugs and the provision of pharmacy services; the Owner shall defer to the PIC on these matters.

(C) Respondent acknowledges it has read and understands the terms of this Agreed Order and is entering into it freely, willingly, and voluntarily. Respondent further acknowledges that by entering into this Agreed Order Respondent is freely, voluntarily, and willingly waiving all the due process rights afforded to him under the U. S. and Kentucky Constitutions, KRS Chapter 315 and the accompanying regulations in regard to disciplinary actions.

(D) Respondent shall not seek to amend this Agreed Order. This Agreed Order constitutes the entire agreement between the parties and the Respondent is not relying on any other agreement or representations of any kind, verbal or otherwise.

(E) In consideration of execution of this Order, the Respondent, its executor, administrator, successors and assigns, hereby releases and forever discharges the Commonwealth of Kentucky, the Board, and the Office of the Kentucky Attorney General and each of their members, agents, and employees in their individual and representative capacities, from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law and equity, the Respondent ever had, now has, may have or claim to have against any or all of the persons or entities named in this paragraph arising out of or by reason of this investigation, this disciplinary action, this Order or its administration.

(F) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.

Joel Thornbury, President
Kentucky Board of Pharmacy

10/23/2015
Date

Cheryl Lalonde
Board's Attorney

10-23-15
Date

Wiekliffe Pharmaceutical Inc.
Respondent

10-16 2015
Date

Luke Morgan
Respondent's Attorney

10-16-15
Date

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 11-0196A

BD OF PHARMACY
2011 OCT 25 A 8:09

IN RE: PHARMACY PERMIT NO. P06568 HELD BY WICKLIFFE PHARMACY

Agreed Order

Come the parties, the Kentucky Board of Pharmacy ("the Board") and Wickliffe Pharmacy ("Respondent"), and both having been fully informed regarding the matter set forth herein, state as follows:

(1) Pursuant to Chapter 315 of the Kentucky Revised Statutes, the Board is authorized to regulate and control all matters related to pharmacists and pharmacies not delegated to another agency of the Commonwealth. The matter herein has not been delegated to another agency of the Commonwealth.

(2) Respondent is a pharmacy in the Commonwealth of Kentucky, having been assigned pharmacy permit no. P06568.

(3) (a) On or about August 23, 2011, the Board investigator conducted an inspection of Respondent's pharmacy and discovered a pharmacy technician that initiated or received a telephonic communication regarding a new prescription that violated the requirements of 201 KAR 2:045, Section 2.
(b) On or about August 23, 2011, the Board investigator found a prescription incorrectly labeled, in violation of KRS 217.065(1).
(c) Respondent is subject to discipline pursuant to KRS 315.121(1) (h).

(4) The Board and Respondent have agreed to address this matter by entering into this Agreed Order, in lieu of the filing of a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

(A) Respondent shall be fined $1000 ($500 fine for technician call violation and $500 fine for misbranded prescription) payable by October 30, 2011. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy, State Office Building Annex, Suite 300, 125 Holmes Street, Frankfort, Kentucky 40601.

(B) By entering into this Agreed Order, Respondent expressly acknowledges that Respondent was fully and completely informed of Respondent's right to due process, that Respondent fully understands those rights, and that Respondent knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.

(C) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.

Larry A. Hadley, President
Kentucky Board of Pharmacy

11-5-11
Date

Wickliffe Pharmacy, Respondent

10/21/2011
Date

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY

Case No. 03-0036A

IN RE: PHARMACY PERMIT NO. P06568 HELD BY WICKLIFFE PHARMACEUTICAL INC

AGREED ORDER

Come the parties, the Kentucky Board of Pharmacy ("the Board") and Wickliffe Pharmaceutical Inc. ("Respondent"), and both having been fully informed regarding the matter set forth herein, state as follows:

(1) Pursuant to Chapter 315 of the Kentucky Revised Statutes, the Board is authorized to regulate and control all matters related to pharmacists and pharmacies not delegated to another agency of the Commonwealth.

(2) Respondent is a pharmacy in the Commonwealth of Kentucky, having been assigned pharmacy permit no. P06568.

(3) (a) On or about March 1, 2003, the Respondent's pharmacist-in-charge's license to practice pharmacy in the Commonwealth expired by operation of law as a consequence of the failure of the employee pharmacist to renew the license.

(b) On or about March 11, 2003, employee pharmacist submitted a Pharmacist's License Renewal Application for 2003.

(c) Between March 1, 2003 and March 12, 2003, the Responden's pharmacist-in-charge practiced the profession of pharmacy in the Commonwealth without a current active license.

(d) The Respondent operated a pharmacy without a licensed pharmacist in charge of the operation of the pharmacy in violation of KRS 315.035.

(4) These actions constitute violations of KRS 315.035 and subjects the Respondent to discipline as provided for by KRS 315.990 (1).

(5) The Board and the Respondent have agreed to address this matter by entering into this Agreed Order, in lieu of the filling of a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

(a) The Respondent is FINED $500, payable on or before the date this Agreed Order is entered by the Board, and the Respondent shall be subject to one additional inspection within one (1) year, the costs of which shall be paid by the Respondent to the Board within twenty-one (21) days of invoicing. Costs shall be the time and mileage charges of the inspector and shall not exceed $500.00.

(6) By entering into this Agreed Order, the Respondent expressly acknowledges that it was fully and completely informed of its right to due process, that it fully understands those rights, and that it knowingly, voluntarily, and willingly agrees to waive those rights and to enter this Agreed Order.

(7) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.

ENTERED THIS 9th DAY OF July, 2003.

KENTUCKY BOARD OF PHARMACY

Georgina K. Jones, President — Date 7/9/03

Wickliffe Pharmaceutical Inc. — Date 6-20-03

Filed By
JUL 30 2020
KANSAS STATE
BOARD OF PHARMACY

BEFORE THE KANSAS BOARD OF PHARMACY

In the Matter of)
)
Nicholas Kirkpatrick)
)
License No. 1-106207)

Case No. 20-226

SUMMARY ORDER

NOW, on this 30th day of July 2020, comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Secretary, the matter of Nicholas Kirkpatrick ("Respondent").

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board's Executive Secretary enters this Summary Order in the above-captioned matter. After reviewing the investigation materials and being otherwise duly advised in the premises, the Board makes the following findings, conclusions and order:

FINDINGS OF FACT

1. The Board has previously issued Respondent License No. 1-106207 which entitles Respondent to practice as a pharmacist in the State of Kansas.

2. On May 28, 2020, Respondent resigned as Pharmacist-in-Charge ("PIC") from Tailor Made Compounding (22-108376), effective immediately.

3. On June 26, 2020, the Board received a Change in PIC Form BA-50, notifying of the resignation of Respondent as PIC effective May 28, 2020.

4. On or about July 9, 2020, the Board processed the PIC change.

CONCLUSIONS OF LAW

1. Pursuant to K.S.A. 65-1658, the Board may assess a civil fine not to exceed $5,000, after notice and an opportunity to be heard, to any registrant for violation of the pharmacy act of the state of Kansas or any other rules or regulations of the state board of pharmacy.

2. Pursuant to K.A.R. 68-2-5, each pharmacist shall notify the board in writing within five days of ceasing to serve as the pharmacist-in-charge at a pharmacy or registrant required to have a pharmacist-in-charge. The notice shall include the pharmacist's name, the name and address of the pharmacy or registrant, and the date the pharmacist ceased to serve as the pharmacist-in-charge.

3. Respondent had five days to notify the Board of his resignation as PIC effective May 28, 2020, or until June 2, 2020.

4. Respondent failed to notify the Board of his resignation as PIC until June 26, 2020 – twenty-four (24) days past the deadline.

5. Respondent violated K.A.R. 68-2-5 by failing to notify the Board of his resignation as PIC within five days.

ORDER

Based upon the foregoing findings of fact and conclusions of law, Respondent is ordered to pay a fine to the Board. A violation of K.A.R. 68-2-5 warrants a base fine of $5.00 per day that Respondent is in violation of the regulation, not to exceed $200.00. Because Respondent provided notice to the Board twenty-four (24) days past the deadline, the total fine is $120. Respondent has 30 days from the date of this order to pay the fine.

NOTICES

The Respondent is hereby notified as follows:

1. The Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231 within fifteen (15) days after service of this order.

2. If a hearing is not requested as described above, the Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

3. Within fifteen (15) days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to said statute. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

7/30/2020
Date

Alexandra Blasi, JD, MBA
Executive Secretary
Kansas Board of Pharmacy

DocuSign Envelope ID: 1D04AAAF-ABC6-4B1E-B2A8-50EA7158ACEB

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
NICHOLAS RICHARD KIRKPATRICK	)	**BOARD OF PHARMACY**
	)	
License No. 20021	)	**CASE NO: 20-L-0104**

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Nicholas Richard Kirkpatrick (hereinafter referred to as "Kirkpatrick") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement, which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975), § 41-22-12(f), the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. The Board finds Kirkpatrick violated the provision of law set out in Count Two of the Statement. Counts One and Three of the Statement shall be dismissed with prejudice.

2. Kirkpatrick shall pay an administrative fine in the amount of Five Hundred Dollars ($500.00) within thirty (30) days of the effective date of this Consent Order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Kirkpatrick attempt to discharge the same.

3. Kirkpatrick expressly waives his rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform

Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against him and any judicial review. Kirkpatrick further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

5. By execution of this Consent Order, Kirkpatrick hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

6. Kirkpatrick acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules of the Alabama State Board of Pharmacy or the pharmacy law or Rules of the Board of Pharmacy of another state or any other applicable laws, upon proof and hearing thereof, may result in further disciplinary sanctions against his license, including, but not limited to revocation.

7. Kirkpatrick acknowledges and agrees that he has read this Consent Order and that he fully understands the terms, conditions and contents of the same. Kirkpatrick acknowledges and agrees that he voluntarily and of his own free will accepts the terms and conditions set out in this Consent Order and had the opportunity to seek legal counsel prior to the execution of this Consent Order.

DONE this the 5th day of February, 2021.

Nicholas Richard Kirkpatrick

DONE this the 10th day of February, 2021.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Brenda Denson, Pharm.D., President

_____
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & COOPER, LLC
2100A Southbridge Parkway
Suite 645
Birmingham, AL 35209
(205) 871-5404

EXHIBIT "A"

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
NICHOLAS RICHARD KIRKPATRICK	)	**BOARD OF PHARMACY**
	)	
License No. 20021	)	**CASE NO: 20-L-0104**

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Nicholas Richard Kirkpatrick
3700 Horsemint Trail
Lexington, Kentucky 40509

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92(12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on February 16, 2021 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why your license to practice pharmacy in this State should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that you have been guilty of the following, to wit:

COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(2) based upon the Summary Order entered by the Kansas Board of Pharmacy on July 30, 2020 attached hereto as Exhibit "A" and/or your failure to timely notify the Kansas Board of your resignation as the PIC for Tailor Made Compounding, i.e. you resigned on May 28, 2020 and did not notify the Kansas Board until June 26, 2020 as more fully set out in the Order referenced above.

COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of the preceding Count.

Further, pursuant to the provisions of Code of Alabama (1975), § 20-2-53 and § 41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), § 20-2-1, et. seq., issued pursuant to Code of Alabama (1975), § 20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT THREE

Violating Code of Alabama (1975), § 20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), § 34-23-1 et seq., said violation being based upon the allegations contained in any or all of the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

DocuSign Envelope ID: 1D04AAAF-ABC6-4B1E-B2A8-50EA7158ACEB

Dated this the 19th day of October, 2020.

ALABAMA STATE BOARD OF PHARMACY

By: Donna C. Yeatman
Executive Secretary

DocuSign Envelope ID: 1D04AAAF-ABC6-4B1E-B2A8-50EA7158ACEB

EXHIBIT A

Filed By

BEFORE THE KANSAS BOARD OF PHARMACY

JUL 30 2020

In the Matter of

Nicholas Kirkpatrick

License No. 1-106207

Case No. 20-234

SUMMARY ORDER

NOW, on this 30th day of July 2020, comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Secretary, the matter of Nicholas Kirkpatrick ("Respondent").

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq*. and in accordance with the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq*. the Board's Executive Secretary enters this Summary Order in the above-captioned matter. After reviewing the investigation materials and being otherwise duly advised in the premises, the Board makes the following findings, conclusions and order:

FINDINGS OF FACT

1. The Board has previously issued Respondent License No. 1-106207 which entitles Respondent to practice as a pharmacist in the State of Kansas.

2. On May 28, 2020, Respondent resigned as Pharmacist-in-Charge ("PIC") from Tailor Made Compounding (22-108376), effective immediately.

3. On June 26, 2020, the Board received a Change in PIC Form BA-50, notifying of the resignation of Respondent as PIC effective May 28, 2020.

4. On or about July 9, 2020, the Board processed the PIC change.

DocuSign Envelope ID: 1D04AAAF-ABC6-4B1E-B2A8-50EA7158ACEB

CONCLUSIONS OF LAW

1. Pursuant to K.S.A. 65-1658, the Board may assess a civil fine not to exceed $5,000, after notice and an opportunity to be heard, to any registrant for violation of the pharmacy act of the state of Kansas or any other rules or regulations of the state board of pharmacy.

2. Pursuant to K.A.R. 68-2-5, each pharmacist shall notify the board in writing within five days of ceasing to serve as the pharmacist-in-charge at a pharmacy or registrant required to have a pharmacist-in-charge. The notice shall include the pharmacist's name, the name and address of the pharmacy or registrant, and the date the pharmacist ceased to serve as the pharmacist-in-charge.

3. Respondent had five days to notify the Board of his resignation as PIC effective [illegible] 28, 2020, or until June 2, 2020.

4. Respondent failed to notify the Board of his resignation as PIC until June 26, 2020 – twenty-four (24) days past the deadline.

5. Respondent violated K.A.R. 68-2-5 by failing to notify the Board of his resignation as PIC within five days.

ORDER

Based upon the foregoing findings of fact and conclusions of law, Respondent is ordered to pay a fine to the Board. A violation of K.A.R. 68-2-5 warrants a base fine of $5.00 per day that Respondent is in violation of the regulation, not to exceed $200.00. Because Respondent provided notice to the Board twenty-four (24) days past the deadline, the total fine is $120. Respondent has 30 days from the date of this order to pay the fine.

NOTICES

The Respondent is hereby notified as follows:

1. The Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231 within fifteen (15) days after service of this order.

2. If a hearing is not requested as described above, the Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

3. Within fifteen (15) days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to said statute. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

1/30/2020
Date

Alexandra Blasi, JD, MBA
Executive Secretary
Kansas Board of Pharmacy

11

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located? ☐ Nevada ■ Out-of-State

Is your facility a reverse distributor? ☐ Yes ■ No

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Protega Pharmaceuticals, LLC

Physical Address: 303A College Road East #182

City: Princeton State: NJ Zip: 08540

Mailing Address (if different from physical address): N/A

City: _____ State: _____ Zip: _____

Telephone: (609) 423-1568 Website: www.protegapharma.com

Name of Designated Representative (DR): Hafid Touam

Licensing Company Email: compliance.protegapharma@gmail.com DR Email: hafid.touam@protegapharma.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	■ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	■ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
■ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Gallagher

Address: Carr 198 KM 14.7, Juncos Industrial Park City: Juncos State: PR Zip: 00777

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): n/a

Corporation/Organization Name: Protega Pharmaceuticals, LLC

Mailing Address: 303A College Road East #182

City: Princeton State: NJ Zip: 08540

Telephone: (609) 423-1568 Email: compliance.protegapharma@gmail.com

Contact Person Name: Hafid Touam

Section 6: Partnership

Partnership Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 7: Sole Owner

Owner's Name:

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

M.H Labeler

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Hafid Touam, Chief Business Officer

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

03/04/2022

Date

Board Use Only	Date Received: _____	Amount: 500 check # 10333

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0745165

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

303 A COLLEGE ROAD EAST #182 PRINCETON, NJ 08540-

Reg. No.
5006020

PROTEGA PHARMACEUTICALS, LLC
303 A COLLEGE ROAD EAST #182
PRINCETON, NJ 08540-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2023

Establishment Copy

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 2/23/2022

Registration Number: 5006020 **Registered as:** Wholesale

Name: PROTEGA PHARMACEUTICALS, LLC

DBA:

Address: 303 A COLLEGE ROAD EAST #182, PRINCETON, NJ 08540

Original Issue Date: 10/13/2021 **Expiration Date:** 01/31/2023

Current Issue Date: 10/13/2021

Disciplines: No

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROTEGA PHARMACEUTICALS 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 TENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROTEGA PHARMACEUTICALS LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JUNE, A.D. 2020.

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

Jeffrey W. Bullock, Secretary of State

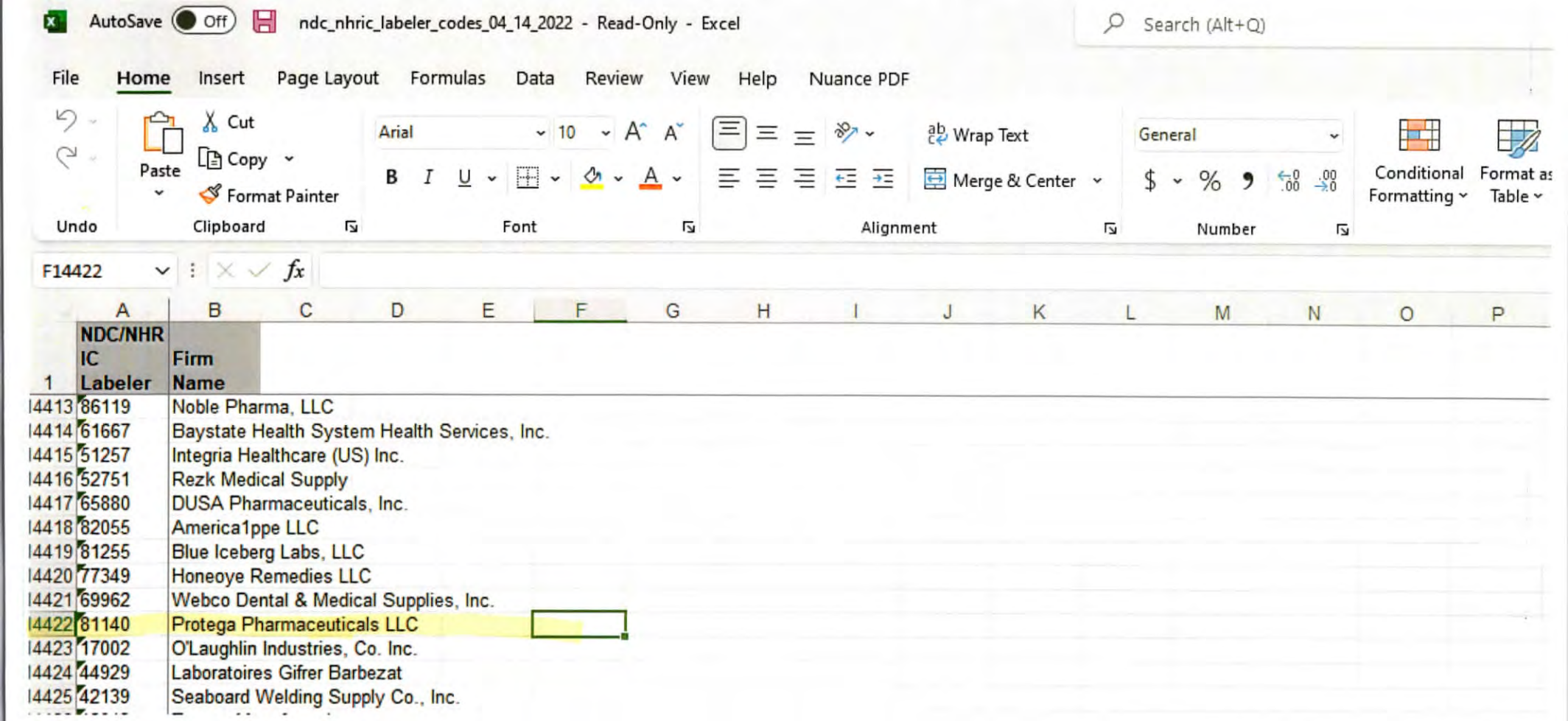
3092340 8300

SR# 20220458553

Authentication: 202631284

Date: 02-10-22

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



	A	B
1	NDC/NHRIC Labeler	Firm Name
14413	86119	Noble Pharma, LLC
14414	61667	Baystate Health System Health Services, Inc.
14415	51257	Integria Healthcare (US) Inc.
14416	52751	Rezk Medical Supply
14417	65880	DUSA Pharmaceuticals, Inc.
14418	82055	America1ppe LLC
14419	81255	Blue Iceberg Labs, LLC
14420	77349	Honeoye Remedies LLC
14421	69962	Webco Dental & Medical Supplies, Inc.
14422	81140	Protega Pharmaceuticals LLC
14423	17002	O'Laughlin Industries, Co. Inc.
14424	44929	Laboratoires Gifrer Barbezat
14425	42139	Seaboard Welding Supply Co., Inc.

Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations

Mkt.Status	Active Ingredient	Proprietary Name	Appl. No.	Dosage Form	Route	Strength	TE Code	RLD	RS	Applicant Holder
RX	OXYCODONE HYDROCHLORIDE	ROXYBOND	N209777	TABLET	ORAL	5MG				PROTEGA PHARMACEUTICALS LLC
RX	OXYCODONE HYDROCHLORIDE	ROXYBOND	N209777	TABLET	ORAL	15MG				PROTEGA PHARMACEUTICALS LLC
RX	OXYCODONE HYDROCHLORIDE	ROXYBOND	N209777	TABLET	ORAL	30MG				PROTEGA PHARMACEUTICALS LLC

PROTEGA PHARMA
www.protegapharma.com

Protega Pharmaceuticals LLC ("Protega") is an innovative specialty pharmaceutical company focused on responsible pain management with its flagship product RoxyBond™, an FDA approved, immediate release, opioid based pain management brand or product, formulated with a patented Abuse Deterrent SentryBond™ technology.

Opioid abuse is an epidemic in the United States. The misuse, abuse and diversion of prescription opioids have contributed to today's opioid crisis. In 2018, it was estimated that 9.2 million adults misused prescription analgesics.

Acute and chronic pain impact millions of Americans every year. Prescription opioids continue to serve as important tools in the treatment of acute and chronic pain where alternative treatments have proven inadequate.
Protega headquarter is in Princeton NJ.

PROTEGA PHARMA
www.protegapharma.com

PROTEGA LIST OF OFFICERS / OWNERS

Stefan Aigner

Title: Chief Executive Officer

Address: [redacted]Mt Airy Road Pipersville, PA, 18947

Date of Birth: [redacted]

SSN: [redacted]

Percentage Owned: 51%

Michael A. Innaurato

Title: Chief Operating Officer

Address: [redacted]ngleside Drive, Stamford, CT 06903

Date of Birth: [redacted]

SSN: [redacted]

Percentage Owned: 22%

Hafid Touam

Title: Executive Vice President Alliance Management

Address: [redacted]Conshohocken State Road, Gladwyne, PA 19035

Date of Birth: [redacted]

SSN: [redacted]

Percentage Owned: 27%

22APR2021

PROTEGA PHARMA
www.protegapharma.com

3PL

Eversana Life Science Services, LLC. DBA Eversana
Address: 4580 Mendenhall Rd., Memphis TN 38141
FEIN: 391821626

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RD0205333	08-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	07-02-2021

EVERSANA LIFE SCIENCE SERVICES, LLC
4580 S MENDENHALL RD
MEMPHIS, TN 381416700

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
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SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
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EVERSANA LIFE SCIENCE SERVICES, LLC
4580 S MENDENHALL RD
MEMPHIS, TN 381416700

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Form DEA-223 (9/2016)

PROTEGA PHARMA
www.protegapharma.com

LIST OF OWNERS

Acela Investments, LLC.

Title: Owner
Address: 112 Mt Airy Road Pipersville, PA, 18947
Phone Number: (908) 3422715
FEIN: 26-2721729
Percentage Owned: 51%

Brand Equity Capital, LLC.

Title: Owner
Address: 258 Ingleside Drive, Stamford, CT 06903
Phone Number: (203) 858-9687
FEIN: N/A
Percentage Owned: 22%

Tradepassrx Licensing Organization, LLC.

Title: Owner
Address: 760 Conshohocken State Road, Gladwyne, PA 19035
Phone Number: (484) 832-0404
FEIN: 32-61457
Percentage Owned: 27%

Employees

PROTEGA PHARMA

COMPANY DIRECTORY

G&A 4 PEOPLE

NAME	DEPARTMENT	OFFICE	MANAGER
SA Stefan Aigner CEO	G&A	Princeton, NJ	No manager
MI Mike Innaurato COO	G&A	Remote	Stefan Aigner CEO
KJ Keith James VP OF FINANCE	G&A	Princeton, NJ	Stefan Aigner CEO
HT Halid Touam CBO	G&A	Princeton, NJ	Stefan Aigner CEO

Sales 2 PEOPLE

NAME	DEPARTMENT	OFFICE	MANAGER
EN Erik Nordgren SENIOR REGIONAL BUSINESS DIRE...	Sales	Remote	Jane Petty VP OF SALES
JP Jane Petty VP OF SALES	Sales	Remote	Mike Innaurato COO

MARCH 2022

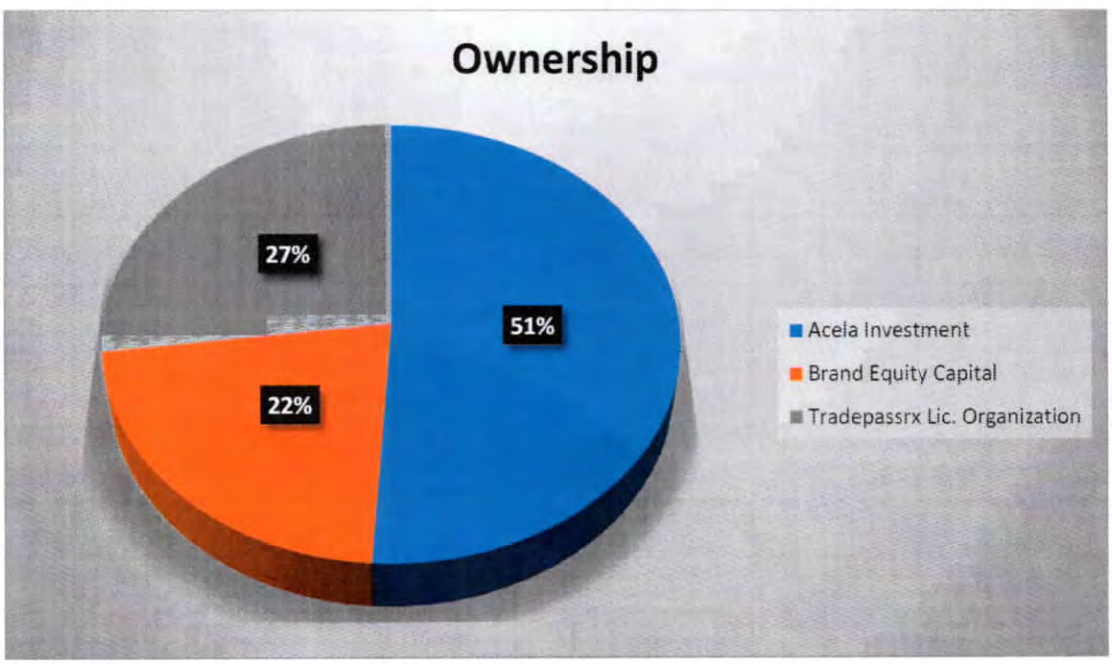
PROTEGA PHARMA
www.protegapharma.com

PROTEGA LIST OF OWNERS

Acela Investments, LLC.
Title: Owner
Address: 112 Mt Airy Road Pipersville, PA, 18947
Phone Number: (908) 3422715
FEIN: 26-2721729
Percentage Owned: 51%

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Phone Number: (484) 832-0404
FEIN: 32-61457
Percentage Owned: 27%



1DEC2021

PROTEGA PHARMA
www.protegapharma.com

CMO
Galephar Pharmaceutical Research, Inc.
Address: Carr 198 KM 14.7, Juncos Industrial Park, Juncos, PR 00777-3873
FEIN: 3003068480

3PL
Eversana Life Science Services, LLC. DBA Eversana
Address: 4580 Mendenhall Rd., Memphis TN 38141
FEIN: 391821626

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:28 PM 08/19/2020
FILED 05:28 PM 08/19/2020
SR 20206836043 - File Number 3092340

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Protega Delivery Sciences, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows: First: The name of the limited liability company (hereinafter called the "limited liability company") is: Protega Pharmaceuticals LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 12 day of August, A.D. 2020.

By: /s/ Stefan Aigner
Authorized Person(s)

Name: Stefan Aigner
Print or Type

PROTEGA PHARMA
www.protegapharma.com

ROXYBOND™
(oxycodone hydrochloride)
immediate release tablets C II
5 mg • 15 mg • 30 mg

- Protega Labeler Code: 81140

RoxyBond 5mg	NDC # 81140-101-10
RoxyBond 15mg	NDC # 81140-102-10
RoxyBond 30mg	NDC # 81140-103-10

Healthcare professionals can telephone Protega Pharmaceuticals, LLC. (1-800-608-5319) for information on this product.

Protega Pharmaceuticals LLC
Princeton Innovation Center BioLabs, 303A College Road East #182, Princeton, NJ 08540

Company	Facility	State	License Name	License #	Original Issue Date	Expiration	Status
Protega Pharmaceuticals, LLC	Princeton, NJ	CT	Wholesaler of Drugs, Cosmetics & Medical Devices	CSW.0004999	11-09-2021	06-30-2022	Active
Protega Pharmaceuticals, LLC	Princeton, NJ	GA	Wholesaler Pharmacy	PHWH005262	12-29-2021	06-30-2023	Active
Protega Pharmaceuticals, LLC	Princeton, NJ	KS	Distributor	4-116850	01-10-2022	06-30-2022	Active
Protega Pharmaceuticals, LLC	Princeton, NJ	LA	Standard Distributor	10425	01-04-2022	12-31-2022	Active
Protega Pharmaceuticals, LLC	Princeton, NJ	MD	Distributor - Manufacturer / Virtual Manufacturer	D07052	02-08-2022	05-31-2023	Active
Protega Pharmaceuticals, LLC	Princeton, NJ	MI	Wholesale Distributor	5306006984 & 5315229804	01-03-2022	01-03-2024	Active
Protega Pharmaceuticals, LLC	Princeton, NJ	NJ	Drug or Medical Device Manufacturing or Wholesale	5006020	10-13-2020	01-31-2023	Active
Protega Pharmaceuticals, LLC	Princeton, NJ	OK	Manufacturer	88-M-7272	02-01-2022	02-28-2023	Active
Protega Pharmaceuticals, LLC	Princeton, NJ	OR	Manufacturer	M-0003672	02-09-2022	09-30-2022	Active
Protega Pharmaceuticals, LLC	Princeton, NJ	PA	Distributor Of Prescription Drugs, Controlled Substances And/Or Seller/Distributor Of Medical Gases	3000010348	12-13-2021	12-31-2022	Active
Protega Pharmaceuticals, LLC	Princeton, NJ	OR	Controlled Substance	M-0003672-CS	02-09-2022	09-30-2022	Active

THE HARTFORD

Date: February 11, 2022

Agency Code: 13 653543
Agency Information
KONTEEGO INSURANCE GROUP
50 DIVISION STREET SUITE 202
SOMERVILLE, NJ 08876

Obligee Information
OBLIGEE:
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy STE 206 Reno, NV 89521

Insured / Principal: Protega Pharmaceuticals LLC
Policy / Bond #: 13BSBIU9998
Account Name/Number: Protega Pharmaceuticals LLC 13M100775720
Policy Term: February 11, 2022 - February 11, 2023
Type of Policy: Surety - License & Permit
Billing Term: Annual
Billing Type[1]**:** TABS Bill
Transaction Type: New Bond
Transaction Effective Date: February 11, 2022
Bond Limit: $25,000

Premium
$ 250

State Tax / Surcharge if applicable
$ /

This record is a billing advice only.

If you have any questions regarding this transaction, please contact your agent or The Hartford's Billing Department.

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[1] **Billing Type:**

- Agency Bill – Premium will be billed through your Agent.
- Direct Bill – You will receive a billing statement directly from The Hartford.
  - Credit Card – Premium noted on this statement has been submitted to your Credit Card for this term only and it will be reflected in your Direct Bill notification you receive from The Hartford.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 13BSBIU9998

Application/License No. _____

Protega Pharmaceuticals LLC, doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
303A College Road E, Princeton, NJ 08540, as
(Address of Applicant/Principal)
PRINCIPAL, and Hartford Fire Insurance Company, a
(Surety Company)
corporation organized under the laws of the state of Connecticut
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
200 Colonial Center Pwky, 4th Floor, Lake Mary FL 32746 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on February 11, 2022.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

13BSBIU9998

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 11th day of February, 2022.

APPLICANT/PRINCIPAL

Protega Pharmaceuticals LLC

Authorized Representative

SURETY COMPANY

Hartford Fire Insurance Company

Surety Company's Representative

Amy Jo Francis, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: KONTEEGO INSURANCE GROUP
Agency Code: 13-653543

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint
Amy Jo Francis
of Lake Mary, Florida,
its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:
Bond No. 13BSBIU9998
Naming Protega Pharmaceuticals LLC as Principal,
and Nevada State Board of Pharmacy as Obligee,
in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } **ss.** Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of February 11, 2022.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Protega Pharmaceuticals, LLC

Physical Address: 303A College Road East #182

City: Princeton State: NJ Zip: 08540

Mailing Address (if different from physical address): 303A College Road East #182

City: Princeton State: NJ Zip: 08540

Telephone: (609) 423-1568 Website: www.protegapharma.com

Licensing Company Email: hafid.touam@protegapharma.com

Section 2: Personal Information

First: Hafid Middle: Last: Touam

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Conshohocken State Road

City: Gladwyne State: PA Zip: 19035

Telephone: [redacted] Email: hafid.touam@protegapharma.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Ecole des Cadres		09/81 - 06/84	
Address	**City**	**State**	**Zip**
Avenue Charles de Gaulle	Neuilly-sur-Seine	FRANCE	92200
Diploma/Degree obtained, if any			
Master in International Trade			

School Name		From - To (MM/YY – MM/YY)	
Lycee Leon Blum		09/78 - 06/81	
Address	**City**	**State**	**Zip**
Rue Lavoisier	Le Creusot	FRANCE	71200
Diploma/Degree obtained, if any			
International Baccalaureat			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/2016 - Actual	[redacted] Conshohocken State Road	Gladwyne	PA	19035
06/2000- 11/2016	[redacted] Warick Road	Wynnewood	PA	19096

Applicant's initials MM

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Protega Pharmaceuticals, LLC			06/20 - 05/22 (actual)
Business Address	**City**	**State**	**Zip**
303A College Road East #182	Princeton	NJ	08540
Phone	**Title**		
(908) 342-2715	Chief Business Officer		

Description of Duties

In charge of licensing business development and supply chain.

Business Name			From - To (MM/YY – MM/YY)
Ethypharm Inc.			06/2006 - 01/2012
Business Address	**City**	**State**	**Zip**
200 Boulevard Armand Frappier	Laval	QC	H7V 4A6
Phone	**Title**		
450-973-7522	Chief Executive Officer		

Description of Duties

Head of R&D facility, manufacturing pharmaceutical products for clinical studies. Also, manufacturing small commercial lots of CNS products distributed thru network of pharmacies in all Canadian provinces.

Business Name			From - To (MM/YY – MM/YY)
Ethypharm USA Corp.			05/1998 - 12/2017
Business Address	**City**	**State**	**Zip**
1500 Market Street	Philadelphia	PA	19103
Phone	**Title**		
215-246-3423	Chief Executive Officer		

Description of Duties

Head of Operations for North & South American activities. Developing and licensing pain products (morphine, oxycodone, buprenorphine, & buprenorphine naloxone).

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/04/2021
Date

Applicant's initials HS

I, Hafid Touam, **certify that as the designated representative for** Prolega Pharmaceuticals, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Hafid Touam

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/04/2021

Date

Applicant's initials HT

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Hafid Touam

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/04/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Pennsylvania, ss. County of Montgomery

I, ~~Teresa Parris~~ HAFID TOUAM, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/04/2021

Date

Subscribed and Sworn to before me this 4th day of November 2021

Teresa Parris

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
TERESA PARRIS, Notary Public
Montgomery County
My Commission Expires April 16, 2022
Commission Number 1282713

(Seal)

Applicant's initials HT

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Protega Pharmaceuticals, LLC

Physical Address: 303A College Road East #182

City: Princeton State: NJ Zip: 08540

Mailing Address (if different from physical address): 303A College Road East #182

City: Princeton State: NJ Zip: 08540

Telephone: (609) 423-1568 Website: www.protegapharma.com

Licensing Company Email: hafid.touam@protegapharma.com

Section 2: Personal Information

First: Hafid Middle: Last: Touam

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Conshohocken State Road

City: Gladwyne State: PA Zip: 19035

Telephon[redacted] Email: hafid.touam@protegapharma.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials HH

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Ecole des Cadres		09/81 - 06/84	
Address	**City**	**State**	**Zip**
Avenue Charles de Gaulle	Neuilly-sur-Seine	France	92200
Diploma/Degree obtained, if any			
Master in International Trade			

School Name		From - To (MM/YY – MM/YY)	
Lycee Leon Blum		09/78 - 06/81	
Address	**City**	**State**	**Zip**
Rue Lavoisier	Le Creusot	France	71200
Diploma/Degree obtained, if any			
International Baccalaureat			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/2016- Current	[redacted]Conshohocken State Road	Gladwyne	PA	19035
06/2000- 11/2016	[redacted] Warick Road	Wynnewood	PA	19096
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Protega Pharmaceuticals, LLC			June 2020 - Today	
Business Address		**City**	**State**	**Zip**
303A College Road East #182		Princeton	NJ	08540
Phone	**Title**		**Number of Employed Hours**	
(609) 423-1568	Chief Business Officer		X 3,900	
Description of Duties				
In charge of licensing business development and supply chain.				

Business Name			From - To (MM/YY – MM/YY)	
Ethypharm North America			**May 1998 - Dec 2017**	
Business Address		**City**	**State**	**Zip**
1500 Market street,		**Philadelphia**	**PA**	**19103**
Phone	**Title**		**Number of Employed Hours**	
215-246-3423	**President & CEO**		**39,128**	
Description of Duties				
In charge of licensing, business development and R&D project Management				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials HV

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials MS

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

03/24/2022
Date

Applicant's initials JG

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Hafid Touam

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/24/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Pennsylvania, ss. County of Montgomery

I, HAFID TOUAM, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

03/24/2022

Date

Subscribed and Sworn to before me this 24 day of March 2022

Teresa Parris

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
TERESA PARRIS, Notary Public
Montgomery County
My Commission Expires April 16, 2022
Commission Number 1282713

(Seal)

Applicant's initials HT

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Y

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Protega Pharmaceuticals, LLC

Physical Address: 303A College Road East #182

City: Princeton State: NJ Zip: 08540

Mailing Address (if different from physical address): 303A College Road East #182

City: Princeton State: NJ Zip: 08540

Telephone: (609) 423-1568 Website: www.protegapharma.com

Licensing Company Email: compliance.protegapharma@gmail.com

Section 2: Personal Information

First: Stefan Middle: _____ Last: Aigner

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Mt Airy Road

City: Pipersville State: PA Zip: 18947

Telephone: [redacted] Email: stefan.aigner@protegapharma.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials: CA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Hans-Sachs-Gymnasium		10/1977-08/1984	
Address	**City**	**State**	**Zip**
Loebleinrasse 10	Nuernberg	Bavaria	90409
Diploma/Degree obtained, if any			
High School Degree			

School Name		From - To (MM/YY – MM/YY)	
University of Erlangen		09/1985-08/1992	
Address	**City**	**State**	**Zip**
Schloßplatz 4	Erlangen	Bavaria	91054
Diploma/Degree obtained, if any			
Medical Degree			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] Mt Airy Road	Pipersville	PA	18947
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials CH

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Protega Pharmaceuticals, LLC			06/20 to 05/22 (actual)	
Business Address		**City**	**State**	**Zip**
303A College Road East #182		Princeton	NJ	08540
Phone	**Title**			
(908) 342-2715	CEO			
Description of Duties				
General management				

Business Name			From - To (MM/YY – MM/YY)	
Inspirion Delivery Sciences			2016-2019	
Business Address		**City**	**State**	**Zip**
100 Southgate Pkwy		Valley Cottage NY	NJ	07960
Phone	**Title**			
973-804-9300	CEO			
Description of Duties				
General management				

Business Name			From - To (MM/YY – MM/YY)	
Inspirion Delivery Technologies			06/2008-now	
Business Address		**City**	**State**	**Zip**
612 Corporate Way #10		Valley Cottage	NY	10989
Phone	**Title**			
908-342-2715	CEO			
Description of Duties				
General management				

Business Name			From - To (MM/YY – MM/YY)	
Cipher Pharmaceuticals Inc.			12/2007-8/2017	
Business Address		**City**	**State**	**Zip**
209 Oak Park Blvd.Suite 501		Oakville	ON	L6H 0M2
Phone	**Title**			
905 602-5840	Board Member			
Description of Duties				
Board Member				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials SH

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✔	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✔	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials SJ

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5&6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Oct. 2018	May. 17, 2019	DE	Wilmington	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
C.A. No. 2018-0558-AGB	Court of Chancery of the State of Delaware

Reason/Charge
Contract Interpretation

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Plaintiff: Acela Investments; Defendant: DiFalco	Lawsuit

Name of Business/Industry/Entity
Inspirion Delivery Sciences/Pharmaceuticals

Provide explanation below:

Answer to question 5 and 6 refer to
A lawsuit at Inspirion Delivery Technologies regarding the interpretation of the Inspirion Delivery Technologies Operating Agreement in the courts of Delaware (C.A. No. 2018-0558-AGB) in 2018 which is unrelated to distribution questions for pharmaceutical products.

Original Signature (electronic, copies or stamps not accepted)

3/7/2022
Date

Applicant's initials CH

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5&6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Oct. 2013	Oct. 2015	NJ		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Civil No. 13 – 6502		United States District Court		
Reason/Charge				
Patent Infringement				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Plaintiff; Cipher Pharmaceuticals; Defendant: Actavis			Lawsuit	
Name of Business/Industry/Entity				
Cipher Pharmaceuticals/Pharmaceuticals				

Provide explanation below:

Patent Infringement lawsuit regarding Absorica filed by Cipher Pharmaceuticals against Actavis. Normal course of business at Cipher Pharmaceuticals where I was a Board Member and was not involved for which I do not know the details but unrelated to Protega's application for a distribution license.

Original Signature (electronic, copies or stamps not accepted)

3/7/2022
Date

Applicant's initials

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5&6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
07/22/2015	08/16/2016	NY	New York	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
01-15-0004-3556	AMERICAN ARBITRATION ASSOCIATION

Reason/Charge
Contract Interpretation

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Claimant: Trygg IDT I LLC; Defendant: Inspirion Delivery Tech	Arbitration

Name of Business/Industry/Entity
Inspirion Delivery Technologies LLC/Pharmaceutical Development

Provide explanation below:

Answer to question 5 and 6 refer to
An arbitration at Inspirion Delivery Technologies with an investor Group (Trygg LLC) which was a contract interpretation question around funding requirements but unrelated to Protega's application for a distribution license. Settled in 2016.

Original Signature (electronic, copies or stamps not accepted)

3/7/2022
Date

Applicant's initials CH

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5&6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
03/10/2015	08/16/2016	NY	New York	
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
01-15-0004-3556		AMERICAN ARBITRATION ASSOCIATION		
Reason/Charge				
Contract Interpretation				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Claimant: Trygg IDT I LLC; Defendant: Inspirion Delivery Tech			Arbitration	
Name of Business/Industry/Entity				
Inspirion Delivery Technologies LLC/Pharmaceutical Development				

Provide explanation below:

Answer to question 5 and 6 refer to
An arbitration at Inspirion Delivery Technologies with an investor Group (Trygg LLC) which was a contract interpretation question around funding requirements but unrelated to Protega's application for a distribution license. Settled in 2016

Original Signature (electronic copies or stamps not accepted)

3/7/2022
Date

Applicant's initials CA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Stefan Aigner

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/12/2022

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Hunterdon

I, STEFAN AIGNER, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/12/2022

Date

Subscribed and Sworn to before me this 14 day of March 2022

Notary Public Signature

ARYN LEACH
Notary Public - State of New Jersey
My Commission Expires Jun 29, 2026

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Protega Pharmaceuticals, LLC

Physical Address: 303A College Road East #182

City: Princeton State: NJ Zip: 08540

Mailing Address (if different from physical address): 303A College Road East #182

City: Princeton State: NJ Zip: 08540

Telephone: (609) 423-1568 Website: www.protegapharma.com

Licensing Company Email: compliance.protegapharma@gmail.com

Section 2: Personal Information

First: Michael Middle: A Last: Innaurato

Alias(es, nicknames, name changes, etc.): Mike

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]ngleside Drive

City: Stamford State: CT Zip: 06903

Telephone: [redacted] Email: mike.innaurato@protegapharma.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials: MA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Jack Welch Business School at Sacred Heart University		Jan 1992-Dec 1992	
Address	**City**	**State**	**Zip**
5151 Park Avenue	Fairfield	CT	06825
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
LaSalle University		Sept 1983-May 1987	
Address	**City**	**State**	**Zip**
1900 West Olney Avenue	Philadelphia	PA	19141
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Archbishop Ryan High School		Sept 1979- May 1983	
Address	**City**	**State**	**Zip**
11201 Academy Rd	Philadelphia	PA	19154
Diploma/Degree obtained, if any			
High School			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
Oct 2007-present	[redacted] Ingleside Drive	Stamford	CT	06903
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Protega Pharmaceuticals, LLC				From - To (MM/YY – MM/YY): 04/21-present
Business Address: 303A College Road East #182		City: Princeton	State: NJ	Zip: 08540
Phone: (609) 423-1568	Title: COO			
Description of Duties: Chief Operating Officer responsible for daily operations				

Business Name: Brand Equity Consulting				From - To (MM/YY – MM/YY): 01/13-present
Business Address: 258 Ingleside Drive		City: Stamford	State: CT	Zip: 06903
Phone: 2038589687	Title: Director			
Description of Duties: Provide business Consulting services				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic copies or stamps not accepted)

10/26/21
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael A. Innaurato

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/26/21

Date

Please have this section completed in the presence of a Notary Public.

State of Connecticut, ss. County of Fairfield

I, Michael A. Innaurato, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/26/21

Date

Subscribed and Sworn to before me this 26th day of October 2021.

Notary Public Signature

IRYNA ANTONYUK
NOTARY PUBLIC, STATE OF CONNECTICUT
My Commission Expires March 31st, 2023

(Seal)

Applicant's initials

Cipher announces settlement in patent litigation for Absorica®

NEWS PROVIDED BY
Cipher Pharmaceuticals Inc. →
Oct 05, 2015, 07:00 ET

MISSISSAUGA, ON, Oct. 5, 2015 /PRNewswire/ - Cipher Pharmaceuticals Inc. (NASDAQ:CPHR; TSX:CPH) ("Cipher" or "the Company") today announced that the Company, along with its partners, Ranbaxy Pharmaceuticals, Inc. ("Ranbaxy"), a Sun Pharma Company, and Galephar Pharmaceutical Research, Inc. ("Galephar"), have entered into a Settlement Agreement with Actavis Laboratories FI, Inc., Andrx Corp., Actavis, Inc. and Actavis Pharma, Inc. ("Actavis") that dismisses the patent litigation suit relating to Actavis' Abbreviated New Drug Application (ANDA) for a generic version of Absorica® (isotretinoin capsules).

As part of the Settlement Agreement, Cipher, Ranbaxy and Galephar have entered into a non-exclusive license agreement with Actavis under which Actavis may begin selling its generic version of Absorica® in the U.S. on December 27, 2020 (approximately nine months prior to the expiration of the patents in September 2021) or earlier under certain circumstances.

The Settlement Agreement is subject to review by the U.S. Federal Trade Commission and the U.S. Department of Justice.

About Cipher Pharmaceuticals Inc.

Cipher Pharmaceuticals (NASDAQ:CPHR; TSX:CPH) is a rapidly growing specialty pharmaceutical dermatology company with a diversified portfolio of commercial-stage products with the goal of becoming the most customer-centric dermatology company in

North America.

Cipher has completed seven transactions in 2015, including the acquisition of Innocutis and its nine branded dermatology products, to build its U.S. commercial presence, expand its Canadian dermatology franchise and broaden its pipeline. Cipher is well-capitalized to drive long-term, sustained earnings growth by leveraging its proven clinical development capabilities and efficient commercial execution. For more information, visit www.cipherpharma.com.

Forward-Looking Statements

Statements made in this news release may be forward-looking and therefore subject to various risks and uncertainties. The words "may", "will", "could", "should", "would", "suspect", "outlook", "believe", "plan", "anticipate", "estimate", "expect", "intend", "forecast", "objective", "hope" and "continue" (or the negative thereof), and words and expressions of similar import, are intended to identify forward-looking statements. Certain material factors or assumptions are applied in making forward-looking statements and actual results may differ materially from those expressed or implied in such statements. Factors that could cause results to vary include those identified in the Company's Annual Information Form, Form 40-F and other filings with Canadian and U.S. securities regulatory authorities. These factors include, but are not limited to our ability to enter into in-licensing, development, manufacturing and marketing and distribution agreements with other pharmaceutical companies and keep such agreements in effect; our dependency on three products; integration difficulties and other risks if we acquire or in-license technologies or product candidates; reliance on third parties for the marketing of our products; the product approval process is highly unpredictable; the timing of completion of clinical trials; reliance on third parties to manufacture our products; we may be subject to product liability claims; unexpected product safety or efficacy concerns may arise; generate revenue from a limited number of distribution and supply agreements; the pharmaceutical industry is highly competitive; requirements for additional capital to fund future operations; dependence on key managerial personnel and external collaborators; no assurance that we will receive regulatory approvals in the U.S., Canada or any other jurisdictions; limitations on reimbursement in the healthcare industry; limited reimbursement for products by government authorities and third-party payor policies; various laws pertaining to health care fraud and abuse; reliance on the success of strategic investments and partnerships; the

publication of negative results of clinical trials; unpredictable development goals and projected time frames; rising insurance costs; ability to enforce covenants not to compete; risks associated with the industry in which it operates; foreign currency risk; the potential violation of intellectual property rights of third parties; our efforts to obtain, protect or enforce our patents and other intellectual property rights related to our products; changes in U.S., Canadian or foreign patent law; litigation in the pharmaceutical industry concerning the manufacture and supply of novel versions of existing drugs that are the subject of conflicting patent rights; inability to protect our trademarks from infringement; shareholders may be further diluted; volatility of our share price; a significant shareholder; we do not currently intend to pay dividends; our operating results may fluctuate significantly; we may be unsuccessful in evaluating material risks involved in complete and future acquisitions; we may be unable to identify, acquire or integrate acquisition targets successfully; operations in the U.S.; and inability to meet covenants on our credit facilities. All forward-looking statements presented herein should be considered in conjunction with such filings. Except as required by Canadian or U.S. securities laws, the Company does not undertake to update any forward-looking statements; such statements speak only as of the date made.

SOURCE Cipher Pharmaceuticals Inc.

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http://www.cipherpharma.com

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

ACELA INVESTMENTS LLC, ACELA FIRST INVESTMENTS LLC, ACELA NEW INVESTMENTS LLC, and DR. STEFAN AIGNER,	)	
Plaintiffs,	)	
v.	)	C.A. No. 2018-0558-AGB
RAYMOND DIFALCO and MANISH SHAH,	)	
Defendants,	)	
and	)	
INSPIRION DELIVERY SCIENCES, LLC and INSPIRION DELIVERY TECHNOLOGIES, LLC,	)	
Nominal Defendants.	)	
RAYMOND DIFALCO,	)	
Counterclaim and Third-Party Plaintiff,	)	
v.	)	
DR. STEFAN AIGNER,	)	
Counterclaim Defendant,	)	
and	)	
INSPIRION DELIVERY SCIENCES, LLC,	)	
Third-Party Defendant.	)	

MEMORANDUM OPINION

Date Submitted: April 20, 2020
Date Decided: April 27, 2020

Peter B. Ladig and Brett M. McCartney, BAYARD, P.A., Wilmington, Delaware; *Attorneys for Acela Investments LLC, Acela First Investments LLC, Acela New Investments LLC, and Dr. Stefan Aigner.*

Carmella P. Keener, COOCH AND TAYLOR, P.A., Wilmington, Delaware; William T. Reid IV, Michael Yoder, Jordan L. Vimont, and Ryan M. Goldstein, REID COLLINS & TSAI LLP, Austin, Texas; *Attorneys for Raymond DiFalco and Manish Shah.*

Donna L. Culver, MORRIS, NICHOLS, ARSHT & TUNNELL LLP, Wilmington, Delaware; *Attorney for Liquidating Trustee Derek C. Abbott.*

BOUCHARD, C.

In May 2019, the court appointed a liquidating trustee to wind up the affairs of Inspirion Delivery Services, LLC ("IDS" or the "Company"). On April 3, 2020, after hiring advisors and conducting a lengthy sale process, the liquidating trustee filed a motion requesting court approval to sell substantially all of the Company's assets to OHEMO LIFE SCIENCES INC. ("OHEMO"). Two of IDS's principals who made a last minute bid to acquire the assets themselves objected to the motion. For the reasons explained herein, the court grants the liquidating trustee's motion.

I. BACKGROUND

The factual background and procedural history of this litigation is discussed in detail in this court's post-trial memorandum opinion dated May 17, 2019 ("Opinion").[1] The court recites below only those facts directly relevant to the court's consideration of the liquidating trustee's motion for entry of an order approving the sale of substantially all of the Company's assets to OHEMO pursuant to an asset purchase agreement dated March 31, 2020 (the "OHEMO Agreement").

A. The Players

IDS is a Delaware limited liability company that develops abuse-deterrent pharmaceutical products.[2] It was formed as the successor to an entity called Inspirion Delivery Technologies, LLC ("IDT"), which was co-founded by Stefan

[1] *Acela Invs. LLC v. DiFalco*, 2019 WL 2158063 (Del. Ch. May 17, 2019).

[2] *Id.* at *2.

Aigner, Raymond DiFalco, and Manish Shah.[3] IDS owns the technology for two FDA-approved abuse-deterrent opioids: MorphaBond and RoxyBond.[4]

Most of the funds that paid for the development of MorphaBond and RoxyBond came from the predecessor of Trygg IDT I Holdings Corporation ("Trygg"), a joint venture between private equity firm Lindsay Goldberg LLC and Norwegian industrial development company Aker AS.[5] Trygg and its predecessor invested over $45 million in IDT, and Trygg is currently a major investor in IDS.[6]

B. The Sale Order

IDS's LLC agreement contains a bespoke governance structure that failed to resolve deadlocks that developed between, on the one hand, Aigner, and on the other hand, DiFalco and Shah, who were aligned with each other.[7] That governance structure included the presence of an "independent representative" named Hafid Touam.[8] For the reasons detailed at length in the Opinion, the court concluded that it was not reasonably practicable to carry on the business of IDS in conformity with its LLC agreement, that judicial dissolution of the Company was warranted under

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[3] *Id.*

[4] *Id.* at *4.

[5] *Id.* at *2.

[6] *Id.* at *4-5.

[7] *Id.* at *1-2.

[8] *Id.* at *6-7.

6 *Del. C.* § 18-802, and that the court would appoint a liquidating trustee under 6 *Del. C.* § 18-803 to wind up the Company's affairs.

On May 24, 2019, the parties jointly proposed that the court appoint Derek C. Abbott, Esquire, of Morris, Nichols, Arsht & Tunnell LLP, to serve as the liquidating trustee (the "Liquidating Trustee).[9] On May 31, 2019, the court entered an order appointing Abbott as the Liquidating Trustee (the "Sale Order").[10]

The Sale Order provides that "the Liquidating Trustee shall have full control and dominion over the dissolution and liquidation of IDS."[11] It also spells out that, subject to obtaining court approval, the Liquidating Trustee was authorized to dispose of the assets of IDS in a transaction that could be structured in whatever form the Liquidated Trustee determined to be in the best interest of IDS, including selling the Company as a going concern or selling its assets (including its intellectual property and license rights) individually or collectively:

> [T]he Liquidating Trustee is authorized and empowered with the sole and exclusive authority to . . . to identify and marshal the assets of IDS and dispose of those assets in the manner the Liquidating Trustee determines is in the best interest of IDS and designed to maximize the value of IDS, including by creating and implementing a sales process for IDS's assets (including its intellectual property and rights under any license agreements), in such manner or form as the Liquidating Trustee decides in his or her sole discretion, whether selling IDS as a going concern, selling its assets individually or collectively, a merger

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[9] Dkt. 144; Dkt. 146.

[10] Sale Order ¶ 1 (Dkt. 149).

[11] *Id.* ¶ 4.

> transaction, membership unit purchase transaction, redemption, business combination, asset sale, auction, or any other transaction structure or form (which sale process shall be approved by the Court after application by the Liquidating Trustee).[12]

In July 2019, the Liquidating Trustee retained Locust Walk Partners LLC and Locust Walk Securities (together, "Locust Walk"), a life sciences investment banking firm, to advise him and to assist in conducting a sale process.[13] The founder and Chief Executive Officer of Locust Walk is Geoff Meyerson.[14]

The Liquidating Trustee subsequently filed a motion describing the steps of a proposed sale process that would target "firms active in the abuse-deterrent opioid space, firms active in the broader pain space, and global specialty pharmaceutical firms that have indicated an interest in expanding into the United States pharmaceutical market."[15] The proposed sale process contemplated receiving "best and final offers" by December 1, 2019, and entering into any "binding and definitive agreements by December 31, 2019."[16] The court entered an order approving the proposed sale process,[17] which was unopposed.[18]

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[12] *Id.* ¶ 5.

[13] Abbott Decl. ¶ 8 (Dkt. 186); Meyerson Decl. ¶¶ 1-2 (Dkt. 188).

[14] Meyerson Decl. ¶ 1.

[15] Mot. for Approval of Process for Sale ¶ 8 (Dkt. 173).

[16] *Id.* ¶¶ 10-12.

[17] Dkt. 177.

[18] Dkt. 176.

C. Daiichi Terminates its Licensing and Supply Agreement

On September 4, 2019, Daiichi Sankyo, Inc. ("Daiichi") terminated its licensing and supply agreement with IDS (the "Daiichi Agreement").[19] Under that agreement, which had been in place since October 2016, Daichii (i) agreed to commercialize MorphaBond and co-promote MorphaBond and RoxyBond and (ii) was obligated to "make royalty and milestone payments to IDS."[20]

Termination of the Daiichi Agreement, which became effective on March 4, 2020,[21] resulted in a critical loss of revenues for the Company. For the first half of 2018, the Company's *sole* revenues consisted of approximately $2.9 million in payments from Daiichi while its expenses were approximately $7.4 million.[22] As of trial, in December 2018, IDS expected to have negative cash flow of approximately $6 million for all of 2018 and a cash balance of approximately $4.1 million by the fourth quarter of 2019, assuming the Daiichi Agreement remained in place.[23]

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[19] Abbott Supp. Decl. ¶ 3 (Dkt. 204).

[20] *Acela*, 2019 WL 2158063, at *8.

[21] Mot. for Order Approving Sale Hr'g Tr. (April 20, 2020) ("Tr.") 12-13; *see also Acela*, 2019 WL 2158063, at *8 n.90.

[22] *Acela*, 2019 WL 2158063, at *15 n.187.

[23] *Id.* at *15.

D. IDS Enters an Interim Supply Agreement with Cerovene

On September 12, 2019, IDS entered into an interim supply agreement with Cerovene, Inc. ("Cerovene") pursuant to which Cerovene agreed to provide an ongoing supply of MorphaBond to IDS (the "Cerovene Supply Agreement").[24] Cerovene, which is co-owned by DiFalco and Shah, previously served as a development partner for MorphaBond and RoxyBond.[25]

On December 6, 2019, Cerovene sent the Company a notice of breach under the Cerovene Supply Agreement for failure to pay invoices that were "due and owing."[26] On March 12, 2020, Cerovene terminated the agreement.[27] According to Cerovene, IDS owes it at least $1.86 million for batches of MorphaBond it made, certain fixed fee commitments, and third-party costs and expenses.[28]

E. The Sale Process Conducted by Locust Walk

In October 2019, Locust Walk sent a "teaser" to "approximately eighty-one entities that might be potential acquirers" of IDS, which included both financial and strategic prospective buyers.[29] The teaser described the Company and its business

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[24] DiFalco Decl. ¶ 9 (Dkt. 196); *see* Saia Decl. Ex. 2 (Dkt. 195).

[25] *Acela*, 2019 WL 2158063, *2.

[26] Saia Decl. Ex. 7.

[27] *Id.*; Saia Decl. ¶ 17; DiFalco Decl. ¶ 11.

[28] DiFalco Decl. ¶ 12; Saia Decl. ¶ 17.

[29] Meyerson Decl. ¶ 4.

and stated that "multiple structures" for a transaction were being explored: "IDS is currently seeking a strategic partnership / acquisition (exploring multiple structures) for the ongoing commercialization of MorphaBond . . . and RoxyBond."[30]

During the following weeks, Locust Walk initiated calls with and sent process letters to eleven prospective acquirers who expressed an interest in acquiring IDS.[31] The process letters solicited non-binding indications of interests on or before December 1, 2019, which were to include, among other things, the bidder's desired transaction structure.[32] Locust Walk ultimately received non-binding indications of interest from five parties, each of which executed confidentiality agreements that allowed them to access IDS's data room and to participate in diligence calls with Locust Walk and members of IDS's senior management.[33]

During the sale process, the Liquidating Trustee met numerous times with key stakeholders of the Company and held weekly status update calls to which they were invited.[34] These stakeholders included Aigner, DiFalco, Shah, Trygg, and/or their representatives.[35] The Liquidating Trustee offered each of these stakeholders "the

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[30] Meyerson Supp. Decl. ¶ 2 (Dkt. 205); *id.* Ex. A, at 2.

[31] Meyerson Supp. Decl. ¶ 3.

[32] *Id.* ¶¶ 3-4.

[33] Meyerson Decl. ¶ 6; Meyerson Supp. Decl. ¶ 4.

[34] Abbott Decl. ¶ 11.

[35] *Id.*

opportunity to execute confidentiality agreements allowing them to receive confidential information identifying those entities invited to participate in the process and the identities of those parties that submitted indications of interest and the terms thereof."[36] Cerovene and its counsel were invited to participate in those calls but they "rarely attended" and "declined to execute the confidentiality agreements to enable them to receive information regarding the identity of the bidders."[37]

Although the sale process overseen by Locust Walk generated five indications of interest, the Liquidating Trustee was unable to reach definitive terms for a transaction with anyone before the contemplated December 31, 2019 deadline.

F. The Liquidating Trustee Secures a Bid from OHEMO

The Liquidating Trustee continued his efforts to pursue a transaction in 2020. He realized during this period that the only parties who were meaningfully interested in pursuing a transaction were the stakeholders that had previously invested in IDS, *i.e.*, Trygg, Cerovene and its principals (DiFalco and Shah), Aigner and Touam and, through them, Galephar Pharmaceutical Research, Inc. ("Galephar").[38]

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[36] Abbott Supp. Decl. ¶ 5.

[37] *Id.*

[38] Abbott Decl. ¶ 11; *Acela*, 2019 WL 2158063, *10.

During March 2020, the Liquidating Trustee or his advisors urged each of the stakeholders "weekly if not daily to make a concrete bid as quickly as possible, as IDS's resources were being depleted with no systematic and regular source of further revenue."[39] The Liquidating Trustee explained to each of them that "following execution of an acceptable bid and receipt of a deposit, [he] would shop that bid to the others for forty-eight hours and then seek this Court's approval of such bid."[40]

On March 2, 2020, William Reid, counsel for DiFalco and Shah,[41] requested that the Liquidating Trustee send him a confidential disclosure agreement for "a potential purchase of IDS' assets."[42] On March 27, at which point the Liquidating Trustee was "very close" to entering into an agreement with OHEMO, DiFalco sent an email to the Liquidating Trustee requesting access to IDS's data room for the purpose of "partaking in a possible purchase of IDS."[43] That same day, the Liquidating Trustee advised DiFalco that he was "very, very late to the process" and that the Liquidating Trustee "expected to sign a deal as early as the following

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[39] Abbott Decl. ¶ 11.

[40] *Id.*

[41] Reid Decl. ¶ 3 (Dkt. 195).

[42] Abbott Supp. Decl. ¶ 6; *id.* Ex. A.

[43] Abbott Supp. Decl. ¶ 7; *id.* Ex. B.

Monday [*i.e.*, March 30] against which [DiFalco] would have an opportunity to bid."[44]

On Saturday, March 28, Reid sent the Liquidating Trustee a text message advising that his clients intended to "put in a bid this week for IDS" and inquired whether there was a deadline.[45] The Liquidating Trustee responded that he intended to "sign up the first acceptable deal and then shop it to others for 48 hours," after which he would file a motion seeking court approval.[46] Reid replied, "[l]et's talk after you circulate the 'acceptable deal.'"[47]

On March 31, 2020, IDS entered into the OHEMO Agreement, with the Liquidating Trustee signing on behalf of IDS, and received a $750,000 deposit from OHEMO.[48] OHEMO's president, Arthur Deboeck, is the principal of Galephar,[49] a pharmaceutical company based in Puerto Rico that Aigner tried to use as a

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[44] Abbott Supp. Decl. ¶ 7; *id.* Ex. B.

[45] Abbott Supp. Decl. ¶ 8; *id.* Ex. C.

[46] Abbott Supp. Decl. Ex. C.

[47] *Id.*

[48] Abbott Decl. ¶¶ 12, 14; *see* Mot. for Order Approving Sale ("Mot."), Ex. A ("OHEMO Agreement") (Dkt. 185).

[49] DiFalco Decl. ¶ 15.

commercial manufacturer for IDS in the past.[50] Aigner and Touam were the principal representatives that negotiated on behalf of OHEMO.[51]

Under the OHEMO Agreement, OHEMO agreed to purchase substantially all of IDS' intellectual property and other business assets for an upfront payment of $4 million in cash and royalties payments to IDS equal to 10% of the net sales of RoxyBond through the earlier of (i) the last valid patent claim covering RoxyBond or (ii) until such time as IDS has received $10 million of royalty payments.[52]

Section 7.1(e) of the OHEMO Agreement provides that OHEMO may terminate the agreement if IDS has not filed for court approval of the transactions specified therein by 6 p.m. on the third business after OHEMO makes a deposit in the amount of $750,000 with an escrow agent, *i.e.*, April 3.[53] This provision created the 48-hour window for the Liquidating Trustee to attempt to secure a topping bid. Section 2.7 provides that IDS "shall not accept a competing bid from another party, if such other party is not similarly obligated to make a deposit with the Escrow Agent of at least [$750,000] on the date of execution of such party's purchase agreement."[54]

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[50] *Acela*, 2019 WL 2158063, at *10, *25.

[51] Abbott Decl. ¶ 12. According to OHEMO's counsel, Aigner is not an officer or stockholder of OHEMO but he served as a consultant to OHEMO. Tr. 61.

[52] Abbott Decl. ¶¶ 12-13; OHEMO Agreement §§ 1.1 (definition of "Royalty Product"), 2.1, 2.5(a), 2.5(b).

[53] OHEMO Agreement § 7.1(e).

[54] *Id.* § 2.7.

G. Cerovene Seeks to Make a Topping Bid

At 5:54 p.m. on March 31, 2020, the Liquidating Trustee sent an executed copy of the OHEMO Agreement to DiFalco and Reid via email with a note encouraging them "to bid against it."[55] The Liquidating Trustee sent a similar email that evening to Trygg, "which had also expressed an interest in bidding for IDS's assets."[56]

At 6:58 p.m. on March 31, Locust Walk also sent a copy of the OHEMO Agreement to DiFalco via email along with instructions for submitting a topping bid:

> Interested parties must: (1) submit a signed APA that represents a higher and better offer, as interpreted by the Liquidating Trustee, to the company; and (2) transfer the greater of $750K or 10% of the bid deposit to an Inspirion-designated escrow account by close of business on Thursday, April 2nd.[57]

Within hours after the OHEMO Agreement was executed, Locust Walk also contacted the eighty-one potential acquirers it solicited at the outset of the sale process, offering them a final opportunity to submit a superior bid in accordance with the terms quoted above.[58]

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[55] Reid Decl. Ex. 1.

[56] Abbott Supp. Decl. ¶ 9.

[57] Meyerson Supp. Decl. ¶ 6; *id.* Ex. D.

[58] Meyerson Supp. Decl. ¶ 6.

At 3:59 p.m. on April 2, Michael Yoder, counsel for DiFalco and Shah,[59] sent an email to the Liquidating Trustee stating that "we should be getting you a signed APA from Cerovene later today."[60] At 4:55 p.m. on April 2, Yoder sent the Liquidating Trustee via email a copy of an asset purchase agreement between IDS and Cerovene (the "Cerovene APA") and a redline comparing it to the OHEMO Agreement.[61] Yoder's cover email stated that the changes between the OHEMO Agreement and the Cerovene APA "were fairly minor" and requested wire transfer instructions for the escrow deposit.[62] Yoder's cover email also stated that the attached agreement was "signed," but it was not.[63] Cerovene did not send the required wire transfer to the escrow agent at any time on April 2.

The Cerovene APA states that Cerovene would deliver at closing $4.1 million, but $1.85 million of that amount would come in the form of a credit bid to discharge the debt IDS owes Cerovene under the Cerovene Supply Agreement.[64] The Cerovene APA contains the same royalty provision as the OHEMO Agreement except that the royalty cap was increased from $10 million to $15 million.[65]

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[59] Yoder Decl. ¶ 3 (Dkt. 195).

[60] *Id.* ¶ 6; *id.* Ex. 2.

[61] Yoder Decl. ¶ 6; *id.* Ex. 3 at 2 ("Cerovene APA").

[62] Yoder Decl. Ex. 3 at 1.

[63] Yoder Decl. ¶ 6; *see* Cerovene APA.

[64] Cerovene APA §§ 2.5(a), 2.5(b).

[65] *Compare* Cerovene APA § 2.5(c) *with* OHEMO Agreement § 2.5(b).

At 7:37 a.m. on April 3, a representative of Locust Walk sent Yoder an email stating that IDS would not evaluate Cerovene's offer for the following reasons:

- Cerovene failed to post the deposit by the stated deadline of end of business on Thursday, April 2nd
- Cerovene failed to provide proof of financial wherewithal, and Cerovene has claimed near insolvency status the whole case
- The bid was not higher and better, and assignment involved an unspecified entity
- The lack of a deposit and executed APA entails higher closing risk.[66]

Later on April 3, Yoder forwarded to the Liquidating Trustee an email Shah sent to Yoder at 3:16 p.m. on April 2, to which was attached a signature page for the Cerovene APA that Shah had signed on April 2 on behalf of Cerovene.[67] Yoder noted in his forwarding email that he "just realized that this did not come through in [his] transmission yesterday for some reason."[68] At 3:34 p.m. on April 3, Reid sent the Liquidating Trustee an email with a confirmation that Cerovene had sent $2.3 million to his firm's trust account on April 3 "to be used to back up [his clients'] bid."[69] The letter asked the Liquidating Trustee to hold a telephonic auction.[70]

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[66] Yoder Decl. Ex. 4.

[67] Yoder Decl. ¶ 8; *see id.* Ex. 5.

[68] Yoder Decl. Ex. 5.

[69] Reid Decl. ¶ 6; *id.* Ex. 2.

[70] Reid Decl. Ex. 2.

On April 3, 2020, the Liquidating Trustee filed a motion seeking court approval of the OHEMO Agreement,[71] to which DiFalco and Shah objected on April 13.[72]

II. ANALYSIS

DiFalco and Shah (together, "Objectors") assert two objections to the proposed sale of the Company to OHEMO. Specifically, Objectors contend that (i) the Liquidating Trustee's rejection of their bid for failing to comply with the bidding requirements was unwarranted and (ii) Cerovene's offer provides more value to IDS's stakeholders than the OHEMO Agreement.[73] Before turning to the objections, the court will address the important threshold issue of what standard of review applies to its consideration of the two objections.

A. Standard of Review

The Sale Order, which was proposed jointly by the parties in this litigation, expressly provides that "[a]ll actions taken by the Liquidating Trustee pursuant to this Order . . . shall be presumed to be taken on an informed basis, in good faith, and in the honest belief that such actions taken were in the best interests of IDS," and that "[a]ny actions by the Liquidating Trustee may be challenged in this Court, but

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[71] Mot.

[72] Obj. (Dkt. 195).

[73] *Id.* ¶¶ 5-6.

shall be subject to reversal only after a finding by the Court that the Liquidating Trustee abused his discretion."[74] This court has adopted an abuse of discretion standard in similar orders involving the court-ordered sale of an entity.[75]

At oral argument, Objectors argued that the Liquidating Trustee's motion should be subject to plenary review.[76] Objectors did not make this argument in their opposition and thus waived the issue.[77] In any event, applying a plenary review standard would contravene the plain language of the Sale Order and make no sense.

The Sale Order provides that "*[a]ny actions* by the Liquidating Trustee . . . shall be subject to reversal only after a finding by the Court that the Liquidating Trustee abused his discretion."[78] Such actions would include the Liquidating Trustee's decision to enter into the OHEMO Agreement and to reject the Cerovene APA, as well as his valuation of the two bids.

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[74] Sale Order ¶ 8.

[75] *See, e.g.*, *In re TransPerfect Global, Inc.*, 2018 WL 904160, at *14-16 (Del. Ch. Feb. 15, 2018) (applying abuse of discretion standard for court-ordered sale of a corporation), *aff'd sub nom. Elting v. Shawe*, 185 A.3d 694 (Del. 2018) (TABLE); *In re Supreme Oil Co., Inc.*, 2015 WL 2455952, at *6 (Del. Ch. May 22, 2015) (abuse of discretion standard for interim decisions); *In re Carlisle Etcetera LLC*, 2015 WL 10371435, at *3 (Del. Ch. May 4, 2015) (same).

[76] Tr. 27.

[77] *Emerald P'rs v. Berlin*, 726 A.2d 1215, 1224 (Del. 1999) (issues not briefed are deemed waived).

[78] Sale Order ¶ 8 (emphasis added).

It also would make little sense for the court to casually disregard the Liquidating Trustee's decisions and recommendations. The parties mutually selected the Liquidating Trustee, who serves as an agent of the court.[79] He is indisputably independent and has no personal financial interest in the outcome of the sale process. He also possesses invaluable knowledge and insight gained over the past ten months of his tenure as Liquidating Trustee concerning, among other things, the Company's operations and finances as well as the capabilities of its stakeholders. It is for such reasons that this court routinely applies a deferential standard of review when the action of an agent of the court is challenged and, here, the agreed-upon standard of review in the Sale Order is abuse of discretion.

Our Supreme Court has explained that a decision will not be overturned as an abuse of discretion if the decision "was based upon conscience and reason, as opposed to capriciousness or arbitrariness."[80] Stated differently, a court will overturn a decision for abuse of discretion only if it was "arbitrary or capricious"[81]

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[79] *See* 6 *Del. C.* § 18-803(a) ("the Court of Chancery, upon cause shown, may wind up the limited liability company's affairs upon application of any member or manager . . . and in connection therewith, may appoint a liquidating trustee.").

[80] *Chavin v. Cope*, 243 A.2d 694, 695 (Del. 1968).

[81] *Lankford v. Lankford*, 157 A.3d 1235, 1241 (Del. 2017) (citing *Wright v. Wright*, 49 A.3d 1147, 1150 (Del. 2012)).

or "exceeds the bounds of reason in light of the circumstances."[82] This is the standard the court will apply in reviewing Objectors' two objections.

B. The Liquidating Trustee Did Not Abuse His Discretion in Rejecting the Cerovene Bid for Failing to Comply with the Bidding Requirements

DiFalco and Shah's first objection challenges the Liquidating Trustee's decision to reject the bid Cerovene submitted on April 2 for failing to comply with the requirements for submitting a topping bid.

It is undisputed that (i) DiFalco and Shah knew before OHEMO finalized its bid that there would be a 48-hour deadline for submitting a topping bid and (ii) Cerovene failed to comply with two of the requirements for submitting a topping bid, *i.e.*, providing an *executed* agreement and a deposit of at least $750,000 *before* the deadline. Objectors nonetheless contend that it was "unreasonable" for the Liquidating Trustee to insist on compliance with these requirements given that, the day *after* the deadline, Cerovene (i) sent $2.3 million to its counsel's trust account in an effort to satisfy the deposit requirement and (ii) provided a copy of the signature page for the Cerovene APA that Shah had signed on April 2, but which was not sent to the Liquidating Trustee on that date.[83] The court disagrees.

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[82] *Schultz v. Ginsburg*, 965 A.2d 661, 667 (Del. 2009) (citing *In re MCA, Inc., S'holder Litig.*, 785 A.2d 625, 633-34 (Del. 2001)).

[83] Obj. ¶ 14.

As an initial matter, it is mystifying that Cerovene waited until literally the last few minutes of a six-month process before submitting a bid. DiFalco and Shah rationalize this delay based on their purported belief that the Liquidating Trustee was intent on selling the Company as a going concern, which did not interest them.[84] But this belief is directly contradicted by the plain language of the Sale Order, which expressly authorized the Liquidating Trustee to sell IDS's assets (including its intellectual property and license rights) individually or in whatever form he believed would maximize IDS's value.[85] If DiFalco and Shah believed that the Company's intellectual property was, as they say, the "prize,"[86] they were free to bid to acquire that intellectual property at any time.

The reality is that DiFalco and Shah chose to disengage from the sale process. They rarely attended the Liquidating Trustee's weekly meetings and declined to enter a confidentiality agreement to learn important details about the sale process that Locust Walk was conducting. And whatever may have caused their inaction before March 2020, DiFalco and Shah had no excuse for not getting in the game that month—or at least getting their ducks in a row—when the Liquidating Trustee urged them and the other stakeholders to make a "concrete bid as quickly as possible" and

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[84] *Id.* ¶ 8.

[85] *See supra* Part I.B.

[86] Obj. ¶ 14.

put them on notice that they would have 48 hours to submit a topping bid after "execution of an acceptable bid and receipt of a deposit."[87]

Under the OHEMO Agreement, OHEMO had the right to walk away from the transaction it proposed if the Liquidating Trustee did not seek court approval of that transaction within three business days (*i.e.*, by April 3), and the Liquidating Trustee could only accept a competing bid that was accompanied by a deposit of at least $750,000 on the date of execution of a competing purchase agreement.[88] DiFalco and Shah disparage these requirements as "arbitrary technicalities,"[89] but the record suggests otherwise.

Both the Liquidating Trustee and Meyerson attest that the bid requirements in the OHEMO Agreement "were heavily negotiated and formed a material part of" the transaction.[90] This evidence is highly credible given that the Company had been engaged in a sale process for six months that failed to yield any bidders and that its financial condition was deteriorating,[91] particularly with the loss of revenues from Daiichi after it terminated its contract with the Company.[92] Whoever would step

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[87] Abbot Decl. ¶ 11.

[88] *See supra* Part I.F.

[89] Obj. ¶ 14.

[90] Abbott Supp. Decl. ¶ 10; *see also* Meyerson Decl. ¶ 5.

[91] Abbott Decl. ¶ 11 (noting that "IDS's resources were being depleted with no systematic and regular source of further revenue").

[92] *See supra* Part I.C.

forward to make a bid at this point logically would have substantial leverage to demand tight restrictions on having its bid shopped. It thus was not arbitrary or capricious for the Liquidating Trustee to agree to the topping bid limitations in the OHEMO Agreement in order to secure a binding offer from OHEMO under the dire circumstances facing the Company at that time.[93]

Nor did the Liquidating Trustee abuse his discretion when he refused to disregard the negotiated-for bidding requirements in the OHEMO Agreement in order to consider Cerovene's bid.[94] With respect to Cerovene's failure to post the deposit, the Liquidating Trustee was particularly concerned because Cerovene "repeatedly stated that it lacks the funds necessary to continue operating its business."[95] Locust Walk, furthermore, specifically advised the Liquidating Trustee not to extend the 48-hour deadline because of the risk of losing the OHEMO transaction:

> Having failed to receive a qualifying bid prior to the expiration of the deadline, Locust Walk advised the Liquidating Trustee it was inadvisable to extend the deadline for submission of a qualifying bid

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[93] The OHEMO Agreement does not contain a termination fee. Thus, although the timeframe for submitting a topping bid was tight, acceptance of a topping bid would not have required the Company to pay a breakup fee.

[94] After receiving Cerovene's bid, and again after receiving DiFalco and Shah's objection, the Liquidating Trustee (directly and through counsel) sought OHEMO's consent to enable him to conduct a telephonic auction of IDS's assets in order to avoid a contested hearing, but OHEMO declined, "citing Cerovene's failure to submit a qualifying higher and better bid." Abbott Supp. Decl. ¶ 12

[95] *Id.* ¶ 11.

> from Cerovene due to the material risk of losing the OHEMO transaction for failure to abide by the terms of the APA, with no guarantee that the [Liquidating] Trustee would, in fact, receive a binding superior offer from Cerovene.[96]

Based on this advice and his own consideration of the matter, the Liquidating Trustee concluded he could not consider "Cerovene's non-qualifying bid" without putting OHEMO's binding offer at risk.[97] This decision to protect the proverbial "bird in hand" was not arbitrary or capricious in my view.[98]

C. The Liquidating Trustee Did Not Abuse His Discretion in Determining that OHEMO's Bid is the Better Offer

DiFalco and Shah's second objection challenges the Liquidating Trustee's determination that the OHEMO Agreement "represents the highest and best offer for IDS's assets."[99] There are two key differences between the terms of the OHEMO Agreement and the Cerovene APA that bear on the respective value of those proposals: (i) the nature and amount of the payment due at closing and (ii) the cap on potential future royalties.[100] The court will address each of these issues in turn.

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[96] Meyerson Supp. Decl. ¶ 7.

[97] Abbott Supp. Decl. ¶ 10.

[98] The Objectors criticize the Liquidating Trustee and Locust Walk for not providing wire transfer instructions "when inviting the bid." Obj. ¶ 8. Although Objectors have a point, Cerovene's counsel just as easily could have requested this information after receiving the bidding instructions from Locust Walk on March 31, but they inexplicably failed to do so until five minutes before the deadline on April 2. *See* Abbott Supp. Decl. ¶ 9.

[99] Mot. ¶10.

[100] Objectors note that their bid also excludes "litigation claims" against Touam. Obj. ¶ 25. Objectors do not explain, however, the nature of any claims IDS might have against

1. Closing Payment

Under the OHEMO Agreement, OHEMO is obligated to pay IDS $4.0 million in cash at closing.[101] The Cerovene APA provides for a "closing payment" with a nominal value of $4.1 million consisting of two components: (i) $2.25 million in cash due at closing and (ii) a credit bid in the amount of $1.85 million to be used to discharge the debt IDS owes under the Cerovene Supply Agreement.[102]

The Liquidating Trustee contends that the credit bid component of Cerovene's proposal makes it "less attractive than OHEMO's all cash offer" "given IDS's current liquidity situation and the need to establish a reserve for potential claims and anticipated wind down costs."[103] Stated differently, in the Liquidating Trustee's opinion, the closing payment in Cerovene's proposal is worth less than $4 million in cash because the $1.85 million attributable to the credit bid "may not be paid in full depending upon IDS' cash position at closing after the establishment of a reserve

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Touam, making it impossible to ascribe a value to the Company of this aspect of their proposal.

The Cerovene APA also expressly excludes certain equipment located at a Galephar facility. *Compare* Cerovene APA § 2.2(j) *with* OHEMO Agreement § 2.2(j). But this equipment, which the Liquidating Trustee contends only has "little salvage value," also is excluded (albeit not expressly) from the OHEMO Agreement. Abbott Decl. ¶ 17; Meyerson Supp. Decl. ¶ 11.

[101] OHEMO Agreement § 2.5(a).

[102] Cerovene APA §§ 2.5(a), 2.5(b).

[103] Liquidating Trustee's Reply ¶ 13 (Dkt. 203); Abbott Supp. Decl. ¶ 13; Meyerson Supp. Decl. ¶ 8.

and anticipated wind down costs."[104] In my opinion, the Liquidating Trustee did not abuse his discretion in coming to this conclusion.

As of the time of trial, in December 2018, IDS was experiencing significant negative cash flows (approximately $6 million in 2018) and was entirely reliant on Daiichi for revenues.[105] In September 2019, when Daiichi terminated the Daiichi Agreement, IDS's financial position became precarious as it lost the "source of liquidity" on which it had been "dependent."[106] Two months later, in December 2019, IDS stopped paying Cerovene, which led to the termination of the Cerovene Supply Agreement in March 2020.[107] Currently, IDS has less than $600,000 of cash on hand[108] and "does not have the financial wherewithal to continue marketing [its] assets for sale."[109]

Given these circumstances, and given the need to establish reserves to pursue claims (*e.g.*, against Daiichi) as well as to wind-up the Company after the closing of a transaction, it was reasonable in my view—and certainly was not an abuse of

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[104] Meyerson Supp. Decl. ¶ 8.

[105] *See supra* Part I.C.

[106] Abbott Decl. ¶ 19; *see also* Tr. 50 (Objectors' counsel acknowledging that IDS was "financially distressed" at this time).

[107] Saia Decl. ¶ 17; *id.* Ex. 7. Objectors apparently did not terminate the Cerovene Supply Agreement earlier as an accommodation to enable Locust Walk to market IDS with a supply agreement in place. Obj. ¶ 8.

[108] Tr. 16.

[109] Abbott Decl. ¶ 18.

discretion—for the Liquidating Trustee to conclude that OHEMO's all-cash offer is superior by discounting the credit bid component of Cerovene's bid.[110]

2. Potential Royalties

The OHEMO Agreement and the Cerovene APA both provide for the payment of royalties to IDS equal to 10% of the net sales of RoxyBond through the earlier of (i) the last valid patent claim covering the product or (ii) until such time as IDS has received a certain level of royalty payments.[111] The only difference between the agreements is that royalty cap is $10 million in the OHEMO Agreement and $15 million in the Cerovene APA.[112]

Although the royalty caps in the two proposals differ by $5 million, determining and comparing the potential value of the royalty component in the two proposals is far more complicated than focusing on that difference. Indeed, valuing the royalty component of the two proposals is inherently speculative because both OHEMO and Cerovene have never manufactured RoxyBond on a commercial scale or tried to sell, much less actually sold, the product. Given both bidders' lack of a

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[110] Objectors contend that "the net benefit to IDS's stakeholders of Cerovene forgiving $1.85 million in undisputed debt is the same as $1.85 million in cash" because "Section 18-804 of the LLC Act dictates that creditors be paid prior to equity." Obj. ¶ 24. This misses the point of the Liquidating Trustee's analysis, which is that the credit bid must be discounted because it is far from clear whether there will be sufficient proceeds for IDS to pay all of its creditors. *See* Tr. 57.

[111] OHEMO Agreement § 2.5(b); Cerovene APA § 2.5(c).

[112] *Compare* OHEMO Agreement § 2.5(b) *with* Cerovene APA § 2.5(c).

track record in commercializing RoxyBond, the Liquidating Trustee determined that "there is a very real possibility that no future royalty stream will be paid by either bidder," and "almost entirely discounted the value of those potential streams."[113]

Objectors "agree that [OHEMO's] promised royalties are worthless" but contend that "the probability of [Cerovene] successfully manufacturing RoxyBond . . . is far greater than zero."[114] More specifically, DiFalco and Shah argue that Cerovene is better positioned than OHEMO to generate royalties for IDS for essentially three reasons: (i) Cerovene's facility in Valley Cottage, New York "is already an FDA-approved facility for RoxyBond manufacture;" (ii) they "have demonstrated a track record in obtaining regulatory approval and manufacturing abuse-deterrent opioids, including RoxyBond;" and (iii) Deboeck, who is OHEMO's principal, "flopped in previously attempting to launch RoxyBond at Galephar" where "that effort . . involved significant data irregularities, possible product defects, and troubling questions regarding unaccounted-for opioid substances."[115]

With respect to Cerovene's past experience manufacturing RoxyBond, the trial record shows (and DiFalco's recent declaration confirms) that Cerovene's experience was limited to making *test batches* of RoxyBond during the new drug

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[113] Abbott Decl. ¶18.

[114] Obj. ¶¶ 16, 22.

[115] *Id.* ¶¶ 18-20.

application process leading up to its receipt of FDA approval three years ago, in April 2017.[116] Shah confirmed at trial that Cerovene was not in a position to manufacture RoxyBond commercially.[117] DiFalco elaborated: "In RoxyBond's case, we're not making it, and we never said we were going to make it. It was never planned for us to make it."[118] And with respect to Galephar's past experience, the Liquidating Trustee points out that two other contract manufacturing organizations (Patheon N.V. and Catalent Pharma Solutions, LLC) also failed to commercialize RoxyBond "despite significant technology transfer assistance" from DiFalco.[119]

In examining Cerovene's bid, Locust Walk advised the Liquidating Trustee that Cerovene (i) "lacks a salesforce and supporting commercial infrastructure;" (ii) "lacks the working capital and capacity to produce both MorphaBond and Roxy[B]ond at a commercial scale;" and (iii) "has no prior experience leading efforts to commercialize opioids."[120] Based on his own "extensive interactions with Mr. DiFalco while negotiating for a continued supply of MorphaBond," the Liquidating Trustee also had "significant reservations regarding Cerovene's ability to act in a

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[116] *Acela*, 2019 WL 2158063, at *4, *34; DiFalco Decl. ¶ 44 ("Mr. Shah and I, through Cerovene, oversaw the manufacture of the RoxyBond tablets used in obtaining the approved NDA for RoxyBond.").

[117] Trial Tr. 600 (Shah) (Dkt. 134).

[118] Trial Tr. 753 (DiFalco).

[119] Liquidating Trustee's Reply ¶ 16.

[120] *Id.* ¶¶ 14-15 (citing Meyerson Supp. Decl. ¶ 9).

commercially reasonable fashion so as to enable it to reach an agreement with a third party to successfully and commercialize and sell" RoxyBond.[121]

Significantly, as the Liquidating Trustee observed, "Cerovene's offer contained a provision that would have allowed it to assign the asset purchase agreement to an unidentified designee without the benefit of any understanding or information regarding that entity's financial wherewithal or ability to fulfill the financial and other obligations required of it under the terms of the asset purchase agreement."[122] Thus, irrespective of whatever conclusions one may reach about DiFalco and Shah's ability to commercialize RoxyBond successfully, the Cerovene APA carried the additional risk that those obligations would be assigned to another party whose ability to commercialize RoxyBond is completely unknown.

Locust Walk, an experienced life sciences investment banking firm,[123] concluded it had "no reason to believe that Cerovene will be able to commercialize" RoxyBond "so as to create any future downstream royalty payments to IDS," and that "OHEMO is more likely than Cerovene to be able to commercialize RoxyBond in the future."[124] Based on this advice, and for the other reasons explained above, the Liquidating Trustee did not "perceive the increased cap on future royalty

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[121] *Id.* ¶ 16 (citing Abbott Supp. Decl. ¶ 14).

[122] Abbott Supp. Decl. ¶ 11; *see* Cerovene APA § 1.1 (definition of "Purchaser").

[123] *See* Meyerson Decl. ¶ 1.

[124] Meyerson Supp. Decl. ¶¶ 9-10.

payments from $10 million to $15 million to be a material improvement on the OHEMO [Agreement]."[125]

In accordance with the Sale Order, the conclusions the Liquidating Trustee reached in evaluating the royalty component of the OHEMO and Cerovene bids "shall be presumed to be taken on an informed basis, in good faith, and in the honest belief that such actions were in the best interests of IDS."[126] Given the Liquidating Trustee's good faith consideration of the factors summarized above, furthermore, it can hardly be said that the Liquidating Trustee was arbitrary or capricious, or exceeded the bounds of reason, in reaching those conclusions.

* * * * *

For the reasons explained above, no basis exists under the applicable standard of review for the court to second guess the Liquidating Trustee's determination that the OHEMO Agreement provides more value to IDS than the Cerovene APA.[127]

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[125] Abbott Supp. Decl. ¶ 15.

[126] Sale Order ¶ 8.

[127] Notably, Trygg, a major stakeholder of IDS that followed the sale process closely, did not express to the court any disagreement with this determination. *See* Abbott Decl. ¶ 11.

III. CONCLUSION

For the reasons explained above, the court grants the Liquidating Trustee's motion and approves the sale of substantially all of the Company's assets pursuant to the terms and conditions of the OHEMO Agreement.

IT IS SO ORDERED.

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICE
PUBLIC HEALTH AND FOOD PROTECTION PROGRAM
P.O. BOX 369, TRENTON, NJ 08625-0369
609-826-4935

REPORT OF INSPECTION

Assignment No **17299**
Inspection End Date **09/15/2021**

Registration #	Category	Inspection Type	Evaluation
5006020	**Wholesale Drug/Medical Device**	**Initial**	**Satisfactory**

Name of Owner or Corporation	Trade Name	Activity
Protega Pharmaceuticals, LLC	**None**	**Office Only**

Establishment Street Address	City	ZIP	County
303A College Rd East, #182	**Princeton**	**08540**	**Mercer**

Establishment Mailing Address (if different)	Phone Number	Fax Number
	484-832-0404	

Name and Title of Inspecting Official	REHS Lic. #	Operational Status	Embargo	Reinspect on or After
Annie Pullockaran, REHI 1	**B150656**	**Pre-Operational**	**------**	

Name and Title of Designated Representative	Email
Hafid Touam, EVP Alliances Management	**Hafid.Touam@protegapharma.com**

Products
☒ Prescription Drugs ☐ OTC Drugs ☐ Class I Medical Devices ☐ Class II Medical Devices ☐ Class III Medical Devices
☐ API ☐ Veterinary Drugs ☒ No Products Stored/Handled Onsite

TIME/ACTIVITY REPORT (1-TRAVEL, 2-INSPECTION, 3-ADMINISTRATION, 4-PERSONAL) TOTAL HOURS: 03.50

DATE	CODE	BEGIN	END	CODE	BEGIN	END	CODE	BEGIN	END
09/15/2021	1	12:00	13:15	2	13:15	14:45			
09/17/2021	3	14:15	15:00						

		YES	NO	N/A
	N.J.A.C. 8:21-3A.7 Personnel Requirements			
	Personnel employed by a wholesale distributor have appropriate education and/or experience to assume responsibility for positions related to compliance with State registration requirements	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.8 Facility ***Facilities at which drugs are stored, warehoused, handled, held, offered, marketed or displayed:***			
(a) 1	Of suitable size and construction to facilitate cleaning, maintenance, and proper operations	☒	☐	☐
(a) 2	Have storage areas designed to provide adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions	☐	☐	☒
(a) 3	Have a quarantine area for storage of drugs that are outdated, damaged, deteriorated, misbranded, or adulterated, or that are in immediate or sealed, secondary containers that have been opened	☐	☐	☒
(a) 4	Maintained in a clean and orderly condition	☒	☐	☐
(a) 5	Free from infestation by insects, rodents, birds, or vermin of any kind	☒	☐	☐
Note				

NEW JERSEY REPORT OF INSPECTION

		YES	NO	N/A
	N.J.A.C. 8:21-3A.9 Security			
(a)	Facility is secured from unauthorized entry	☒	☐	☐
(a) 1	Access from outside premises is kept to a minimum and is well controlled	☒	☐	☐
(a) 2	The outside perimeter of the premises is well-lighted	☒	☐	☐
(a) 3	Entry into areas where drugs are held shall be limited to authorized personnel	☐	☐	☒
(b)	All facilities are equipped with an alarm system to detect entry after hours	☒	☐	☐
(c)	Facilities are equipped with a security system that provides suitable protection against theft and diversion. When applicable, the security system provides protection against theft or diversion that is facilitated or hidden by tampering with computers or electronic records	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.10 Storage			
(a)	All drugs are stored at appropriate temperatures and under appropriate conditions in accordance with requirements, if any, of the labeling of such drugs, or with requirements in the current edition of an official compendium, such as the United States Pharmacopeia/National Formulary (USP/NF).	☐	☐	☒
(b)	If no storage requirements are established for a drug, the drug is held at controlled room temperature, as defined in an official compendium, to help ensure that its identity, strength, quality, and purity are not adversely affected	☐	☐	☒
(c)	Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, and/or logs are utilized to document proper storage of drugs	☐	☐	☒
(d)	For prescription drugs a record is maintained that includes the date, time, thermometer temperature, and the initials of the person recording the data	☐	☐	☒
Note				
	N.J.A.C. 8:21-3A.11 Examination of Materials			
(a)	Upon receipt, each outside shipping container is visually examined for identity and to prevent the acceptance of contaminated prescription drugs or prescription drugs that are otherwise unfit for distribution. This examination is adequate to reveal container damage that would suggest possible contamination or other damage to the contents.	☐	☐	☒

NEW JERSEY REPORT OF INSPECTION

		YES	NO	N/A
(b)	Each outgoing shipment is carefully inspected for identity of the prescription drug products and to ensure that there is no delivery of prescription drugs that have been damaged in storage or held under improper conditions.	☐	☐	☒
Note				
	N.J.A.C. 8:21-3A.12 Returned, Damaged and Outdated Drugs			
(a)	Outdated, damaged, deteriorated, misbranded, or adulterated drugs are quarantined and physically separated from other prescription drugs until they are destroyed or returned to their supplier	☐	☐	☒
(b)	Drugs whose immediate or sealed outer or sealed secondary containers have been opened or used are identified as such, quarantined and physically separated from other drugs until they are either destroyed or returned to the supplier	☐	☐	☒
(c)	If the conditions under which a drug has been returned cast doubt on the drug's safety, identity, strength, quality, or purity, the drug is destroyed, or returned to the supplier, unless examination, testing, or other investigation proves that the drug meets appropriate standards of safety, identity, strength, quality, and purity	☐	☐	☒
Note				
	N.J.A.C. 8:21-3A.13 Recordkeeping			
(a)	Inventories and records of all transactions regarding the receipt and distribution or other disposition of drugs are maintained	☒	☐	☐
(a) 1	Source of drugs, name and principal address of the seller or transferor, and address from which drugs were shipped are maintained	☒	☐	☐
(a) 2-3	Identity and quantity of drugs received and distributed/disposed, date of receipt and distribution, disposal.	☒	☐	☐
(a) 5	A complete and accurate annual record of all stock of drugs on hand.	☒	☐	☐
(d)	An ongoing listing of all retail and wholesale establishments with whom they do business.	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.14 Due Diligence ***Firm is performing due diligence of other wholesale establishments with whom they do business, which requires that prior to the initial purchase or acquisition of drugs from another wholesale distributor, a wholesale distributor shall obtain the following information from the selling wholesale distributor:***			
(a) 1	Copies of all state and Federal regulatory licenses and registrations	☒	☐	☐
(a) 2	The wholesale distributor's most recent facility inspection reports	☒	☐	☐
(a) 3	A list of other names under which the wholesale distributor is doing business or by which the wholesale distributor was formerly known	☒	☐	☐

NEW JERSEY REPORT OF INSPECTION

		YES	NO	N/A
(a) 4	A list of corporate officers and managerial employees and designated representatives	☒	☐	☐
(a) 5	A verification of the selling wholesale distributor's status as an authorized distributor of record, if applicable.	☒	☐	☐
(b)	At least annually, a wholesale distributor that purchases prescription drugs from another wholesale distributor updates the information set forth in (a) 1-5 above.	☒	☐	☐
(c)	No purchases were placed from any storage facility, manufacturer or wholesale distributor not having a current license or registration within the jurisdiction of the establishment location from where product is purchased.	☒	☐	☐
(d)	No purchase or acquisition has been made from a firm that has not provided complete information as set forth in (a) 1-5 above.	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.15 Availability of Records and Inventories			
(a)	Records and inventories, including those related to salvage and reprocessing, are made available for inspection and photocopying by authorized Federal, State, or local law enforcement agency officials for a period of 3 years after the date of their creation	☒	☐	☐
(b)	Records described in this section that are kept at the inspection site or that can be immediately retrieved by computer or other electronic means are readily available for authorized inspection during the retention period. Records kept at a central location apart from the inspection site and not electronically retrievable are made available for inspection within 2 working days of a request by an authorized official of a Federal, State, or local law enforcement agency	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.16 Policies and Procedures			
(a)	Firm established and follows written policies and procedures for the receipt, security, storage, inventory, and distribution of drugs	☒	☐	☐
(a)	Firm has policies for identifying, recording and reporting losses or thefts and correcting errors in inventories	☒	☐	☐
(a) 1	Firm has a procedure where oldest stock is distributed first.	☒	☐	☐
(a) 2	Firm has a procedure for handling recalls/withdrawals of drugs.	☒	☐	☐
(a) 3	Firm has a procedure for preparation, protection and proper handling of any crisis that affects security or operation of any facility in the event of strike, fire, flood, or other natural disaster	☒	☐	☐
(a) 4	Firm has a procedure for handling return of outdated drugs; segregation and written documentation of disposal, by either returning the drug to the manufacturer or destruction of the drug. This documentation shall be maintained for 2 years after disposition of the outdated drugs.	☒	☐	☐

NEW JERSEY REPORT OF INSPECTION

		YES	NO	N/A
Note				
	N.J.A.C. 8:21-3A.17 List of Responsible Persons			
	A current list of officers, directors, managers, and other personnel in charge of wholesale distribution, storage, and handling of prescription drugs is maintained at the firm	☒	☐	☐
	Description of duties and qualifications of personnel is maintained at the firm	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.19 Salvage; Reprocessing			
	Salvaging and reprocessing operation is in compliance with 21 CFR 207, 210, 211	☒	☐	☐
Note				

Note: Upon my arrival at the facility, I presented my credentials to Mr. Hafid Touam, EVP Alliances Management, and he provided all the information for this report.

The firm operates as a Corporate office for the Virtual distribution of drugs. The firm does not have any commercial products in the market at the time. There is no manufacturing or repackaging of products at this location.

Jennie Pulbekaran

Inspecting Official

12

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Ambulatory Surgical Center (ASC) and Recovery Center (RC) Application

Non-Refundable $500.00 Fee

Rev (09/02/2021)

Y

Type of Facility
■ Ambulatory Surgical Center (ASC)
☐ Recovery Center (RC)

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New ASC/RC	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 7, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 4, 7, 8, 9)
☐ Location Change *		☐ Partnership (complete sections 1, 2, 5, 7, 8, 9)
☐ Name Change*		■ Sole Owner (complete sections 1, 2, 6, 7, 8, 9)

Section 1: General Information

ASC/RC Name: Fort Apache Surgery Center, LLC

Physical Address: 6064 S. Fort Apache Suite 110

City: Las Vegas State: NV Zip: 89148

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702.940.8050 Fax: 702.940.8044

Contact Email: pb@releviumpain.com Website _____

Nevada Business License # E17692132021-7

Employed/Contracted Pharmacist Name: Mary Grear ✓ NV Pharmacist License #: 10687 ✓

Medical Director Name: Andrew Hall, MD

Days of Operation

■ Monday	■ Tuesday	■ Wednesday	■ Thursday	■ Friday	☐ Saturday	☐ Sunday

Section 2: History of Company	Yes	No
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)?		✓
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 from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
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?		✓
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)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 3: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 4: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of members or stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 5: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Sole Owner

Owner's Name: Andrew Hall, MD

Business Name: Fort Apache Surgery Center, LLC

Business Address: 6064 S Fort Apache Rd. Suite 110

City: Las Vegas State: NV Zip: 89148

Telephone: 702.940.8050 Email: pb@releviumpain.com

Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)

Pharmacist Name: Mary Grear, RPh NV Pharmacist License #: 10687

As the employed/contracted pharmacist, for (ASC/RC Name): Fort Apache Surgery Center:

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

a) Are consistent with the policies and procedures developed pursuant to NAC 639.447;
b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.485;
c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
d) Require maintenance of a perpetual inventory of all controlled substances;
e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
h) Ensure that all compounding is
    a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
    b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
        i. In accordance with the provisions of NRS and NAC 639;
        ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
        iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

a) Visit the ASC or RC at least once each month to:
    a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 693.4996; and
    b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
b) Maintain documentation of each visit that the pharmacist makes;
c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
    a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
    b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
    c. The records demonstrate:
        i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
        ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
    d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
    e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
    f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
    a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
    b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
        i. Purchase orders and invoices for the controlled substance;
        ii. Records which indicate the removal of the controlled substance from the storage area;
        iii. Patient records;
        iv. Records which indicate the return of the controlled substance to the manufacturer;
        v. Records which indicate that the controlled substance was destroyed; and
        vi. Any other record for the controlled substance;
    c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
    d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
    e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

Section 8: Personal and Professional History of the Employed/Contracted Pharmacist	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
4/24/2002	May 2002	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
02-036-RPH-S	NV State Board of Pharmacy

Reason/Charge
Complaint concerning records of PRN, Inc

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Mary Grear	

Name of Business/Industry/Entity
PRN, Inc.

Provide explanation below:

A complaint was made concerning grants made by the Board of Pharmacy to PRN, Inc. to Mary Grear, Executive Director. The Board of Pharmacy sent notice of a request for hearing to the wrong mailing address even though the correct address was on file at the Board Office. This resulted in my not being aware that I needed to appear until after the Board Meeting. I subsequently prepared the requested documents and submitted them to the Board Auditors who found no discrepencies in the funds granted by the Board of Pharmacy to PRN and the expense record under my administration. A rehearing was held and the case was closed finding all monies wre accounted for the PRN, Inc. grants.

Mary Grear, RPh
Original signature of Employed/Contracted Pharmacist (copies or stamps not accepted)

1/24/2022
Date

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
• List the top four stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): ○ All General Partners; ○ All Limited Partners who hold 10% or more of the interest.			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/member/owner. Form found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your ASC or RC by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.**	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andrew Hall, MD

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

02-16-2022

Date

Board Use Only	Date Received: _____	Amount: 500 CC ✓

Olivia Mora

From: Mary Grear <mgrear2000@yahoo.com>
Sent: Tuesday, April 5, 2022 5:05 PM
To: Olivia Mora
Subject: Re: Nevada Ambulatory Surgical Center - Fort Apache Surgery Center LLC, Las Vegas NV

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Olivia,

- Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.

We are pending inspection with the Department of Health and Human Services until after we get our Board of Pharmacy and DEA License. Once we have Board of Pharmacy License and DEA License, we can then purchase the medications needed to be able to do cases. These must be in place before the Department comes in and does our final inspection. We are then granted their license and given a license number.

Unless something is changing with this process, we should be considered pending licensure with the Department of Health and Human Services.

Please advise if something has changed in this process.

Thank you,

Mary Grear, RPh
Consultant Pharmacist

On Tuesday, April 5, 2022, 04:43:30 PM PDT, Olivia Mora <o.mora@pharmacy.nv.gov> wrote:

Hi Mary,

Thank you for providing the personal history application for Mr. Hall. An additional request of information.

- Can you please provide a copy of your license, certification, permit or registration issued to your ASC by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.

Please let me know if you have any questions.

Thank you,

Olivia Mora

Licensing Specialist

Nevada State Board of Pharmacy

(775) 850-1440

o.mora@pharmacy.nv.gov



This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Fort Apache Surgery Center, LLC

Nevada Business Identification # NV20212234266
Expiration Date: 09/30/2022

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/22/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202109222010905
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

DOMESTIC LIMITED-LIABILITY COMPANY (86) CHARTER

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Fort Apache Surgery Center, LLC** did, on 09/22/2021, file in this office the original Articles of Organization that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/22/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate
Number: B202109222010899
You may verify this certificate online at http://www.nvsos.gov

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE MANAGER:

Name	Country
Andrew Hall	USA

Address	City	State	Zip/Postal Code
6064 S Fort Apache 100	Las Vegas	NV	89148

CORPORATION, INDICATE THE ADMINISTRATOR:

Name	Country
Peter Bekas	USA

Address	City	State	Zip/Postal Code
6064 S Fort Apache 100	Las Vegas	NV	89148

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the office of the Secretary of State.

X Peter Bekas
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Officer
Title

09/22/2021
Date

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

Fort Apache Surgery Center, LLC

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

☐ Corporation

☐ This corporation is publicly traded, the Central Index Key number is:

☐ Nonprofit Corporation (see nonprofit sections below)

☑ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)

☐ Business Trust

Filed in the Office of	Business Number
Barbara K. Cegavske	E17692132021-7
Secretary of State	Filing Number
State Of Nevada	20211769214
	Filed On
	09/22/2021 16:01:31 PM
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Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

☐ 001 - Governmental Entity

☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming and exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.
Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C $ 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association

☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. $501(c)

For nonprofit entities formed under NRS Chapter 82 and 80:Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No - no additional form is required

☐ Yes - the "Charitable Solicitation Registration Statement" is required.

☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

Filed in the Office of	Business Number
Barbara K. Cegavske	E17692132021-7
Secretary of State	Filing Number
State Of Nevada	20211769212
	Filed On
	09/22/2021 16:01:31 PM
	Number of Pages
	3

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Registered Agent Acceptance/Statement of Change

(PURSUANT TO NRS 77.310, 77.340, 77.350, 77.380)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Entity information:
Name of represented entity:
Fort Apache Surgery Center, LLC
Entity or Nevada Business Identification Number (NVID):
(for entities currently on file)

2. Registered Agent Acceptance:
x Registered Agent Acceptance

3. Information Being Changed:
Statement of Change takes the following effect: (select only one)
x Appoints New Agent (complete section 5)
Update Represented Entity Acting as Registered Agent (complete sections 5)
Update Registered Agent Name (complete sections 4 & 5)
Update Registered Agent Address (complete sections 4 & 5)

4. Registered Agent Information Before the Change: (Non-commercial registered agents ONLY)
Name of Registered Agent OR Title of Office or Position with Entity
Street Address | City | Nevada | Zip Code
Mailing Address (if different from street address) | City | Nevada | Zip Code

5. Newly Appointed Registered Agent or Registered Agent Information After the Change:
☒ Commercial Registered Agent (name only below) ☐ Noncommercial Registered Agent (name and address below) ☐ Office or Position with Entity (title or position and address below)
J. C. Courtney, Ltd.
Name of Registered Agent OR Title of Office or Position within Entity
3215 W Charleston Blvd STE 120 | Las Vegas | Nevada | 89102
Street Address | City | Zip Code
Mailing Address (if different from street address) | City | Nevada | Zip Code

6. Electronic Notification: (Optional)
Email address for electronic notifications for "Non-Commercial" or "Office or Positions with Entity" registered agents only:

7. Certificate of Acceptance of Appointment of Registered Agent: (Required)
I hereby accept appointment as Registered Agent for the above named Entity.
X _____ 09/20/2021
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity | Date

8. Signature of Represented Entity: (Required)
X _____ 09/20/2021
Authorized Signature On Behalf of the Entity | Date

FEE: $60.00
This form must be accompanied by appropriate fees.

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Formation - Limited-Liability Company

Continued, Page 2

8. Profession to be Practiced: (NRS 89 only)

9. Series and/or Restricted Limited-Liability Company: (Optional)

Check box if a Series Limited-Liability Company ☐

Domestic Limited-Liability Company's only: The Limited-Liability Company is a Restricted Limited-Liability Company ☐

10. Records Office: (Foreign Limited-Liability Companies)

Address | City | State | Zip code

Country

11. Street Address of Principal Office: (Foreign Limited-Liability Companies)

Address | City | State | Zip code

Country

12. Name, Address and Signature of the Organizer: (NRS 86. NRS 89 - Each Organizer must be a licensed professional.)

*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

Name and Signature of Manager or Member: (NRS 86.544 only)

See instructions

Peter Bekas	United States
Name	Country

11209 Ojai Ct.	Las Vegas	LA	89135
Address	City	State	Zip/Postal Code

X **Peter Bekas** (attach additional page if necessary)

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:
(attach additional page(s) if necessary)

This form must be accompanied by appropriate fees.

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Filed in the Office of	Business Number
Barbara K. Cegavske	E17692132021-7
Secretary of State	Filing Number
State Of Nevada	20211769212
	Filed On
	09/22/2021 16:01:31 PM
	Number of Pages
	3

Formation - Limited-Liability Company

- [x] NRS 86 - Articles of Organization Limited-Liability Company
- [ ] NRS 86.544 - Registration of Foreign Limited-Liability Company
- [ ] NRS 89 - Articles of Organization Professional Limited-Liability Company
- [ ] NRS 86.555 - Registration of Professional Foreign Limited-Liability Company

1. Name Being Registered in Nevada: (See instructions)
Fort Apache Surgery Center, LLC

2. Foreign Entity Name: (Name in home jurisdiction)

3. Jurisdiction of Formation: (Foreign Limited-Liability Companies)
3a) Jurisdiction of formation: **3b)** Date formed:
3c) I declare this entity is in good standing in the jurisdiction of its formation. ☐

4. Registered Agent for Service of Process*: (check only one box)
- [x] Commercial Registered Agent (name only below)
- [ ] Noncommercial Registered Agent (name and address below)
- [ ] Office or position with Entity (title and address below)

J.C. COURTNEY, LTD.
Name of Registered Agent OR Title of Office or Position with Entity

3215 W. CHARLESTON BLVD., STE. 120 — Street Address
LAS VEGAS — City
Nevada 89102 — Zip Code

Mailing Address (If different from street address)
City
Nevada
Zip Code

4a. Certificate of Acceptance of Appointment of Registered Agent:
I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.

X _____
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date

5. Management: (Domestic Limited-Liability Companies only)
Company shall be managed by: (check one box) [x] Manager(s) **OR** [ ] Member(s)

6. Name and Address of each Manager(s) or Managing Member(s): (NRS 86 and NRS 86.544, see instructions)
Name and Address of the Original Manager(s) and Member(s): (NRS 89, see instructions)
IMPORTANT:
A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing.

1) Andrew Hall
Name
6064 S Fort Apache — Address
Las Vegas — City
NV — State
89148 — Zip Code

7. Dissolution Date: (Domestic only)
Latest date upon which the company is to dissolve (if existence is not perpetual):

This form must be accompanied by appropriate fees.

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

09/22/2021

Work Order Item Number:	W2021092202192 - 1600913
Filing Number:	20211769214
Filing Type:	Initial List
Filing Date/Time:	09/22/2021 16:01:31 PM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: E17692132021-7

Entity Name: Fort Apache Surgery Center, LLC

Entity Status: Active

Expiration Date: None

Commercial Registered Agent
J.C. COURTNEY, LTD.
3215 W. CHARLESTON BLVD., STE. 120, LAS VEGAS, NV 89102, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

09/22/2021

Work Order Item Number:	W2021092202192 - 1600912
Filing Number:	20211769212
Filing Type:	Articles of Organization
Filing Date/Time:	09/22/2021 16:01:31 PM
Filing Page(s):	3

Indexed Entity Information:

Entity ID: E17692132021-7

Entity Name: Fort Apache Surgery Center, LLC

Entity Status: Active

Expiration Date: None

Commercial Registered Agent
J.C. COURTNEY, LTD.
3215 W. CHARLESTON BLVD., STE. 120, LAS VEGAS, NV 89102, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Fort Apache Surgery Center, LLC

Physical Address: 6064 S Fort Apache Rd. Suite 110

City: Las Vegas State: NV Zip: 89148

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702.940.8050 Website:

Licensing Company Email: pb@releviumpain.com

Section 2: Personal Information

First: Andrew Middle: Last: Hall

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]S Fort Apache Rd Suite[redacted]

City: Las Vegas State: NV Zip: 89148

Telephone: [redacted] Email: ah@releviumpain.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty:

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials: AH

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of California, San Francisco		07/15 - 6/16	
Address	City	State	Zip
2255 Post St,	San Francisco	CA	94143
Diploma/Degree obtained, if any			
Fellowship - Pain Medicine			
School Name		From - To (MM/YY – MM/YY)	
University of Chicago		06/12 - 06/15	
Address	City	State	Zip
5841 S Maryland Ave	Chicago	IL	60637
Diploma/Degree obtained, if any			
Residency - Anesthesiology			
School Name		From - To (MM/YY – MM/YY)	
University of Illinois - Chicago		07/11 - 06/12	
Address	City	State	Zip
One Illini Drive	Peoria	IL	61605
Diploma/Degree obtained, if any			
Internship			
School Name		From - To (MM/YY – MM/YY)	
University of Illinois - Chicago		09/07 - 06/11	
Address	City	State	Zip
508 South Mathews	Urbana	IL	61801
Diploma/Degree obtained, if any			
Doctor of Medicine			
School Name		From - To (MM/YY – MM/YY	
Illinois Wesleyan University		09/03 - 05/07	
Address	City	State	Zip
1312 Park Street	Bloomington	IL	61701
Diploma/Degree obtained, if any			
Bachelor of Science			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/17 -	[redacted] Ojai Ct.	Las Vegas	NV	89135
07/16 - 06/17	[redacted] Dean Martin Dr	Las Vegas	NV	89103
07/15 - 08/16	[redacted] Divisadero St	San Francisco	CA	94117
06/12 - 06/15	[redacted] N LaSalle Dr	Chicago	IL	60610
06/15	[redacted] N California Ave	Peoria	IL	61603
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 5,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Beginning with your most current employment related to the above.

Business Name		From - To (MM/YY – MM/YY)
Relevium Pain Specialists		05/19 -
Business Address	**City**	**State / Zip**
6064 S Fort Apache Rd. Suite 100	Las Vegas	NV 89148
Phone	**Title**	**Number of Employed Hours**
702.940.8007	Medical Director	4,800
Description of Duties		
MD with prescribing authority - Nevada Pharmacy Board - CS24795 (issued 07/21/2016)		

Business Name		From - To (MM/YY – MM/YY)
Interventional Pain & Spine Institute (Now Closed)		04/17 - 4/19
Business Address	**City**	**State / Zip**
851 S Rampart Blvd. Ste 100	Las Vegas	NV 89148
Phone	**Title**	**Number of Employed Hours**
702.357.8004	Pain Physician	3,800
Description of Duties		
MD with prescribing authority - Nevada Pharmacy Board - CS24795 (issued 07/21/2016)		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Continue on next page if additional space is needed.

Applicant's initials

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials AA

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/2021		NV	Las Vegas	Clark
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
A-21-846000-C		Eighth Judicial District Court		
Reason/Charge				
Other Contract - Constructive Eviction				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Andrew Hall & Andrew Hall MD, PLLC		Lawsuit		
Name of Business/Industry/Entity				
Lewel LLC - Defendant				

Provide explanation below:

Beginning June of 2020, the landlord continued to make excessive amounts of noise on the suite next to the medical office. Some days, patients were not able to be heard because the music was so load. After several attempts to try fix the noise issue and to terminate the lease mutually the landlord refused. The medical office Andrew Hall MD, PLLC DBA Relevium Pain Specialists relocated to a new office building and tried to settle the remaining term of the lease they landlord still refused. As such an active case to close the lease was filed.
Andrew Hall has 3 months of a personal guarantee on the lease
Andrew Hall MD PLLC has 2.25 years remaining on the term of the lease.

Original Signature (electronic, copies or stamps not accepted)

03-22-2022
Date

Applicant's initials AH

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andrew Hall

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/21/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Andrew Hall, MD, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/21/2022

Date

Subscribed and Sworn to before me this 21st day of March.

Notary Public Signature

Lizeth Gonzalez
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 19-2629-1
My Appt. Expires June 20, 2023

(Seal)

Applicant's initials AA

Electronically Filed
12/28/2021 5:01 PM
Steven D. Grierson
CLERK OF THE COURT

COMP
JOHN C. COURTNEY, ESQ.
Nevada Bar No. 11092
ANDREW P. DUNNING, ESQ.
Nevada Bar No. 13864
SEBASTIAN F. GAJARDO, ESQ.
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3215 W. Charleston Blvd., Ste. 120
Las Vegas, Nevada 89102
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Fax: (702) 463-4443
Info@LBCLawgroup.com
Attorneys for Plaintiffs

CASE NO: A-21-846000-C
Department 30

EIGHTH JUDICIAL DISTRICT COURT

CLARK COUNTY, NEVADA

ANDREW HALL MD, PLLC a Nevada limited-liability company, and ANDREW HALL MD, an individual,

Plaintiffs,

v.

LEWEL, LLC, a Nevada limited-liability company; DOES I-X, and ROES XI-XX,

Defendants.

Case No.:
Dept. No.:

COMPLAINT

Arbitration Exemption Requested:
Amount in Controversy Exceeds $50,000
Equitable Relief Sought

JURY TRIAL DEMANDED

Plaintiffs Andrew Hall M.D., PLLC ("Relevium"), and Andrew Hall M.D. ("Dr. Hall," along with Relevium, "Plaintiffs"), by and through their attorneys of record, John C. Courtney, Esq. and Andrew P. Dunning, Esq. of LBC Law Group, allege and complain as follows:

PARTIES

1. Plaintiff Andrew Hall M.D., PLLC is, and was at all times relevant herein, a Nevada professional limited-liability company duly authorized to do business in Clark County, Nevada.

2. Plaintiff Andrew Hall M.D. is, and was at all times relevant herein, an individual residing in Clark County, Nevada.

3. Defendant Lewel, LLC ("Defendant") is, and was at all times relevant herein, a Nevada limited-liability company duly authorized to do business in Clark County, Nevada.

///

4. Plaintiffs are ignorant of the true names and capacities of Defendants sued herein as DOES I through X, inclusive, and ROE CORPORATIONS XI through XX, inclusive, and therefore sue these Defendants by such fictitious names (collectively with Defendant Lewel, LLC, the "Defendants"). Plaintiffs will amend their complaint to allege their true names and capacities when such are ascertained. Plaintiffs are informed and believe and thereon allege that each of the fictitiously named Defendants is responsible in some manner for the occurrences alleged in this complaint, and the Plaintiffs' damages as alleged were proximately caused by each Defendant's conduct.

5. At all relevant times, Defendants were agents, servants, employees or joint venturers of every other Defendant herein, and at all times mentioned herein were acting within the course and scope of said agency, employment, or joint venture, with knowledge and permission and consent of all other named Defendants.

JURISDICTION AND VENUE

6. The Eighth Judicial District Court of the State of Nevada has subject jurisdiction over this matter because:

a. The amount in controversy exceeds the jurisdictional minimum of $15,000.00; and

b. The events described herein, unless otherwise indicated, occurred in Clark County, Nevada.

7. The Eighth Judicial District Court of the State of Nevada is the appropriate venue for resolution of this matter because:

a. Plaintiffs and Defendant are individuals and/or entities located and domiciled in Clark County, Nevada; and

b. The events described herein, unless otherwise indicated, occurred in Clark County, Nevada.

c. The underlying agreements require that any related litigation be initiated in a state court of competent jurisdiction in the county where the subject leased premises are located.

GENERAL STATEMENT OF FACTS

8. On or about March 6, 2019, Relevium entered into a Standard Industrial/Commercial Multi-Tenant Lease with Defendant (the "Lease").

9. That Lease contemplated Relevium's use of certain real property located at 3975 South Durango Drive, Suite 107, Las Vegas, Nevada, 89147 (the "Property").

10. Section 1.8 of the Lease defined the "Agreed Use" of the Property as being "[g]eneral office use for a pain management clinic and other related lawful uses."

11. On or about March 6, 2019, Dr. Hall executed a Guaranty of Lease, which provided that Dr. Hall "shall guarantee the lease for the first 36 months of the lease term" (the "Guaranty").

12. The Lease identifies MDL Group, LLC, a domestic limited-liability company ("MDL") as the lessor's broker.

13. MDL operated as a property manager and tenant liaison for Plaintiffs for issues relating to the Lease.

14. The Property shares a wall with an adjoining Unit, 3975 South Durango Drive., Suite 104, Las Vegas, Nevada 89147 (the "Neighbor Unit").

15. Kraft-Sussman Funeral & Cremation Services ("KS") operates out of the Neighbor Unit; KS is a registered fictitious firm name of Kraft-Sussman Funeral Service, Inc., a dissolved and inactive domestic corporation owned and operated by Laura Sussman.

16. Defendant Lewel is also owned and operated by Laura Sussman, who is identified as its Managing Member in Nevada Secretary of State records.

17. Defendant Lewel, Laura Sussman, and KS all identify the Neighbor Unit as their respective addresses in Nevada Secretary of State records.

18. Shortly after entering into the Lease, Relevium took possession of the Property as agreed.

19. At all times relevant herein, Relevium performed under the Lease as agreed, and made timely rent payments as contemplated under the Lease.

20. At all times relevant herein, Dr. Hall performed under the Guaranty as agreed, and Relevium never defaulted under any of the Lease terms.

21. Section 38 of the Lease guarantees Relevium "quiet possession and quiet enjoyment of the [Property] during the term" of the Lease.

22. Section 6.1 of the Lease prevents tenants from creating a nuisance or using premises in a way that "disturbs occupants of or causes damage to neighboring premises or properties."

23. Beginning in June of 2020, Relevium experienced numerous disturbances, including sound intrusions, onto the Property from the Neighbor Unit.

24. Specifically, KS operated different funeral and memorial services from the Neighbor Unit during ordinary business hours, and those services often included loud chanting, ringing bells, live music, recorded music played over speaker systems, eulogies and spoken ceremonies on loudspeaker, and other noises (the "Disturbances").

25. These Disturbances were irregular and disruptive, permeating from the Neighbor Unit into the Property for Relevium's treaters, patients, and staff to hear.

26. Relevium immediately and repeatedly informed Defendant as well as its agent, Lewel, of these Disturbances, which would either remain unchanged or only superficially (and ultimately temporarily) addressed.

27. These Disturbances upset and distressed Relevium's patients, including those recovering from debilitating physical injuries and incapacitating pain, and disrupted appointments, forcing rescheduling and cancellation in some instances.

28. These Disturbances reflected poorly on Relevium and Dr. Hall's pain management practice, rendering their primary place of business unsuitable for the basic purposes for which the Property was leased.

29. Defendant underwent construction for "soundproofing" nearly a year after the Disturbances began, but these actions only compounded the interference with Relevium's business.

30. In March of 2021, and without any advanced notice to Relevium, Defendant had contractors begin work at the Neighbor Unit, resulting in loud drilling, hammering, and shouting during business hours.

31. The March 2021 construction did not resolve the Disturbances which remained ongoing from at least June of 2020.

32. In April of 2021, again without advanced notice to (or coordination with) Relevium, Defendant undertook additional construction at the Neighbor Unit during business hours, causing even further disruption.

33. Even after Defendant underwent the self-described "soundproofing" in March and April of 2021, KS continued with the Disturbances from the Neighbor Unit, unimpeded.

34. At or about the same time, Relevium began searching for property suitable for its business and which Relevium could reasonably use and enjoy without the Disturbances.

35. Defendant refused to discontinue these Disturbances, reduce volume to reduce the impact of these Disturbances, or modify the timing of these Disturbances so as to no impede Plaintiff's medical practice.

36. Despite Relevium's notice to Defendant and repeated communications regarding the disruptive and intrusive noises, these Disturbances continued.

37. Section 6.4 of the Lease permits Defendant and its agent MDL to enter the Property "at reasonable times" and "after reasonable notice" for the limited purpose of inspecting the conditions and ensuring Relevium's compliance with the terms of the Lease.

38. Beginning in the Spring of 2021, Relevium experienced numerous unauthorized intrusions on to the Property by Defendant's agent, MDL.

39. On multiple occasions, MDL employees arrived at the Property without prior notice to or consent from Relevium (the "Unauthorized Entries").

40. During these Unauthorized Entries, MDL employees would walk through the Property without regard to patient presence and/or treatment, and enter the private back offices maintained by Relevium's principals and treaters.

41. Relevium explained the importance of patient privacy and record confidentiality to Defendant and its agent MDL, as well as the Lease's restrictions against "drop-in" entries onto the Property.

42. Despite these communications, as well as a discussion of medical providers' HIPAA obligations, multiple Unauthorized Entries occurred.

///

43. Sections 9.2, 9.6, and 36 concern Property destruction and loss, Property damage/use impairment, and certain hazardous substance conditions, and imposes certain repair, abatement, and liability obligations on the Defendant lessor.

44. Beginning in the Summer of 2021, Relevium experienced numerous noxious chemical and unpleasant scent intrusions onto the Property from the Neighbor Unit (the "Chemical Spills").

45. In August of 2021, rancid and pungent smells emanated from the Neighbor Unit and throughout the Property, causing queasiness, headaches, and unease in Relevium's staff and patients.

46. Upon information and belief, these Chemical Spills were caused by KS and/or Aquamation of Southern Nevada, LLC.

47. Relevium immediately informed Defendant and MDL of these Chemical Spills, unsure whether there were health concerns associated with biological and chemical agents used by KS in the Neighbor Unit.

48. MDL agreed to visit the property, only to show up hours later than promised with no information and no meaningful way to resolve the Chemical Spill; instead, a sole MDL employee showed up hours into the episode with only a "Febreze" brand air freshener spray.

49. The first instance of these Chemical Spills forced Relevium to close its business and relieve its patients and staff.

50. Specifically, Relevium was forced to reschedule certain patients following the Chemical Spill, and had to follow up with patients as well as staff about the nature of the incident and concerns relating to the same.

51. In November of 2021, Relevium again informed Defendant that the conditions at the Property were unresolved and unsustainable, and advised Defendant that Relevium would be vacating the Property in December of 2021.

52. That same month, Defendant responded by indicating that there were no breaches of the lease, that any such Disturbances, Unauthorized Entries, and Chemical Spills were cured, and

demanding over $80,000 in "termination fees" from Relevium as Relevium was being forced out of the Property.

53. Within days of that communication, Relevium experienced yet another one of KS's Chemical Spills; around that same time, Relevium learned that KS and its shared principal with Defendant, Laura Sussman, were subject to multiple ongoing compliance investigations by the Nevada State Funeral Board.

54. Despite notice from Relevium regarding the severity of these Chemical Spills, and despite scrutiny from the Nevada State Funeral Board regarding this issue, Defendant failed to prevent or resolve these conditions, and KS continued these intrusions from the Neighbor Unit into the Property.

55. In December of 2021, as soon as Relevium was able to transition to new premises from which to conduct its medical practice, Relevium vacated the Property.

56. At the time Relevium vacated the Property, Defendant had not cured its many prior breaches under the Lease, had not credited Relevium for the many impediments to Relevium's use and enjoyment of the Property, had not reimbursed Relevium for the many interruptions to Relevium's business, and had not abated their continuing breaches under the Lease.

57. Relevium continued to pay rents under the lease through December of 2021, even paying rent for weeks after Relevium vacated and cleaned the Property.

CAUSES OF ACTION

FIRST CAUSE OF ACTION
[Breach of Contract]

58. Plaintiffs repeat and reallege the allegations contained in preceding paragraphs as if fully restated herein.

59. The Lease and Guaranty are valid and enforceable contracts.

60. At all times relevant herein, Relevium performed all duties and conditions precedent required under the terms of the Lease.

61. At all times relevant herein, Dr. Hall performed all duties and conditions precedent required under the terms of the Guaranty.

62. Defendant repeatedly violated Relevium's contractual and common law entitlements to quiet possession and quiet enjoyment of the Property.

63. Defendant repeatedly refused to cure its violations of the Lease or address its continued intrusions onto the Property.

64. Defendant repeatedly violated the Lease's prohibition against unauthorized landlord access to the Property during the term of the Lease.

65. Defendant and its agent MDL refused to enforce the Lease terms against KS, which shares common ownership with Defendant.

66. Defendant refused to prevent and reasonably resolve spills involving noxious chemicals and biological agents, despite the Lease's many requirements that the Defendant lessor do so.

67. Defendant refused to afford rent credits, abatement, and/or damages payments for these Disturbances, Unauthorized Entries, and Chemical Spills.

68. As a result of Defendant's unlawful conduct, Plaintiffs have suffered damages in excess of $15,000.

69. As a result of Defendant's unlawful conduct, Plaintiffs have been forced to retain counsel and are entitled to an award of reasonable attorney's fees and costs in their favor.

SECOND CAUSE OF ACTION
[Breach of the Implied Covenant of Good Faith and Fair Dealing]

70. Plaintiffs repeat and reallege the allegations contained in preceding paragraphs as if fully restated herein.

71. Every contract in the State of Nevada contains an implied covenant to act in good faith and to engage in fair dealing in the performance and execution of that contract.

72. Because the Lease and the Guaranty are valid and enforceable contracts, each is bears the implied covenant of good faith and fair dealing.

73. Defendant's failure to perform under the agreements as promised, as well as Defendant's affirmative actions which deprived Plaintiffs of the benefit of their respective bargains, constitute breaches of the implied covenant of good faith and fair dealing.

74. As a result of Defendant's unlawful conduct, Plaintiffs have suffered damages in excess of $15,000.

75. As a result of Defendant's unlawful conduct, Plaintiffs have been forced to retain counsel and are entitled to an award of reasonable attorney's fees and costs in their favor.

THIRD CAUSE OF ACTION
[Declaratory Relief – NRS 30.010 et seq.*]*

76. Plaintiffs repeat and reallege the allegations contained in preceding paragraphs as if fully restated herein.

77. Controversies exist between Plaintiffs and Defendant on multiple issues, including the Parties' respective rights and obligations under the Lease and Guaranty.

78. Those issues are ripe for judicial determination as expressly authorized under NRS Chapter 30 and related Nevada procedural rules.

79. Plaintiffs are entitled to judicial declarations regarding Defendant's breaches of the Lease and Guaranty, as well as Defendant's actions which impeded Plaintiff's ability to remain in the Property for the duration of the term.

80. As a result of Defendant's unlawful conduct, Plaintiffs have been forced to retain counsel and are entitled to an award of reasonable attorney's fees and costs in their favor.

FOURTH CAUSE OF ACTION
[Constructive Eviction]

81. Plaintiffs repeat and reallege the allegations contained in preceding paragraphs as if fully restated herein.

82. Defendant's affirmative breaches of the Lease and continued failure to cure impeded Relevium's use of the Property.

83. Defendant's actions and failures to act rendered the Property, either in whole or in substantial part, unfit for occupancy for the purpose for which the Lease was entered into.

84. Specifically, Defendant rendered the Property unsuitable for the "[g]eneral office use for a pain management clinic and other related lawful uses" contemplated under the Lease.

///

85. Relevium made repeated attempts to redress Defendant's actions and inaction to avoid having to vacate the Property, and provided Defendant with ample notice of, and a reasonable opportunity to cure, these defects.

86. Defendant's actions and inaction forced Relevium to locate and secure alternative premises which would be suitable for the agreed uses contemplated under the Lease.

87. Defendant's actions and inaction forced Relevium to vacate the Property in December of 2021 to relocate to a suitable property free of Defendant's unlawful conduct.

88. As a result of Defendant's unlawful conduct, Plaintiffs have been forced to retain counsel and are entitled to an award of reasonable attorney's fees and costs in their favor.

PRAYER FOR RELIEF

For the foregoing reasons, Plaintiffs pray for judgment in their favor and against Defendant as follows:

1. For an award of damages in excess of $15,000.00;
2. For preliminary and permanent injunctive relief as outlined herein;
3. For an award of reasonable attorney's fees and costs;
4. For interest on monetary damages, including awards of pre- and post-judgment interest;
5. For declaratory relief as outlined herein; and
6. For any other such relief the Court deems appropriate under the circumstances.

JURY DEMAND

Plaintiffs hereby demand to have their case heard by a jury.

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ARBITRATION EXEMPTION

The total of Plaintiffs' damages, exclusive of interests and costs, which the judge and/or jury is likely to award, exceeds $50,000. Additionally, Plaintiffs assert claims for declaratory relief, which may not be resolved in court-annexed arbitration. Accordingly, this case should be automatically exempted from the arbitration program.

Dated this 28th day of December 2021.

LBC LAW GROUP

/s/ Andrew P. Dunning

JOHN C. COURTNEY, ESQ.
Nevada Bar No. 11092
ANDREW P. DUNNING, ESQ.
Nevada Bar No. 13864
SEBASTIAN F. GAJARDO, ESQ.
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Fax: (702) 463-4443
Info@LBCLawgroup.com
Attorneys for Plaintiffs

13

13A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Y

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (05/19/2021)

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

Section 1: Personal Information

First: Michael Middle: Stanley Last: Kaplan

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☐ F ☐ X

Home Address: [redacted]anni Ct

City: Henderson State: NV Zip: 89012

Telephone: 702-885-7192 Email: hendersonuro@yahoo.com

Degree: MD Practitioner License #: 22069 Specialty: urology

(You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): Uroshock

Practice Address: 675 S Green Valley Parkway Suite #: 1119

City: Henderson State: NV Zip: 89052

Telephone: 702-885-7192 Fax: _____ Email: support@uroshock.com

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✔	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✔	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
See attached			

Criminal Action:	State:	Date:	Case #:	County:	Court:
See attached					

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Kaplan
Print Name (First, Last)

03/26/22
Date

MS Kaplan
Original Signature (electronic, copies or stamps not accepted)

3/26/22
Date

Board Use Only: Date Processed: _____ Amount: 200 Check # 1012

Board Administrative Action:	State:	Date	Case #:
Fine/Public Reprimand	NV	12/3/2005	
License suspended summarily	NV	14 March, 2011	11-8547-1
Stipulation and Order: reinstatement of license	NV	12 April, 2011	11-12859-1
Settlement agreement	NV	14 June, 2018	11-8547-1, 158547-1
Denial of initial licensure	MI	29 Dec, 2020	

Criminal Action:	State:	Date:	Case #:	County:	Court:
Conviction: Conspiracy to commit Adulteration	NV	5 May, 2015	Case 2:13-cr-00377-GMN-CWH	Clark	United States District Court

December 2011 I purchased a refurbished General Electric ultrasound unit from a distributor I found online to enable me to continue performing transrectal ultrasound directed biopsies of the prostate. I previously owned a similar unit that I had purchased new. At that time, I also purchased a reusable steel needle guide with the ultrasound. A couple of days later, the ultrasound was delivered, as promised, but sans needle guide, rendering the machine unusable. I called the salesman, Scott Brandt, who informed me that he would send me a box of needle guides, that could be re-used three to five times, using high level disinfection. He reassured me that other urologists were reprocessing needle guides without any difficulty. The needle guides came in a box that was marked with a bevy of arcane logos, including a two inside of a circle, with a squiggle. That ambiguous logo was subsequently discarded by the FDA with a new warning that said, "Do Not Reuse. In March 2011, after having been alerted of the reuse by a member of my office staff, I was investigated by two FDA agents. The agents initially were also unaware as to the implications of the logo and advised me that the packages seemed to be misbranded. However, they returned two days later, and I was advised that I was to be investigated for adulteration of a medical device. Obviously, I immediately discontinued the practice of reprocessing the device. Years later, I was indicted. Sept, 2014 I was convicted of Conspiracy to Commit Adulteration. The title and section of the Judgment was an error and was amended *nunc pro tunc* on June 10, 2019.

I was released from probation on 5/13/2021.

M S Kaplan MD

Michael Kaplan MD

3/25/2022

AO 245B (Rev. 09/11) Judgment in a Criminal Case
Sheet 1

UNITED STATES DISTRICT COURT

DISTRICT OF NEVADA

UNITED STATES OF AMERICA
v.
MICHAEL STANLEY KAPLAN, MD

JUDGMENT IN A CRIMINAL CASE

Case Number: 2:13-cr-00377-GMN-CWH-1

USM Number: 49455-048

Dennis Riordan, Retained
Defendant's Attorney

THE DEFENDANT:

☐ pleaded guilty to count(s) _____

☐ pleaded nolo contendere to count(s) _____
which was accepted by the court.

☑ was found guilty on count(s) 1 of the Indictment
after a plea of not guilty.

The defendant is adjudicated guilty of these offenses:

Title & Section	Nature of Offense	Offense Ended	Count
18:331(k), 333(a)(2) and 351(a)(2)(A)	Conspiracy to Commit Adulteration	May, 2011	1

The defendant is sentenced as provided in pages 2 through 6 of this judgment. The sentence is imposed pursuant to the Sentencing Reform Act of 1984.

☑ The defendant has been found not guilty on count(s) 2 of the Indictment

☐ Count(s) _____ ☐ is ☐ are dismissed on the motion of the United States.

It is ordered that the defendant must notify the United States attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid. If ordered to pay restitution, the defendant must notify the court and United States attorney of material changes in economic circumstances.

5/5/2015
Date of Imposition of Judgment

Signature of Judge

Gloria M. Navarro Chief US District Judge
Name and Title of Judge

May 7, 2015
Date

DEFENDANT: MICHAEL STANLEY KAPLAN, MD
CASE NUMBER: 2:13-cr-00377-GMN-CWH

IMPRISONMENT

The defendant is hereby committed to the custody of the United States Bureau of Prisons to be imprisoned for a total term of:

48 MONTHS

☑ The court makes the following recommendations to the Bureau of Prisons:

Defendant be designated to serve his term of incarceration at a facility located as close to Las Vegas, Nevada as possible.

☐ The defendant is remanded to the custody of the United States Marshal.

*** ☑ The defendant shall surrender to the United States Marshal for this district:

☑ at 12:00 ☐ a.m. ☑ p.m. on 8/3/2015 .

☐ as notified by the United States Marshal.

☐ The defendant shall surrender for service of sentence at the institution designated by the Bureau of Prisons:

☐ before 2 p.m. on _____ .

☐ as notified by the United States Marshal.

☐ as notified by the Probation or Pretrial Services Office.

*****Defendant's self-surrender date is STAYED pending appeal.**

RETURN

I have executed this judgment as follows:

Defendant delivered on _____ to _____

a _____ , with a certified copy of this judgment.

_____
UNITED STATES MARSHAL

By _____
DEPUTY UNITED STATES MARSHAL

DEFENDANT: MICHAEL STANLEY KAPLAN, MD
CASE NUMBER: 2:13-cr-00377-GMN-CWH

SUPERVISED RELEASE

Upon release from imprisonment, the defendant shall be on supervised release for a term of :

1 YEAR

The defendant must report to the probation office in the district to which the defendant is released within 72 hours of release from the custody of the Bureau of Prisons.

The defendant shall not commit another federal, state or local crime.

The Defendant shall not unlawfully possess a controlled substance. The defendant shall refrain from any unlawful use of a controlled substance. The defendant shall submit to one drug test within 15 days of placement on probation and at least two periodic drug tests thereafter, as determined by the court, not to exceed 104 tests annually. Revocation is mandatory for refusal to comply.

☐ The above drug testing condition is suspended, based on the court's determination that the defendant poses a low risk of future substance abuse. *(Check, if applicable.)*

☑ The defendant shall not possess a firearm, ammunition, destructive device, or any other dangerous weapon. *(Check, if applicable.)*

☑ The defendant shall cooperate in the collection of DNA as directed by the probation officer. *(Check, if applicable.)*

☐ The defendant shall comply with the requirements of the Sex Offender Registration and Notification Act (42 U.S.C. § 16901, *et seq.*) as directed by the probation officer, the Bureau of Prisons, or any state sex offender registration agency in which he or she resides, works, is a student, or was convicted of a qualifying offense. *(Check, if applicable.)*

☐ The defendant shall participate in an approved program for domestic violence. *(Check, if applicable.)*

If this judgment imposes a fine or restitution, it is a condition of supervised release that the defendant pay in accordance with the Schedule of Payments sheet of this judgment.

The defendant must comply with the standard conditions that have been adopted by this court as well as with any additional conditions on the attached page.

STANDARD CONDITIONS OF SUPERVISION

1) the defendant shall not leave the judicial district without the permission of the court or probation officer;
2) the defendant shall report to the probation officer in a manner and frequency directed by the court or probation officer;
3) the defendant shall answer truthfully all inquiries by the probation officer and follow the instructions of the probation officer;
4) the defendant shall support his or her dependents and meet other family responsibilities;
5) the defendant shall work regularly at a lawful occupation, unless excused by the probation officer for schooling, training, or other acceptable reasons;
6) the defendant shall notify the probation officer at least ten days prior to any change in residence or employment;
7) the defendant shall refrain from excessive use of alcohol and shall not purchase, possess, use, distribute, or administer any controlled substance or any paraphernalia related to any controlled substances, except as prescribed by a physician;
8) the defendant shall not frequent places where controlled substances are illegally sold, used, distributed, or administered;
9) the defendant shall not associate with any persons engaged in criminal activity and shall not associate with any person convicted of a felony, unless granted permission to do so by the probation officer;
10) the defendant shall permit a probation officer to visit him or her at any time at home or elsewhere and shall permit confiscation of any contraband observed in plain view of the probation officer;
11) the defendant shall notify the probation officer within seventy-two hours of being arrested or questioned by a law enforcement officer;
12) the defendant shall not enter into any agreement to act as an informer or a special agent of a law enforcement agency without the permission of the court; and
13) as directed by the probation officer, the defendant shall notify third parties of risks that may be occasioned by the defendant's criminal record or personal history or characteristics and shall permit the probation officer to make such notifications and to confirm the defendant's compliance with such notification requirement.

DEFENDANT: MICHAEL STANLEY KAPLAN, MD
CASE NUMBER: 2:13-cr-00377-GMN-CWH

SPECIAL CONDITIONS OF SUPERVISION

1. Debt Obligations - You shall be prohibited from incurring new credit charges, opening additional lines of credit, or negotiating or consummating any financial contracts without the approval of the probation officer.

2. Community Service - You shall complete 300 hours of community service (100 hours per year of supervised release), to include previously performed community service from the date of arraignment, as approved and directed by the probation officer.

3. Warrantless Search - You shall submit to the search of your person, property, residence or automobile under your control by the probation officer or any other authorized person under the immediate and personal supervision of the probation officer, without a search warrant to ensure compliance with all conditions of release.

4. Possession of Weapons - You shall not possess, have under your control, or have access to any firearm, explosive device, or other dangerous weapons, as defined by federal, state, or local law.

5. Report to Probation Officer After Release from Custody - You shall report, in person, to the probation office in the district to which you are released within 72 hours of discharge from custody.

ACKNOWLEDGEMENT

Upon finding of a violation of probation or supervised release, I understand that the court may (1) revoke supervision, (2) extend the term of supervision, and/or (3) modify the conditions of supervision.

These conditions have been read to me. I fully understand the conditions and have been provided a copy of them.

(Signed) _____ _____
Defendant Date

_____ _____
U.S. Probation/Designated Witness Date

DEFENDANT: MICHAEL STANLEY KAPLAN, MD
CASE NUMBER: 2:13-cr-00377-GMN-CWH

CRIMINAL MONETARY PENALTIES

The defendant must pay the total criminal monetary penalties under the schedule of payments on Sheet 6.

	Assessment	Fine	Restitution
TOTALS	$ 100.00	$	$

☐ The determination of restitution is deferred until _____. An *Amended Judgment in a Criminal Case (AO 245C)* will be entered after such determination.

☐ The defendant must make restitution (including community restitution) to the following payees in the amount listed below.

If the defendant makes a partial payment, each payee shall receive an approximately proportioned payment, unless specified otherwise in the priority order or percentage payment column below. However, pursuant to 18 U.S.C. § 3664(i), all nonfederal victims must be paid before the United States is paid.

Name of Payee	Total Loss*	Restitution Ordered	Priority or Percentage

TOTALS $ 0.00 $ 0.00

☐ Restitution amount ordered pursuant to plea agreement $ _____

☐ The defendant must pay interest on restitution and a fine of more than $2,500, unless the restitution or fine is paid in full before the fifteenth day after the date of the judgment, pursuant to 18 U.S.C. § 3612(f). All of the payment options on Sheet 6 may be subject to penalties for delinquency and default, pursuant to 18 U.S.C. § 3612(g).

☐ The court determined that the defendant does not have the ability to pay interest and it is ordered that:

☐ the interest requirement is waived for the ☐ fine ☐ restitution.

☐ the interest requirement for the ☐ fine ☐ restitution is modified as follows:

* Findings for the total amount of losses are required under Chapters 109A, 110, 110A, and 113A of Title 18 for offenses committed on or after September 13, 1994, but before April 23, 1996.

DEFENDANT: MICHAEL STANLEY KAPLAN, MD
CASE NUMBER: 2:13-cr-00377-GMN-CWH

SCHEDULE OF PAYMENTS

Having assessed the defendant's ability to pay, payment of the total criminal monetary penalties is due as follows:

A ☑ Lump sum payment of $ 100.00 due immediately, balance due

☐ not later than _____ , or
☐ in accordance ☐ C, ☐ D, ☐ E, or ☐ F below; or

B ☐ Payment to begin immediately (may be combined with ☐ C, ☐ D, or ☐ F below); or

C ☐ Payment in equal _____ *(e.g., weekly, monthly, quarterly)* installments of $ _____ over a period of _____ *(e.g., months or years)*, to commence _____ *(e.g., 30 or 60 days)* after the date of this judgment; or

D ☐ Payment in equal _____ *(e.g., weekly, monthly, quarterly)* installments of $ _____ over a period of _____ *(e.g., months or years)*, to commence _____ *(e.g., 30 or 60 days)* after release from imprisonment to a term of supervision; or

E ☐ Payment during the term of supervised release will commence within _____ *(e.g., 30 or 60 days)* after release from imprisonment. The court will set the payment plan based on an assessment of the defendant's ability to pay at that time; or

F ☐ Special instructions regarding the payment of criminal monetary penalties:

Unless the court has expressly ordered otherwise, if this judgment imposes imprisonment, payment of criminal monetary penalties is due during imprisonment. All criminal monetary penalties, except those payments made through the Federal Bureau of Prisons' Inmate Financial Responsibility Program, are made to the clerk of the court.

The defendant shall receive credit for all payments previously made toward any criminal monetary penalties imposed.

☐ Joint and Several

Defendant and Co-Defendant Names and Case Numbers *(including defendant number)*, Total Amount, Joint and Several Amount, and corresponding payee, if appropriate.

☐ The defendant shall pay the cost of prosecution.

☐ The defendant shall pay the following court cost(s):

☐ The defendant shall forfeit the defendant's interest in the following property to the United States:

Payments shall be applied in the following order: (1) assessment, (2) restitution principal, (3) restitution interest, (4) fine principal, (5) fine interest, (6) community restitution, (7) penalties, and (8) costs, including cost of prosecution and court costs.

UNITED STATES DISTRICT COURT

DISTRICT OF NEVADA

UNITED STATES OF AMERICA, Plaintiffs, vs. MICHAEL STANLEY KAPLAN, M.D., Defendant.	Case No.: 2:13-cr-00377-GMN-CWH **ORDER**

Pending before the Court is Defendant Michael Stanley Kaplan's ("Defendant's") *Ex Parte* Motion for Order Correcting Judgment, (ECF No. 251). Defendant's Motion states that the Judgment in this matter correctly refers to a conviction of Count One of the Indictment, Conspiracy to Commit Adulteration pursuant to 18 U.S.C. § 371. However, Defendant explains that the Judgment cites violations of 18 U.S.C. §§ 331(k), 333(a)(2) and 351(a)(2)(A) as the basis for the Conspiracy when it should have cited to violations of 21 U.S.C. §§ 331(k), 333(a)(2) and 351(a)(2)(A).

Upon review of the Indictment, the Court agrees with Defendant. The Judgment should state a conviction based on violations of 21 U.S.C. §§ 331(k), 333(a)(2) and 351(a)(2)(A), as stated in the Indictment, (ECF No. 1). Accordingly,

IT IS HEREBY ORDERED that the Judgment in this matter shall be amended *nunc pro tunc* to state a conviction pursuant to Count One of the Indictment, Conspiracy to Commit Adulteration, 18 U.S.C. § 371, in violation of 21 U.S.C. § 331(k), 21 U.S.C. § 333(a)(2), and 21 U.S.C. § 351(a)(2)(A).

DATED this 10 day of June, 2019.

Gloria M. Navarro, Chief Judge
United States District Court

United States District Court

DISTRICT OF NEVADA
PROBATION OFFICE

Chad R. Boardman
CHIEF PROBATION OFFICER

☒ **Reply to Las Vegas**

Foley Federal Building
300 Las Vegas Blvd. South
Suite 1200
Las Vegas, NV 89101

Tel: 702-527-7300
Fax:702-527-7345

☐ **Reply to Reno**

Bruce R. Thompson U.S. Courthouse
400 S. Virginia St.
Suite 103
Reno, NV 89501

Tel: 775-686-5980
Fax: 775-686-5990

May 13, 2021

Michael Stanley Kaplan
763 Lanni Court
Henderson, Nevada 89012

RE: EXPIRATION OF SUPERVISION TERM
Case No. 2:13CR00377

Dear Mr.. Kaplan:

This letter serves to formally confirm the expiration of your supervision term as ordered in criminal case 2:13CR00377, effective May 3, 2021.

Despite your expiration from supervision, you remain liable for any court-imposed restitution and/or fine amounts that remain outstanding and will be expected to continue with your monthly payments. If you have a felony conviction, you must adhere to all Federal and State laws prohibiting possession of firearms and/or explosive devices. Additionally, should you continue to reside in Nevada, you remain subject to local criminal registration requirements.

Sincerely,

Gabriella Mitchell

Digitally signed by Gabriella Mitchell
Date: 2021.05.13 12:41:24 -07'00'

Gabriella Mitchell
United States Probation Officer Assistant

-Integrity is Our Guide-

Explanation: Denial of Initial Licensure, State of Michigan

12/29/20

The Michigan Board rejected my application, based on the Nevada Board Settlement Agreement dated May 31, 2018. (A sanction imposed by a similar licensure body of another state based upon grounds substantially similar to those in Article 15 of the Public Health Code, and in force at the time of application for licensure.)

MS Kaplan MD

Michael Kaplan MD

3/26/2022

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

C. INFORMATION REPORTED

Type of Adverse Action:	STATE LICENSURE OR CERTIFICATION
Basis for Action:	LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINARY ACTION TAKEN BY A FEDERAL, STATE OR LOCAL LICENSING AUTHORITY (39)
Name of Agency or Program That Took the Adverse Action Specified in This Report:	STATE OF MICHIGAN/BPL
Adverse Action Classification Code(s):	DENIAL OF INITIAL LICENSE (1149)
Date Action Was Taken:	12/29/2020
Date Action Became Effective:	12/29/2020
Length of Action:	INDEFINITE
Total Amount of Monetary Penalty, Assessment and/or Restitution:	
Is the subject automatically reinstated after the adverse action period is completed?:	
Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:	Pursuant to the Board of Medicine Notice of Intent to Deny Application for Licensure (NOID) dated December 29, 2020, Dr. Kaplan's application for licensure as a medical doctor was denied. This action was based on the Nevada Board of Medical Examiners Settlement Agreement dated May 31, 2018, which constitutes a sanction imposed by a similar licensure body of another state based upon grounds substantially similar to those in Article 15 of the Public Health Code and in force at the time of application for licensure. Dr. Kaplan failed to file a written demand for hearing within 30 days from the date the NOID was received and therefore the NOID is deemed a final order of the Board.
Is the adverse action specified in this report based on the subject's professional competence or conduct, which adversely affected, or could have adversely affected, the health or welfare of patient(s)?:	NO

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

DCN: 5500000172413180
Process Date: 03/02/2021

KAPLAN, MICHAEL STANLEY

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 03/02/2021
Date of Most Recent Change: 03/02/2021

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

Statement of explanation:

License summarily suspended on March 14, 2011

Nevada Board of Medicine.

License reinstated on April 12, 2011

December of 2011 my stalwart GE ultrasound which I had used to perform transrectal biopsies of the prostate finally withered, putting me in a predicament. My office was booked for weeks with patients anxious to find out if they had prostate cancer, and have their procedure completed before the end of the month to avoid paying a new deductible in January. I scrambled to find a similar unit and discovered a distributor online that had a GE model which could be delivered within a week. I purchased a reusable steel needle guide with the ultrasound. A couple of days later, the ultrasound was delivered, as promised, but sans needle guide, rendering the machine unusable. I called the salesman, Scott Brandt, who informed me that he would send me a box of needle guides, that could be re-used three to five times, using high level disinfection. He reassured me that other urologists were reprocessing needle guides without any difficulty. The needle guides came in a box that was marked with a bevy of arcane logos, including a two inside of a circle, with a squiggle. That ambiguous logo was subsequently discarded by the FDA with a new warning that said, "Do Not Reuse." I was not alone in my naivety regarding the logo, as at least one other urologist subsequently reported to the Board that he had been reprocessing similar needle guides for over three years. In March 2011, after having been alerted of the reuse by a member of my office staff, I was investigated by the Board, and two FDA agents. The agents initially were also unaware as to the implications of the logo and advised me that the packages seemed to be misbranded. However, they returned two days later, and my license was suspended pending an investigation. In the interim, the Board conducted their own enquiry. The urologist assigned by the Board reported that she too was unaware as to the implications of the two inside of a circle with a squiggle. My license was reinstated while I subsequently underwent a period of monitoring with an infection control nurse that I paid for. As expected, not one of the patients that had ultrasound directed biopsies of the prostate in my office ever experienced any infectious sequelae from my reuse of needle guides.

MS Kaplan MD

Michael Kaplan MD

3/26/22

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

the Reported Action):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

C. INFORMATION REPORTED

NOTE: Information marked with an asterisk (*) was added, corrected, or removed.

Type of Adverse Action:	STATE LICENSURE OR CERTIFICATION
* Basis for Action:	OTHER - NOT CLASSIFIED, SPECIFY (99)
* Other, as Specified:	DISREPUTABLE CONDUCT
Name of Agency or Program That Took the Adverse Action Specified in This Report:	NEVADA STATE BOARD OF MEDICAL EXAMINERS
* Adverse Action Classification Code(s):	REVOCATION OF LICENSE (1110) REPRIMAND OR CENSURE (1140) PUBLICLY AVAILABLE FINE/MONETARY PENALTY (1173)
* Date Action Was Taken:	06/01/2018
* Date Action Became Effective:	06/01/2018
Length of Action:	INDEFINITE
* Total Amount of Monetary Penalty, Assessment and/or Restitution:	$ 18,819.87
Is the subject automatically reinstated after the adverse action period is completed?:	NO

* Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:

On April 12, 2011, in Case No. 11-12859-1, a Stipulation and Order was approved between the Investigative Committee (IC) of the Nevada State Board of Medical Examiners' (Board) and Practitioner, wherein Practitioner's license was reinstated after summary suspension on March 14, 2011, subject to certain conditions. The parties stipulated that this Stipulation and Order would not affect Case No. 11-8547-1. However, evidence of Practitioner's good faith compliance with the conditions set forth therein may be considered in connection with any hearing or resolution of legal case No. 11-8547-1. Nothing in the Stipulation constituted an admission of negligence or guilt and it was specifically stated: "It is understood and agreed that the intent of this Stipulation is to allow Practitioner's license to be reinstated and that he may practice within his area of specialty, urology, without restriction, but subject to the voluntary and temporary conditions set forth above." On July 24, 2013, in Case No. 11-8547-1, the IC filed a formal First Amended Complaint (First Complaint) charging Practitioner with violating the Medical Practice Act (MPA). Specifically, the First Complaint alleges one (1) violation of Nevada Administrative Code (NAC) 630.230(1)(h), failing to adequately supervise a medical assistant (Count I) and one (1) violation of Nevada Revised Statute (NRS) 630.306(7), failure to exercise ordinary skill or diligence (Count II). On September 24, 2015, in Case No. 15-8547-1, the IC filed a formal Complaint (Second Complaint) charging Practitioner with violating the Medical Practice Act. Specifically, the Second Complaint alleges one (1) violation of NRS 630.301 (9), disreputable conduct (Count I),

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Chantilly, VA 20153-0832
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one (1) violation of NRS 630.301(11)(g), conviction of an offense involving moral turpitude (Count II), and one (1) violation of NRS 630.301 (1), conviction of a felony relating to the practice of medicine (Count III). On June 1, 2018, the Board approved a Settlement Agreement with the following terms and conditions: Practitioner admits to Count I of the Second Complaint; Counts I and II of the First Complaint and Count II and III of the Second Complaint shall be dismissed with prejudice; Practitioner's license to practice medicine shall be revoked; Practitioner will pay the costs and expenses incurred in the investigation and prosecution of the matters which shall be effective upon the Board's acceptance, adoption and approval of this Agreement, the current amount being $18,819.87, not including any costs that may be necessary to finalize this Agreement. Practitioner shall pay the aforementioned costs and fees within 60 days of his reapplication for licensure by the Board; Practitioner may also request a plan of repayment, and repay said costs under such terms that are acceptable to the Board. Practitioner shall receive a Public Letter of Reprimand. If Practitioner otherwise meets the requirements for application for licensure, then he may reapply for a medical license, and this agreement will not preclude him from making such application. This Agreement encompasses the resolution of all issues before the Board, including any allegations that Practitioner may have failed to comply with reporting requirements.

Is the adverse action specified in this report based on the subject's professional competence or conduct, which adversely affected, or could have adversely affected, the health or welfare of patient(s)?: YES

* ☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * *

In The Matter of an Investigation of MICHAEL KAPLAN, M.D., License No. 5983	Case No. 11-12859-1 FILED APR 12 2011 NEVADA STATE BOARD OF MEDICAL EXAMINERS By:

STIPULATION AND ORDER

The Investigative Committee of the Nevada State Board of Medical Examiners (hereinafter "Committee") and Michael Kaplan, M.D. (hereinafter "Dr. Kaplan"), by and through the undersigned counsel, hereby agree and stipulate to the following. The medical license of Dr. Kaplan was summarily suspended on March 14, 2011, pursuant to NRS 630.326(1), by the Committee, based upon preliminary investigation findings that the suspension of the license was necessary to remove a risk of imminent harm to the health, safety and welfare of the public.

The imminent risk of harm to the health, safety and welfare of the public having been ameliorated by the following terms of this Stipulation, the parties agree that the license of Dr. Kaplan to practice medicine in the state of Nevada shall be reinstated subject to the following:

1) Dr. Kaplan may start practicing medicine immediately upon the filing of this Stipulation and Order. Dr. Kaplan may perform the procedures noted in Attachment A to this Stipulation once the following conditions are met by appropriate voluntary monitoring being put in place as set further forth below.

2) Dr. Kaplan agrees that any procedure noted in Attachment A to this Stipulation, performed in an office setting (rather than a hospital or ambulatory surgery center) will be voluntarily monitored by a third-party monitor. The monitor will check for proper infection control procedures, including but not limited to, the use of disposable, single-use-only medical devices and the appropriate cleaning and sterilization of reusable medical devices. Said voluntary monitoring shall be in place for a period of ninety (90)

days which will be counted consecutively beginning from the first date a monitor is in place in Dr. Kaplan's office.

3) The condition of appropriate voluntary monitoring does not apply to any procedure performed by Dr. Kaplan in a hospital or ambulatory surgery center. It is agreed that procedures performed by Dr. Kaplan in a hospital or ambulatory surgery center are not subject to the condition of voluntary monitoring.

4) The third party monitor will be subject to approval by the Committee prior to the commencement of voluntary monitoring and all costs associated with said monitoring shall be paid by Dr. Kaplan.

5) Dr. Kaplan shall, for the period of voluntary monitoring, perform the procedures noted on Attachment A on pre-designated days arranged with and agreed to by the monitor and Dr. Kaplan.

6) Dr. Kaplan shall submit to random site inspections by Nevada State Board of Medical Examiners staff and/or authorized inspectors/staff of the Nevada State Board of Health and its subdivisions and/or any other authorized third party inspector to ensure that appropriate infection control procedures are followed and inspect any inventories or documentation related to disposable, single-use-only medical devices, appointment calendars and patient records during the pendency of the proceedings related to formal complaint number 11-8547-1 and shall pay any costs associated with such inspections.

7) Dr. Kaplan does not currently perform any procedures in-office with the use of general anesthesia, conscious sedation or deep sedation. However, should he perform any procedures with the use of general anesthesia, conscious sedation or deep sedation in the future, such will be performed only after obtaining the requisite permit as set forth in NRS 449.435 to 449.448.

8) Should the Committee find that Dr. Kaplan has violated the terms of this Stipulation, it may suspend his license to practice medicine immediately and shall set a date for a hearing to be held within forty-five (45) days to determine if the suspension should ~~suspension~~ continue while legal case number 11-8547-1 is pending.

FDD

9) The parties stipulate that this agreement does not affect case number 11-8547-1. However, evidence of Dr. Kaplan's good faith compliance with the conditions set forth herein may be considered in connection with any hearing on or resolution of legal case number 11-8547-1. Nothing in this voluntary agreement and stipulation shall constitute an admission of negligence or fault on the part of Dr. Kaplan. It is understood and agreed that the intent of this Stipulation is to allow Dr. Kaplan's license to be reinstated and that he may practice within his area of specialty, urology, without restriction, but subject to the voluntary and temporary conditions set forth above.

10) The parties further stipulate that the Order to Show Cause hearing set for April 13, 2011, in Las Vegas, is vacated based upon the resolution of the suspension of license set forth in this stipulation.

Dated this 19th day of April, 2011.

Patricia Daehnke, Esq.
Attorney for Michael Kaplan, M.D.

Dated this 21st day of April, 2011.

Lyn E. Beggs, Esq.
Attorney for the Investigative Committee

IT IS SO ORDERED.

Dated this 21st day of April 2011.

Patrick Dolan, Esq.
Hearing Officer

ATTACHMENT "A"

- Cystoscopy
- Cystoscopy with removal of stent
- Dilation of stricture
- Incision and drainage of abscess, groin or scrotum
- Instillation of medication into the bladder including heparin, lidocaine, sodium bicarbonate and bcg
- Placement of catheter
- Placement of suprapubic catheter
- Placement of fiducial markers
- Removal of scrotal and penile lesions
- Transrectal ultrasound with biopsy of the prostate
- Ultrasound of the scrotum if biopsies are being taken
- Vasectomy

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against Michael Stanley Kaplan, M.D., Respondent.	**Case Nos. 11-8547-1 15-8547-1**

FILED
JUN 14 2018
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Robert Kilroy, Esq., General Counsel for the Board and attorney for the IC, and Michael Stanley Kaplan, M.D. (Respondent), a licensed Physician in Nevada, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

A. Background

1. Respondent is a medical doctor whose license is indefinitely suspended, and in an expired status since June 30, 2017, by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act). Respondent was first licensed to practice medicine in Nevada on December 2, 1989 (License No. 5983).

2. On April 12, 2011, in Case No, 11-12859-1, a Stipulation and Order was entered into between the IC and Michael Kaplan, M.D., wherein Dr. Kaplan's license was reinstated after summary suspension on March 14, 2011, subject to certain conditions. The parties stipulated that this Stipulation and Order would not affect Case No. 11-8547-1. However, evidence of Dr.

[1] All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

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Kaplan's good faith compliance with the conditions set forth therein may be considered in connection with any hearing or resolution of legal case No. 11-8547-1. Nothing in the Stipulation constituted an admission of negligence or guilt and it was specifically stated: "It is understood and agreed that the intent of this Stipulation is to allow Dr. Kaplan's license to be reinstated and that he may practice within his area of specialty, urology, without restriction, but subject to the voluntary and temporary conditions set forth above."

3. On July 24, 2013, in Case No. 11-8547-1, the IC filed a formal First Amended Complaint (First Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the First Complaint alleges one (1) violation of NAC 630.230(1)(h), failing to adequately supervise a medical assistant (Count I) and one (1) violation of NRS630.306(7), failure to exercise ordinary skill or diligence (Count II).

4. On September 24, 2015, in Case No. 15-8547-1, the IC filed a formal Complaint (Second Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Second Complaint alleges one (1) violation of NRS 630.301(9), disreputable conduct (Count I), one (1) violation of NRS 630.301(11)(g), conviction of an offense involving moral turpitude (Count II), and one (1) violation of NRS 630.301(1), conviction of a felony relating to the practice of medicine (Count III).

5. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

6. Respondent was properly served with a copy of these Complaints, has reviewed and understands these Complaints, and has had the opportunity to consult with competent counsel concerning the nature and significance of these Complaints.

7. Respondent is hereby advised of his rights regarding this administrative matter, and of his opportunity to defend against the allegations in the Complaints. Specifically, Respondent has certain rights in this administrative matter as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA) pertaining to certain regulatory bodies, which is contained in NRS Chapters 233B and 622A. These rights

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include the right to a formal hearing on the allegations in the Complaints, the right to representation by counsel, at his own expense, in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

8. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

9. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

B. Terms & Conditions

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaints, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction**. Respondent is, and at all times relevant to the Complaints has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**. Respondent acknowledges he is represented by counsel, and wishes to resolve the matters addressed herein with said counsel. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into this Agreement and for the duration of this

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Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to have a full consultation with and upon the advice of legal counsel.

3. **Waiver of Rights**. In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaints filed in this matter, including defense of the Complaints, adjudication of the allegations set forth in the Complaints, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaints as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

4. **Acknowledgement of Reasonable Basis to Proceed**. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The Board acknowledges Respondent is not admitting and specifically denies that the Board's claims/counts as alleged in the Complaints have merit. Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts if these cases were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaints, but for the purposes of resolving these cases and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement. It is understood that Respondent intends to reapply for his medical license and specifically that entering into this settlement agreement will not preclude him from reapplying.

5. **Consent to Entry of Order**. In order to resolve these Complaints pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent

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engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to Count I of the Second Complaint.

b. Counts I and II of the First Complaint and Count II and III of the Second Complaint shall be dismissed with prejudice.

c. Respondent's license to practice medicine shall be revoked.

d. Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matters, which imposition of costs and expenses shall be effective upon the Board's acceptance, adoption and approval of this Agreement, the current amount being $18,819.87, not including any costs that may be necessary to finalize this Agreement. Respondent shall pay the aforementioned costs and fees within 60 days of his reapplication for licensure by the Board; Respondent may also request a plan of repayment, and repay said costs under such terms that are acceptable to the Board.

e. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

f. Respondent shall receive a Public Letter of Reprimand.

g. If Respondent otherwise meets the requirements for application for licensure, then he may reapply for a medical license, and this agreement will not preclude him from making such application.

h. This Agreement encompasses the resolution of all issues before the Board, including any allegations that Respondent may have failed to comply with reporting requirements.

6. **Release From Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions,

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causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

7. **Procedure for Adoption of Agreement**. The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of these Complaints. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex parte, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaints and any and all information of every nature whatsoever related to this matter. The IC and its counsel agree that Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and the remaining counts of the Complaints shall be dismissed with prejudice.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering these Complaints and from participating in disciplinary proceedings against Respondent, including

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adjudication of these cases; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

10. **Binding Effect**. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause**. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the parties consent to such jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

12. **Attorneys' Fees and Costs**. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. **Failure to Comply with Terms**. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order to Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a). Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to civil collection efforts, however a payment plan may be agreed to at the time of reapplication.

Dated this 31 day of MAY, 2018.

By: _____
Robert Kilroy, Esq., General Counsel
Aaron Bart Fricke, Esq., Deputy General Counsel
Attorneys for the Investigative Committee

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Nevada State Board of Medical Examiners
9600 Gateway Drive
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Dated this 25th day of May, 2018.

COLLINSON, DAEHNKE, INLOW & GRECO

By: Patricia Daehnke
Patricia Egan Daehnke, Esq.
Attorneys for Respondent

Dated this 30th day of May, 2018.

Michael Stanley Kaplan, M.D., Respondent
By: General Power of attorney

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Reno, Nevada 89521
(775) 688-2559

IT IS HEREBY ORDERED that the foregoing Settlement Agreement is approved and accepted by the Nevada State Board of Medical Examiners on the 1st day of June, 2018, with the final total amount of costs due of $18,819.87.

D Prabhu Rachakonda MD

Rachakonda D. Prabhu, M.D., President
NEVADA STATE BOARD OF MEDICAL EXAMINERS

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Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

Explanation: Fine/Public Reprimand

Nevada Medical Board, 12/3/2005

Patient presented with an obstructed right ureter following prior gynecologic surgery. At the time of my surgery, she was found to have a frozen pelvis. After extensive lysis of adhesions, the patient's left ureter was mistakenly isolated and reimplanted, rather than the obstructed right ureter. The complication was identified post operatively and repaired. She had complications from that operation, including a bowel injury, and subsequent occlusion of the right ureter. Ultimately, the patient had additional surgery at UCLA, and she retained function of both kidneys, and resumed normal bowel function.

M S Kaplan MD

Michael Kaplan MD

3/26/22

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Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

DCN: 5500000040164097
Process Date: 12/29/2005
Page: 1 of 3
KAPLAN, MICHAEL STANLEY

KAPLAN, MICHAEL STANLEY

NEVADA STATE BOARD OF MEDICAL EXAMINERS

STATE LICENSURE OR CERTIFICATION ACTION **Date of Action:** 12/03/2005

Initial Action	Basis for Initial Action
- PUBLICLY AVAILABLE FINE/MONETARY PENALTY - OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT FOR DETAILS	- MALPRACTICE

A. REPORTING ENTITY

Entity Name: NEVADA STATE BOARD OF MEDICAL EXAMINERS *
Address: 1105 TERMINAL WAY
SUITE 301
City, State, Zip: RENO, NV 89502
Country:
Name or Office: ERNESTO DIAZ
Title or Department: CHIEF OF INVESTIGATIONS
Telephone: (775) 324-9370
Entity Internal Report Reference:
Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 08/04/2021:

Entity Name: NEVADA STATE BOARD OF MEDICAL EXAMINERS
Address: 9600 GATEWAY DR
City, State, Zip: RENO, NV 89521-8953
Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: KAPLAN, MICHAEL STANLEY
Other Name(s) Used:
Gender: MALE
Date of Birth: [redacted]
Organization Name:
Work Address: 4 SUNSET WAY
SUITE B6
City, State, ZIP: HENDERSON, NV 89014
Organization Type:
Home Address:
City, State, ZIP:
Deceased: NO
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): [redacted]
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: BAYLOR COLLEGE OF MEDICINE, HOUSTON, TX (1981)
Occupation/Field of Licensure: PHYSICIAN (MD)
State License Number, State of Licensure: 5983, NV
Specialty: UROLOGICAL SURGERY
Drug Enforcement Administration (DEA) Numbers:
Unique Physician Identification Numbers (UPIN):
Name(s) of Health Care Entity (Entities) With Which Subject Is

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Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE OR CERTIFICATION
Basis for Action: MALPRACTICE (12)
Name of Agency or Program That Took the Adverse Action Specified in This Report: NEVADA STATE BOARD OF MEDICAL EXAMINERS
Adverse Action Classification Code(s): PUBLICLY AVAILABLE FINE/MONETARY PENALTY (1173)
OTHER LICENSURE ACTION - NOT CLASSIFIED, SPECIFY (1199)
Other, as Specified: PUBLIC REPRIMAND
Date Action Was Taken: 12/03/2005
Date Action Became Effective: 12/03/2005
Length of Action: INDEFINITE
Total Amount of Monetary Penalty, Assessment and/or Restitution: $ 7,002.88
Is the subject automatically reinstated after the adverse action period is completed?: NO
Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity: THE NEVADA STATE BOARD OF MEDICAL EXAMINERS FOUND THE PRACTITIONER GUILTY OF MALPRACTICE FOR FAILING TO USE THE REASONABLE CARE, SKILL OR KNOWLEDGE ORDINARILY USED UNDER SIMILAR CIRCUMSTANCES IN PROVIDING CARE OR TREATMENT TO A PATIENT, A VIOLATION OF NRS 630.301(4). THE LEFT URETER WAS OPERATED ON INSTEAD OF REPAIRING THE RIGHT URETAL OBSTRUCTION, REQUIRING THE PATIENT TO UNDERGO AN ADDITIONAL SURGERY. DURING THE ADDITIONAL SURGERY, THE PRACTITIONER PERFORATED THE PATIENT'S BOWEL. THE PERFORATION CAUSED THE PATIENT TO DEVELOP A PELVIC ABSCESS AND FISTULA. THE NEVADA STATE BOARD OF MEDICAL EXAMINERS ORDERED THE PRACTITIONER TO RECEIVE A PUBLIC REPRIMAND AND PAY ALL ADMINISTRATIVE COSTS INCURRED IN THE INVESTIGATION AND PROSECUTION OF THE CASE, IN THE AMOUNT OF $7002.88, TO BE PAID WITHIN 90 DAYS OF THE ORDER.

Is the adverse action specified in this report based on the subject's professional competence or conduct, which adversely affected, or could have adversely affected, the health or welfare of patient(s)?: YES

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

Michael Stanley KAPLAN

License Number:	5983
License Type:	Medical Doctor
License Status:	Revoked
Initial License Date:	Dec-02-1989
Expiration Date:	Jun-30-2017
Public Address:	763 Lanni Ct.
Public City:	Henderson
Public State:	Nevada
Public ZIP Code:	89012
Public Country:	United States
Public Phone Number:	702-885-7192
Credential:	M.D.

Specialties

Specialty
Urology

Education History

Institution	Degree/Certificate	Date Enrolled	Date To
Baylor College of Medicine	Medical Doctor Degree	Jun-23-1977	Jun-08-1981

Postgraduate Training

Institution	Program Type	Specialty Type	Start Date	End Date
Letterman Army Medical Center	Internship	Transitional	Jul-01-1981	Jun-30-1982
Letterman Army Medical Center	Residency	Surgery,General	Jul-01-1983	Feb-29-1984
Letterman Army Medical Center	Residency	Urology	Mar-01-1984	Jun-30-1987

Board Actions

Summary	Attachments
FORMAL COMPLAINT Case No. 05-8547-1 January 25, 2005 The Investigative Committee of the Nevada State Board of Medical Examiners filed a formal complaint against Dr. Michael Kaplan alleging a violation of Nevada Revised Statutes (NRS) Chapter 630. The complaint alleges a violation of NRS 630.301(4), malpractice as defined by NAC 630.040. Copies of Complaint: four (4) Pages	N/A
FINDINGS OF FACT AND CONCLUSIONS OF LAW AND ORDER Case No. 05-8547-1 December 2, 2005 On December 2, 2005, the Nevada State Board of Medical Examiners found Michael Kaplan, M.D. guilty of the failure to use the reasonable care, skill or knowledge ordinarily used under similar circumstances in the treatment of Patient A, by performing surgery on the wrong side; and said conduct, constitutes malpractice, a violation of the provisions of NRS 630.301(4). Dr. Kaplan was ordered to pay $7,002.88 for administrative fees due within ninety (90) days, and the Board shall issue a public letter of reprimand concerning the care and treatment rendered to Patient A. Copies of Findings Of Fact, Conclusions Of Law And Order: four (4) Pages	N/A
COMPLIANCE Case No. 05-8547-1 April 11, 2006 Dr. Kaplan completed all term of the Findings of Fact Conclusions of Law and Order entered on December 2, 2005.	N/A

Summary	Attachments
ORDER OF SUMMARY SUSPENSION Case No. 11-12859-1 March 14, 2011 The Investigative Committee of the Nevada State Board of Medical Examiners, upon review of evidence and information presented by Board staff IMMEDIATELY SUSPENDS the license to practice medicine of Michael Kaplan, M.D. pursuant to NRS 630.326(1), based upon preliminary findings set forth in the Order of Summary Suspension. The Investigative Committee believes that the health, safety and welfare of the public is at imminent risk of harm by Dr. Kaplan's verified and admitted re-use of single-use-only medical devices, namely endocavity needle guides, during the performance of prostate biopsies, and that a summary suspension of Dr. Kaplan's medical license is necessary to remove said risk of imminent harm to the health, safety and welfare of the public. Accordingly, pursuant to NRS 630.326(1): IT IS HEREBY ORDERED that the license to practice medicine in the state of Nevada of Michael Kaplan, M.D., is hereby suspended until further order of the Investigative Committee or Board; and IT IS FURTHER ORDERED that a hearing be set within 45 days of this Order regarding this matter, pursuant to NRS 630.326(2), to determine whether this suspension may continue, unless the parties mutually agree to a longer period of time. Order of Summary Suspension: two (2) pages	Order of Summary Suspension 11-12859-1.pdf (/rest/public/data/downloadannotation/index.php?id=6205681cfee7346d8403248b&entity=$2y$10$oPJwdtn4TP7ueRYGUIolBeh.V
STIPULATION AND ORDER Case No. 11-12859 April 12, 2011 The Investigative Committee and Michael Kaplan, M.D. entered into a Stipulation to reinstate Dr. Kaplan's license to practice medicine subject to the terms set forth in the Stipulation and Order. Stipulation and Order: three (3) pages	Stipulation & Order 11-12859-1.pdf (/rest/public/data/downloadannotation/index.php?id=6205690cfee7346d84032613&entity=$2y$10$8x3nZrqY2k3EKs0j2R7aNOroK
FIRST AMENDED COMPLAINT Case No. 11-8547-1 July 24, 2013 The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board) filed a First Amended Complaint against Michael Kaplan, M.D. (Respondent) alleging violations of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630. Count I: a violation of NAC 630.230(1)(h), failure to adequately supervise medical assistant(s). Count II: a violation of NRS 630.306(7), continual failure to exercise ordinary skill or diligence. First Amended Complaint: six (6) pages	First Amended Complaint 11-8547-1.pdf (/rest/public/data/downloadannotation/index.php?id=620569f881edb569d78dbdd6&entity=$2y$10$rslMz4QCdqKBi1XnCfMVR.k/h
FORMAL COMPLAINT Case No. 15-8547-1 September 24, 2015 The Investigative Committee of the Nevada State Board of Medical Examiners filed a formal complaint against Michael Kaplan, M.D. alleging three violations of Nevada Revised Statutes (NRS) Chapter 630. Count I: Alleges a violation of NRS 630.301(9), engaging in conduct that brings the medical profession into disrepute. Count II: Alleges a violation of NRS 630.301(11)(g), conviction of any offense involving moral turpitude is grounds for disciplinary action Count III: Alleges a violation of NRS 630.301(1), conviction of a felony relating to the practice of medicine is grounds for disciplinary action. Complaint: twenty-two (22) pages	Complaint 15-8547-1.pdf (/rest/public/data/downloadannotation/index.php?id=62056a5f81edb569d78dbed6&entity=$2y$10$5UhDdeA9OAmLSKqUWL.ICO
ORDER OF IMMEDIATE SUSPENSION June 23, 2017 The Nevada State Board of Medical Examiners suspended Michael Kaplan, M.D.'s license to practice medicine in the state of Nevada pursuant to Nevada Revised Statute 630.3675, based upon a felony conviction in violation of federal law relating to his practice of medicine in Nevada. Order: thirteen (13) pages	Order of Suspension 5983.pdf (/rest/public/data/downloadannotation/index.php?id=6234e81dfee7346d847a1fc5&entity=$2y$10$DFpsVS9IOyBhqVg659szD.bOi
SETTLEMENT AGREEMENT Case No. 118547-1 & Case No. 15-8547-1 June 1, 2018 On June 1, 2018, the Nevada State Board of Medical Examiners accepted and approved a Settlement Agreement which allowed for an order to be entered finding Dr. Kaplan violated NRS 630.301(9), as set forth in Count I of the Complaint in Case No. 15-8547-1, and ordering that Dr. Kaplan's license to practice medicine in Nevada be revoked; that he receive a public reprimand; and that he reimburse the Board's fees and costs incurred in the investigation and prosecution of the case against him. If Dr. Kaplan otherwise meets the requirements for application for licensure, then he may reapply for a medical license, and the Settlement Agreement will not preclude him from making such application. Counts I and II of the First Amended Complaint in Case No. 11-8547-1 and Counts II and III of the Complaint in Case No. 15-8547-1 shall be dismissed with prejudice. Settlement Agreement: nine (9) pages	Settlement Agreement 11-8547 & 15-8547-1.pdf (/rest/public/data/downloadannotation/index.php?id=62056b09fee7346d84033b56&entity=$2y$10$qJ7hADOw1g9wqqpem1g88O4

Current Employment Status / Conditions / Restrictions on License / Prior Malpractice Claims

Summary	Attachments
PROFESSIONAL LIABILITY CLAIM, SETTLEMENT, OR JUDGEMENT OF $5,000 OR MORE: 1) Date received by the Board: 12/01/2006 Reported by: The Doctor's Company Date of act/omission: 03/21/2001 Details: Obstructed ureter and perforated bowel as a result of improper performance of surgeries. Settlement amount: $1,000,000 Total pages: 2 2) Date received by the Board: 12/01/2006 Reported by: The Doctor's Company Date of act/omission: 04/05/2001 Details: Obstructed ureter and perforated bowel as a result of improper performance of surgeries. Settlement amount: $250, 000 Total pages: 2 3)Date received by the Board: 5/4/2016 Reported by: Physician Casualty Risk Retention Date of act/omission: 4/7/2014 Details: The patient alleges taht the vasectomy was unsuccessful. Settlement amount: $40,000 Court Case Number: Total pages:0	N/A

Malpractice Information

Summary	Attachments
None.	

Michael Stanley KAPLAN

License Number:	22069
License Type:	Medical Doctor
License Status:	Active-Conditions
Initial License Date:	Mar-22-2022
Expiration Date:	Jun-30-2023
Public Address:	763 Lanni Ct.
Public City:	Henderson
Public State:	Nevada
Public ZIP Code:	89012
Public Country:	United States
Public Phone Number:	702-885-7192
Credential:	M.D.

Specialties

Specialty
Urology

Education History

Institution	Degree/Certificate	Date Enrolled	Date To
Baylor College of Medicine	Medical Doctor Degree	Jun-23-1977	Jun-08-1981

Postgraduate Training

Institution	Program Type	Specialty Type	Start Date	End Date
Letterman Army Medical Center	Internship	Transitional	Jul-01-1981	Jun-30-1982
Letterman Army Medical Center	Residency	Surgery,General	Jul-01-1983	Feb-29-1984
Letterman Army Medical Center	Residency	Urology	Mar-01-1984	Jun-30-1987

Board Actions

Summary	Attachments
None.	

Current Employment Status / Conditions / Restrictions on License / Prior Malpractice Claims

Summary	Attachments
PROFESSIONAL LIABILITY CLAIM, SETTLEMENT, OR JUDGEMENT OF $5,000 OR MORE: 1) Date received by the Board: 12/01/2006 Reported by: The Doctor's Company Date of act/omission: 03/21/2001 Details: Obstructed ureter and perforated bowel as a result of improper performance of surgeries. Settlement amount: $1,000,000 Total pages: 2 2) Date received by the Board: 12/01/2006 Reported by: The Doctor's Company Date of act/omission: 04/05/2001 Details: Obstructed ureter and perforated bowel as a result of improper performance of surgeries. Settlement amount: $250, 000 Total pages: 2 3)Date received by the Board: 5/4/2016 Reported by: Physician Casualty Risk Retention Date of act/omission: 4/7/2014 Details: The patient alleges taht the vasectomy was unsuccessful. Settlement amount: $40,000 Court Case Number: Total pages:0	N/A
ORDER GRANTING LICENSE WITH CONDITIONS March 22, 2022 License with the condition Dr. Kaplan to complete preceptorship with Annabel Barber, M.D. and Victor Grigoryev Grigg, M.D. Dr. Barber shall review one hundred percent (100%) of Dr. Kaplan's patient files, not to exceed one hundred (100) files in total. Preceptor Grigoryev Grigg shall review ten (10) patient files in person and provide a report to the Board immediately after this review is completed. This is not a disciplinary action.	Order Granting License w Conditions 22069.pdf (/rest/public/data/downloadannotation/index.php?id=623b3d02fee7346d84956600&entity=$2y$10$soH265VldtwdJA/Z1d33pOD:

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of the License to Practice Medicine of: **MICHAEL STANLEY KAPLAN, M.D.,** **Respondent.**	**License No. 22069**

FILED

MAR 2 2 2022

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

ORDER GRANTING LICENSE WITH CONDITIONS

Michael Stanley Kaplan M.D. (Dr. Kaplan), License No. 22069, appeared before the Nevada State Board of Medical Examiners (Board) in Las Vegas, Nevada, at its regularly scheduled meeting on March 4, 2022, regarding his application for licensure as a physician in the State of Nevada. Dr. Kaplan was present with the assistance of counsel, Patricia Daehnke, Esq. Board members Victor M. Muro, M.D., President, Aury Nagy, M.D., Vice President, Maggie Arias-Petrel, Secretary-Treasurer, Bret W. Frey, M.D., Chowdhury H. Ahsan, M.D., Ph.D., FACC, Pamela Beal, Col. Eric D. Wade, USAF, (Ret.), Nicola (Nick) M. Spirtos, M.D., F.A.C.O.G., and Carl N. Williams, Jr., M.D., FACS were present. After considering Dr. Kaplan's application, the Board enters the following Order:

IT IS HEREBY ORDERED that the Board grants Dr. Kaplan's license with conditions. These conditions are as follows:

1. He shall be monitored by two preceptors, Annabel E. Barber, M.D. and Victor Grigoryev Grigg, M.D.

2. Preceptor Dr. Barber shall review one hundred percent (100%) of Dr. Kaplan's patient files, not to exceed one hundred (100) files in total.

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OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

3. Preceptor Dr. Grigoryev shall review ten (10) patient files, in-person, and provide a report to the Board immediately after this review is completed.

DATED this 2nd day of March, 2022.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: V M Muro MD
VICTOR M. MURO, M.D.
President of the Board

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

13B

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

CONTROLLED SUBSTANCE APPLICATION
Non-Refundable $200 fee
Rev (05/19/2021)

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

Section 1: Personal Information

First: SHERMAN Middle: _____ Last: WASHINGTON

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Home Address: [redacted] N GREEN VALLEY PARK WAY STE [redacted]

City: HENDERSON State: NV Zip: 89014

Telephone: [redacted] Email: SWASHINGTON@IUVENTUSMEDICAL.COM

Degree: MD Practitioner License #: 15168 Specialty: EMERGENCY

(You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): IUVENTUS MEDICAL CENTER

Practice Address: 3365 E FLAMINGO ROAD Suite #: 2

City: LAS VEGAS State: NV Zip: 89121

Telephone: 702-457-3888 Fax: 702-974-2199 Email: ADMIN@IUVENTUSMEDICAL.COM

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	✓	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✓	

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✓	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	✓	

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
NV State Board MD	N.V	12/3/2021	21-41427-1

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sherman Washington — 02/07/2022

Print Name (First, Last) — Date

02/07/2022

Original Signature (electronic, copies or stamps not accepted) — Date

Board Use Only: Date Processed: _____ Amount: 200 check # 4457

13C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Y

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (05/19/2021)

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

Section 1: Personal Information

First: SHERMAN Middle: _____ Last: WASHINGTON

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Home Address: [redacted] N GREEN VALLEY PARK WAY STE [redacted]

City: HENDERSON State: NV Zip: 89014

Telephone: [redacted] Email: SWASHINGTON@IUVENTUSMEDICAL.COM

Degree: MD Practitioner License #: 15168 Specialty: EMERGENCY

(You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): IUVENTUS MEDICAL CENTER

Practice Address: 4966 S RAINBOW BLVD Suite #: 100

City: LAS VEGAS State: NV Zip: 89118

Telephone: 702-475-4898 Fax: 702-974-2199 Email: ADMIN@IUVENTUSMEDICAL.COM

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	✓	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✓	

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✓	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	✓	

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
N.V. St Board of MD	N.V	12/3/2021	21-4727-1

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sherman Washington — Print Name (First, Last) — 02/07/2022 Date

Original Signature (electronic, copies or stamps not accepted) — 02/07/2022 Date

Board Use Only: Date Processed: _____ Amount: 200 Check # 4458

14

14A

Application required for pharmacist to engage in practice of pharmacy at site other than licensed pharmacy
NAC 639.403

Application Information
(a) **Applicant Name:** Patricia Dieso
(b) **Description of Services:**
a. CrowdRx:
i. There's safety in numbers. From the crowds at your event to the professionals in the first aid tent, our extended medical staff work to keep your event uneventful. CrowdRx is on call to cover all of your Event Medical Services needs. You can focus on your event, attendees, and talent while we manage your permitting, site planning, staffing, supply, and medical transport needs. Need comprehensive general and professional liability coverage? We've got that covered too. Physician-led or medic-level event services can be tailored to the size of both your crowd and your budget. We are on call to deliver quality medical services scaled to the unique needs and requirements of each and every gathering. We work closely with local Emergency Departments to minimize impact on their resources and reduce risk at your venue. Our services don't end with your event close. We offer data collection, reporting and post-event recommendations to give you a strategic and tactical advantage with your future events. Founded by physicians and staffed by a global network of MDs, paramedics, EMTs, RNs and other medical support personnel, CrowdRx keeps your event uneventful by providing urgent care for patients and minimizing risk for your business.
b. The Crowd Rx pharmacist will oversee distribution of medication supplies to providers, advising physicians/practitioners on medication therapy, preparing any necessary medications, and ensuring proper controlled substance and supply inventory. The pharmacist shall participate in decisions about the contents of formulary, emergency medication kits, and in medical emergencies. Pharmacists will also serve on cardiopulmonary resuscitation teams**.**
(c) **Location:** Burning Man, Black Rock City, Nevada
(d) **Types of Patients**: Participants at Burning Man who are need of emergency medical care and receive care from CrowdRx
(e) **Types of Pharmacies or other entities to whom the pharmacist intends to provide services:** None
(f) **Description of all resources available to the pharmacists:** The pharmacist will work collaboratively Board-Certified Emergency Physicians, have access to online reference databases (e.g., LexiComp), MedixSafe for controlled substances, locking refrigerator for medication, locking cabinets for medication storage, and climate control equipment. Additionally, all pharmacists will be aware of and have access to all policies and procedures.
(g) **Days and Hours in which pharmacist intends to provide services:** 8/23/2022 – 9/6/2022, 24 hours per day; Each pharmacist will work 12-hour shifts with one to two pharmacists on shift at a time.
(h) **Explanation of policy of the pharmacist for users of the services when the pharmacist is unavailable:** In the event there is no pharmacist on shift, the Director of Pharmacy, Juliana Zschoche or another designee will be available by pager for all pharmacy needs and respond 24/7. The Lead Physician will have access to controlled substances when the pharmacist is unavailable. Should the Lead Physician require controlled substances, tracking will be recorded via the Controlled Substances Tracker following all applicable requirements and guidelines.

(i) **Explanation of the policy of the pharmacists regarding confidentiality and security of patient data:** I, Patricia Dieso, currently practice in alignment with the regulations put forth by The Health Insurance Portability and Accountability Act of 1996 (HIPAA) in my daily pharmacy practice. I will continue to uphold these regulations to protect and safeguard the privacy and security of personal health information. CrowdRx is fully compliant with HIPAA regulations, has all safeguards in place, and performs the regular monitoring required by HIPPA regulations.

(j) **Whether services will be affiliated with a licensed pharmacy:** No

(k) **Description of business plan for the services provided:** The Burning Man medical facility is licensed by the Nevada Healthcare Quality and Compliance (HCQC) board as both an Independent Center for Emergency Care and also as a CLIA-Waived Limited Laboratory. Patients will not be charged any fees for any care that they receive while at the Burning Man event. The employees of CrowdRx are compensated for their time.

14B

Application required for pharmacist to engage in practice of pharmacy at site other than licensed pharmacy
NAC 639.403

Application Information

(a) **Applicant Name: Rachael Moliver, PharmD, BCPS**

(b) **Description of Services:**

a. CrowdRx:

i. There's safety in numbers. From the crowds at your event to the professionals in the first aid tent, our extended medical staff work to keep your event uneventful. CrowdRx is on call to cover all of your Event Medical Services needs. You can focus on your event, attendees, and talent while we manage your permitting, site planning, staffing, supply, and medical transport needs. Need comprehensive general and professional liability coverage? We've got that covered too. Physician-led or medic-level event services can be tailored to the size of both your crowd and your budget. We are on call to deliver quality medical services scaled to the unique needs and requirements of each and every gathering. We work closely with local Emergency Departments to minimize impact on their resources and reduce risk at your venue. Our services don't end with your event close. We offer data collection, reporting and post-event recommendations to give you a strategic and tactical advantage with your future events. Founded by physicians and staffed by a global network of MDs, paramedics, EMTs, RNs and other medical support personnel, CrowdRx keeps your event uneventful by providing urgent care for patients and minimizing risk for your business.

b. The Crowd Rx pharmacist will oversee distribution of medication supplies to providers, advising physicians/practitioners on medication therapy, preparing any necessary medications, and ensuring proper controlled substance and supply inventory. The pharmacist shall participate in decisions about the contents of formulary, emergency medication kits, and in medical emergencies. Pharmacists will also serve on cardiopulmonary resuscitation teams**.**

(c) **Location:** Burning Man, Black Rock City, Nevada

(d) **Types of Patients**: Participants at Burning Man who are need of emergency medical care and receive care from CrowdRx

(e) **Types of Pharmacies or other entities to whom the pharmacist intends to provide services:** None

(f) **Description of all resources available to the pharmacists:** The pharmacist will work collaboratively Board-Certified Emergency Physicians, have access to online reference databases (e.g., LexiComp), MedixSafe for controlled substances, locking refrigerator for medication, locking cabinets for medication storage, and climate control equipment. Additionally, all pharmacists will be aware of and have access to all policies and procedures.

(g) **Days and Hours in which pharmacist intends to provide services:** 8/23/2022 – 9/6/2022, 24 hours per day; Each pharmacist will work 12-hour shifts with one to two pharmacists on shift at a time.

(h) **Explanation of policy of the pharmacist for users of the services when the pharmacist is unavailable:** In the event there is no pharmacist on shift, the Director of Pharmacy, Juliana Zschoche or another designee will be available by pager for all pharmacy needs and respond 24/7. The Lead Physician will have access to controlled substances when the pharmacist is unavailable. Should the Lead Physician require controlled substances, tracking will be recorded via the Controlled Substances Tracker following all applicable requirements and guidelines.

(i) **Explanation of the policy of the pharmacists regarding confidentiality and security of patient data:** I, **Rachael Moliver, PharmD, BCPS,** currently practice in alignment with the regulations put forth by The Health Insurance Portability and Accountability Act of 1996 (HIPAA) in my daily pharmacy practice. I will continue to uphold these regulations to protect and safeguard the privacy and security of personal health information. CrowdRx is fully compliant with HIPAA regulations, has all safeguards in place, and performs the regular monitoring required by HIPPA regulations.

(j) **Whether services will be affiliated with a licensed pharmacy:** No

(k) **Description of business plan for the services provided:** The Burning Man medical facility is licensed by the Nevada Healthcare Quality and Compliance (HCQC) board as both an Independent Center for Emergency Care and also as a CLIA-Waived Limited Laboratory. Patients will not be charged any fees for any care that they receive while at the Burning Man event. The employees of CrowdRx are compensated for their time.

14C

Application required for pharmacist to engage in practice of pharmacy at site other than licensed pharmacy
NAC 639.403

Application Information

(a) **Applicant Name:** Finnella Morgan

(b) **Description of Services:**

a. CrowdRx:

i. There's safety in numbers. From the crowds at your event to the professionals in the first aid tent, our extended medical staff work to keep your event uneventful. CrowdRx is on call to cover all of your Event Medical Services needs. You can focus on your event, attendees, and talent while we manage your permitting, site planning, staffing, supply, and medical transport needs. Need comprehensive general and professional liability coverage? We've got that covered too. Physician-led or medic-level event services can be tailored to the size of both your crowd and your budget. We are on call to deliver quality medical services scaled to the unique needs and requirements of each and every gathering. We work closely with local Emergency Departments to minimize impact on their resources and reduce risk at your venue. Our services don't end with your event close. We offer data collection, reporting and post-event recommendations to give you a strategic and tactical advantage with your future events. Founded by physicians and staffed by a global network of MDs, paramedics, EMTs, RNs and other medical support personnel, CrowdRx keeps your event uneventful by providing urgent care for patients and minimizing risk for your business.

b. The Crowd Rx pharmacist will oversee distribution of medication supplies to providers, advising physicians/practitioners on medication therapy, preparing any necessary medications, and ensuring proper controlled substance and supply inventory. The pharmacist shall participate in decisions about the contents of formulary, emergency medication kits, and in medical emergencies. Pharmacists will also serve on cardiopulmonary resuscitation teams**.**

(c) **Location:** Burning Man, Black Rock City, Nevada

(d) **Types of Patients**: Participants at Burning Man who are need of emergency medical care and receive care from CrowdRx

(e) **Types of Pharmacies or other entities to whom the pharmacist intends to provide services:** None

(f) **Description of all resources available to the pharmacists:** The pharmacist will work collaboratively Board-Certified Emergency Physicians, have access to online reference databases (e.g., LexiComp), MedixSafe for controlled substances, locking refrigerator for medication, locking cabinets for medication storage, and climate control equipment. Additionally, all pharmacists will be aware of and have access to all policies and procedures.

(g) **Days and Hours in which pharmacist intends to provide services:** 8/23/2022 – 9/6/2022, 24 hours per day; Each pharmacist will work 12-hour shifts with one to two pharmacists on shift at a time.

(h) **Explanation of policy of the pharmacist for users of the services when the pharmacist is unavailable:** In the event there is no pharmacist on shift, the Director of Pharmacy, Juliana Zschoche or another designee will be available by pager for all pharmacy needs and respond 24/7. The Lead Physician will have access to controlled substances when the pharmacist is unavailable. Should the Lead Physician require controlled substances, tracking will be recorded via the Controlled Substances Tracker following all applicable requirements and guidelines.

(i) **Explanation of the policy of the pharmacists regarding confidentiality and security of patient data:** I, Finnella Morgan, currently practice in alignment with the regulations put forth by The Health Insurance Portability and Accountability Act of 1996 (HIPAA) in my daily pharmacy practice. I will continue to uphold these regulations to protect and safeguard the privacy and security of personal health information. CrowdRx is fully compliant with HIPAA regulations, has all safeguards in place, and performs the regular monitoring required by HIPPA regulations.

(j) **Whether services will be affiliated with a licensed pharmacy:** No

(k) **Description of business plan for the services provided:** The Burning Man medical facility is licensed by the Nevada Healthcare Quality and Compliance (HCQC) board as both an Independent Center for Emergency Care and also as a CLIA-Waived Limited Laboratory. Patients will not be charged any fees for any care that they receive while at the Burning Man event. The employees of CrowdRx are compensated for their time.

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EXECUTIVE SECRETARY REPORT
July 13-14, 2022

- **FINANCIAL REPORT**
- **TEMPORARY LICENSES**
- **CHANGE OF ADDRESS BUSINESS LIST**
- **Citations & Fines issued pursuant to NRS 639.2895**
- **STAFF ACTIVITIES**
  - Meetings with Other Health Care Boards
  - COVID-19
- **REPORT TO BOARD**
  - Legislative Update
- **BOARD RELATED NEWS**
  - NABP Meeting
- **ACTIVITIES REPORT**
  - Covid Therapeutics Update

July 2022 Temporary Licenses since the last Board Meeting

Name	***License Type***
Urszula Balinski	Pharmacist
Nehal Patel	Pharmacist
Tara Guyher Williams	Pharmacist
Eric Alonzo	Pharmacist
Ogochukwu Ezumba	Pharmacist
Regina Hatton	Pharmacist
Michelle Weaver	Pharmacist
Melissa Kurtz	Pharmacist
Hasmik Rubenyan	Pharmacist
Suryanarayana Sagi	Pharmacist
Frank Juliano	Pharmacist
Henry Knudson	Pharmacist
Molly Lucas	Pharmacist
Grayson Eckert	Pharmacist
Roshni Eapen	Pharmacist
Christina Chalikias	Pharmacist
Deborah Panicali	Pharmacist
Ross Goetz	Pharmacist
Elizabeth Vieira	Pharmacist
Kimberly Frost	Pharmacist
Nehal Patil	Pharmacist
Sangmin Lee	Pharmacist
Teresa Baker	Pharmacist
Angelee Dean	Pharmacist
Justin Hodges	Pharmacist
Saajan Patel	Pharmacist

Citations & Fines issued pursuant to NRS 639.2895

(Since the last Board Meeting)

- Cite & Fine
  - Unlicensed Practice: 11
- Cease & Desist/Cite & Fine
  - Misfill: 7

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Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
639.NEW – Criminal Conviction/ Administrative Action Reporting (Licensee)	10/10/19	10/18/19	R094-19	11/29/19	01/29/20	03/19/20 Postponed per Brett 4/22/21 Brett to review with Dave.		
639.220 - licensing and regulation of a facility to dispense controlled substances and dangerous drugs if the facility is licensed by the State Board of Health (recovery centers)	03/19/20 – postponed to 06/03/20	6/16/20	R085-20	09/17/20	10/22/20 12/03/20	01/13/21	01/29/21	04/14/21
639.NEW - licensing and regulating the practice of pharmacy (appearance requirements)	03/19/20	3/24/20	R041-20	05/14/20	06/09/20	07/16/20	07/22/20	08/26/20
453.550 – Deschedule Epidiolex	06/03/20	6/16/20	R090-20 R073-19	07/30/20	09/11/20	10/15/20	10/28/20	12/29/20
639.NEW – CS Electronic Transmission Exemption	06/03/20	6/16/20	R083-20	10/15/20	10/07/20	11/10/20	12/12/20	12/29/20
639.464 & 639.468 – P&T Committee vs CPA	06/03/20				Dave revising (Dave has file)			
639.NEW – PT Administer Immunizations	07/16/20	07/21/20	R142-20	08/20/20	08/03/20	09/03/20	09/15/20	09/21/20

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
453.510 – Schedule I - Designer Benzos	07/16/20	07/21/20	R143-20	12/14/20	01/26/21	03/03/21	03/24/21	04/14/21
453.510 – Schedule II - Kratom	07/16/20	07/21/20	R144-20	12/14/20 Hold per Dave	03/15/22	04/14/22 04/06/22: Removed from agenda.		
NAC 639.742, 639.743, 639.744. and 639.745: Dispensing Practitioners: shared inventory and centralized activities.	09/03/20 01/13/21	03/12/21	R007-21	02/17/22 To Dave for review	03/11/22	04/14/22: Failed 06/02/22:PH	03/21/22	06/13/22
NAC 639.501 – Workplace Assessment Tool	10/15/20	10/21/20	R165-20	11/17/21	12/09/21	01/13/22	01/20/22	02/28/22
NAC 639 Pharmacist Practice Location	10/15/20	10/21/20	R164-20	4/28/22 – under review by Dave/ Yenh				
NAC 639 – Cite and Fine for Misfilled Prescriptions	10/15/20	10/21/20	R166-20	08/27/21	1/25/22 – Close per Brett/Karly O'Krent			
NAC 639.220 - Schedule of fees; medical interns and residents reduced fees	01/13/21	02/02/21	R003-21	08/17/21	08/26/21	10/14/21	10/21/21	12/22/21
NAC 639.NEW Compounded Drugs (dispensing, supplying, furnishing)	01/13/21	01/20/21	R002-21	09/01/21	10/22/21	12/02/21 tabled		

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
NAC 639.715, 639.718, 639.720: Use of mechanical devices to dispense drugs	03/03/21 06/03/21	06/10/21	R013-21	10/28/21 (under review) by Dave/Yenh	01/19/22	03/03/22	03/10/22	
NAC 453: PMP Integration with electronic health records of practitioners	03/03/21	03/12/21	R008-21	07/13/21	08/26/21	10/14/21	10/21/21	12/22/21
NAC 639: Reference Standards for Compounding	06/03/21	06/10/21	R012-21					
NAV 639: Hormonal Contraceptive Protocol	07/15/21	09/07/21	R036-21	10/27/21 (returned to LCB 11/3/21 for revision)	12/09/21	01/13/22	01/14/22	02/28/22
NAC 639: Background Check RPH, PT, PTT; increase fees for investigation or issuance or renewal of a license as a manufacturer or wholesaler; application valid for one year; clarify licensing requirements for an outsourcing facility or euthanasia technician. (Senate Bill 408)	07/15/21	07/20/21	R025-21	09/30/21 (under review) by Dave/Yenh	01/19/22	03/03/22	03/10/22	04/11/22
NAC 453.510: Schedule I – Eutylone and fentanyl related substances.	07/15/21	07/20/21	R023-21	09/28/21	10/22/21	12/02/21	12/10/21	12/22/21
NAC 453.540: Schedule IV – lemborexant and Remimazolam.	07/15/21	07/20/21	R024-21	08/17/21	08/26/21	10/14/21	10/21/21	12/22/21

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
NAC 639: Allow pharmacists to dispense drugs approved the FDA for human immunodeficiency virus. (Senate Bill 325)	07/15/21 09/02/21	09/08/21	R039-21	11/04/21	11/05/21 Under review by Yenh 12/12/21 Under review by Dave	03/03/22	03/10/22	04/11/22
NAC 639: Prescription information in English and another language (AB 177).	09/02/21 Continued 12/02/21	12/08/21	R119-21	2/25/22 to Dave/ Yenh for review	03/11/22	04/14/22 07/14/22	04/27/22 06/10/22- Pulled by Leg Com Scheduled for 07/14/22 Public Hearing	
NAC 639.010, 639.240, 639.242, 639.256: PT/PTT registration requirements.	09/02/21	09/08/21	R041-21	4/20/22 – Under review by Dave/Yenh	04/27/22	06/02/22		
NAC 639.208: Requirements to obtain a registration as a pharmacist by reciprocity.	09/02/21	09/08/21	R040-21	12/29/21 Under review by Dave/Yenh	01/19/22	03/03/22	03/10/22	04/11/22
NAC 639.360: Accreditation of material, course or program (CE)	12/02/21	12/08/21	R120-21	01/10/22 01/26/22: Returned to LCB for changes. 2/20/22 – To Dave/	04/27/22	06/02/22		

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
				Yenh for review. 2/18/22 – Returned to LCB for changes. 3/11/22 – returned to LCB for revisions. 4/7/22 – Under review by Dave/Yenh				
NAC 453.510: Schedule I - Isotonitazene	01/13/22	01/14/22	R006-22	02/23/22 02/24/22 – Under review by Dave/Yenh	03/11/22	04/14/22	04/27/22	06/13/22
NAC 453B: Prescription Drug Donation Program	01/13/22	01/14/22	R007-22	03/21/22 – Under review by Dave/Yenh				
NAC 453: Registration of a law enforcement officer engaged in training a canine in drug detection, and add methoxetamine.	04/14/22	04/21/22	R050-22	04/27/22 Under review by Dave/Yenh		09/08/22		
NAC 639: Requires the holder of any certificate, license or permit issued by the BOP to report certain	04/14/22	04/21/22	R051-22	05/05/22	06/09/22	07/14/22		

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
convictions and administrative actions to the Board.								
NAC 639: Medical Products Wholesaler	06/02/22	06/09/22	R085-22					
NAC 639: Medication Assisted Treatment	06/02/22	06/09/22	R086-22					
NAC 639.870: APRN Dispensing License	06/02/22	06/02/22 – Dave revising language.						
NAC 639: Dispensing Practitioners in Reproductive Healthcare Center: single inventory of dangerous drugs.	07/14/22							
NAC 453.540: Schedule IV – Daridorexant.	07/14/22							

NRS 639.2328 Pharmacy located outside Nevada: Licensing; requirements; notice of licensing of Canadian pharmacy; recommendation that licensed Canadian pharmacy be included on website.

1. Every pharmacy located outside Nevada that *dispenses prescriptions to patients located in Nevada* ~~[provides mail order service to or solicits or advertises for orders for drugs available with a prescription from a resident of Nevada]~~ must be licensed by the Board.

2. To be licensed or to renew a license, such a pharmacy must:

(a) Be licensed as a pharmacy, or the equivalent, by the state or country in which its dispensing facilities are located.

(b) Comply with all applicable federal laws, regulations and standards.

(c) Submit an application in the form furnished by the Board.

(d) Provide the following information to the Board:

(1) The name and address of the owner;

(2) The location of the pharmacy;

(3) The name of the *registered* pharmacist who is the managing pharmacist; ~~[and]~~

(4) The name of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, and shall be responsible for any prescription dispensed to a resident of Nevada, including any acts or omissions of pharmacy personnel who are not registered with the Board; and

~~[(4)]~~ *(5)* Any other information the Board deems necessary.

(e) Pay the fee required by regulation of the Board.

(f) Submit evidence satisfactory to the Board that the facility, records and operation of the pharmacy comply with the laws and regulations of the state or country in which the pharmacy is located.

(g) Submit certification satisfactory to the Board that the pharmacy complies with all lawful requests and directions from the regulatory board or licensing authority of the state or country in which the pharmacy is located relating to the shipment, mailing or delivery of drugs.

(h) Be certified by the Board pursuant to NRS 639.23288 if the pharmacy operates an Internet pharmacy.

3. In addition to the requirements of subsection 2, the Board may require such a pharmacy to be inspected by the Board.

4. The Board shall notify the Office for Consumer Health Assistance of the Department of Health and Human Services each time the Board licenses a Canadian pharmacy pursuant to this section and recommend that the Office for Consumer Health Assistance include each such pharmacy on the Internet website established and maintained pursuant to paragraph (i) of subsection 1 of NRS 232.459.

1. *An off-site pharmaceutical service provider located outside Nevada which provides remote chart order processing services to a hospital or correctional institution located in Nevada shall employ pharmacists registered to practice pharmacy in Nevada.*

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18A

Documentation for this agenda item will be provided at a later date.

18B

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop July 14, 2022

Explanation – Language in ***blue italics*** is new; language in ***red text*** [~~*omitted material*~~] is language to be omitted, and language in ***green text*** indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 453.146; NRS 639.070

A REGULATION relating to controlled substances; adding daridorexant to the controlled substances listed in Schedule IV; and providing other matters properly relating thereto.

Section 1. NAC 453.540 is hereby amended to read as follows:

NAC 453.540 Schedule IV.

1. Schedule IV consists of the drugs and other substances listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation containing any of the following narcotic drugs, including, without limitation, their salts, calculated as the free anhydrous base of alkaloid, is hereby enumerated on schedule IV, in quantities:

(a) Not more than 1 milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit; or

(b) Dextropropoxyphene (alpha-(+)-4-dimethylamino-1,2-diphenyl-3-methyl-2-propionoxy-butane).

3. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances, including, without limitation, their salts, isomers and salts of isomers, is hereby enumerated on schedule IV, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Alprazolam;
Barbital;
Bromazepam;
Butorphanol;
Camazepam;
Carisoprodol;
Chloral betaine;
Chloral hydrate;
Chlordiazepoxide;
Clobazam;
Clonazepam;
Clorazepate;

Clotiazepam;
Cloxazolam;
Daridorexant
Delorazepam;
Diazepam;
Dichloralphenazone;
Eluxadoline;
Estazolam;
Ethchlorvynol;
Ethinamate;
Ethyl loflazepate;
Fludiazepam;
Flunitrazepam;
Flurazepam;
Halazepam;
Haloxazolam;
Ketazolam;
Lemborexant
Loprazolam;
Lorazepam;
Lorcaserin;
Lormetazepam;
Mebutamate;
Medazepam;
Meprobamate;
Methohexital;
Methylphenobarbital (mephobarbital);
Midazolam;
Nimetazepam;
Nitrazepam;
Nordiazepam;
Oxazepam;
Oxazolam;
Paraldehyde;
Petrichloral;
Phenobarbital;
Pinazepam;
Prazepam;
Quazepam;
Remimazolam;
Suvorexant
Temazepam;
Tetrazepam;
Triazolam;
Zaleplon;
Zolpidem; or

Zopiclone.

4. Any material, compound, mixture or preparation which contains any quantity of fenfluramine, including, without limitation, its salts, isomers and salts of such isomers, whenever the existence of such salts, isomers and salts of isomers is possible, is hereby enumerated on schedule IV. For the purposes of this subsection, "isomer" includes, without limitation, the optical, position or geometric isomer.

5. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, is hereby enumerated on schedule IV:

Cathine ((+)-norpseudoephedrine);
Diethylpropion;
Fencamfamin;
Fenproporex;
Mazindol;
Mefenorex;
Modafinil;
Pemoline (including organometallic complexes and chelates thereof);
Phentermine;
Pipradrol;
Sibutramine; or
SPA ((-)-dimethylamino-1,2,diphenylethane).

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of pentazocine, including, without limitation, its salts, is hereby enumerated on schedule IV.

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19A

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R051-22

May 5, 2022

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: § 1, NRS 639.070, 639.180 and 639.210.

A REGULATION relating to pharmacy; requiring the holder of any certificate, license or permit issued by the State Board of Pharmacy to report certain convictions and administrative actions to the Board; authorizing the Executive Secretary of the Board to require a holder of such a certificate, license or permit to appear before the Board before the renewal of a certificate, license or permit under certain circumstances; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations authorizing the Executive Secretary of the Board to issue certificates, licenses and permits. (NRS 639.070) Existing law authorizes the Board to refuse to renew, suspend or revoke a certificate, license or permit if the holder is not of good moral character, has been convicted of certain crimes or is guilty of certain other acts. (NRS 639.180, 639.210) This regulation requires the holder of any certificate, license or permit issued by the Board to report to the Executive Secretary: (1) the holder's conviction of certain crimes; (2) certain administrative actions taken against the holder; or (3) the surrender of certain registration to manufacture, distribute or dispense controlled substances issued to the holder by the Attorney General of the United States. This regulation authorizes the Executive Secretary to require a person who reports such a conviction or administrative action to appear before the Board before the person's certificate, license or permit is renewed.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

1. The holder of any certificate, license or permit issued by the Board shall report to the Executive Secretary:

(a) Any conviction not later than 30 days after the conviction and provide any documentation of the conviction requested by the Executive Secretary;

(b) Any administrative action taken against the holder by any professional licensing board or any state or federal agency not later than 30 days after the final disposition of the administrative action and provide any documentation of the administrative action requested by the Executive Secretary; or

(c) The surrender of any registration issued by the Attorney General of the United States pursuant to 21 U.S.C. § 823 immediately upon the surrender and provide any documentation of the surrender requested by the Executive Secretary.

2. If a holder of a certificate, license or permit issued by the Board reports a conviction or an administrative action pursuant to subsection 1, the Executive Secretary may require the holder to appear personally before the Board before the renewal of his or her certificate, license or permit.

3. For the purposes of this section, the term "conviction" means a conviction for any crime, other than a misdemeanor traffic violation that does not involve the use of alcohol or a controlled substance, and includes, without limitation, a:

(a) Final judgment of conviction;

(b) Plea of guilty or nolo contendere;

(c) Plea pursuant to North Carolina v. Alford, 400 U.S. 25 (1970); or

(d) Guilty verdict following a bench or jury trial, regardless of whether a sentence is suspended or deferred, a final judgment of conviction has been entered or there are any pending appeals.

19B

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R119-21

February 24, 2022

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: § 1, NRS 639.070 and section 1 of Assembly Bill No. 177, chapter 184, Statutes of Nevada 2021, at page 861 (NRS 639.28013).

A REGULATION relating to pharmacy; establishing the languages in which certain pharmacies are required to provide the directions for use of a prescription drug to certain patients or authorized representatives of certain patients; establishing a method by which the Board will update the list of such languages; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to regulate the practice of pharmacy, including the sale and dispensing of drugs. (NRS 639.070) Existing law sets forth requirements for labeling containers for prescription drugs, including a requirement that each pharmacy, except for an institutional pharmacy, provide the directions for use on the label or other device affixed to the container for the prescription drug in English and, upon the request of a prescribing practitioner, patient or authorized representative of a patient, any language prescribed by regulations adopted by the Board. (Section 1 of Assembly Bill No. 177, chapter 184, Statutes of Nevada 2021, at page 861 (NRS 639.28013)) This regulation requires the directions for use on the label or other device affixed to the container for the prescription drug to be provided, upon the request of the prescribing practitioner, a patient or an authorized representative of a patient, at the time the prescription drug is dispensed, in both English and Spanish, Tagalog, Chinese, Amharic, Somali, Vietnamese or Korean. If information in the additional requested language does not fit on the label or other device affixed to the container for the prescription drug, this regulation requires it to be provided in a document provided to the patient or his or her authorized representative at the time the prescription drug is dispensed. Finally, this regulation provides that after the tabulations of population are reported by the Secretary of Commerce for each decennial census conducted by the Bureau of the Census of the United States Department of Commerce, the Board will: (1) review the demographic trends and projections of this State; and (2) if the Board determines that the list of languages set forth in this regulation must be updated, adopt a regulation to update that list within 120 days after its determination.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

1. Pursuant to section 1 of Assembly Bill No. 177, chapter 184, Statutes of Nevada 2021, at page 861 (NRS 639.28013), each pharmacy, except for an institutional pharmacy, shall, upon the request of the prescribing practitioner, a patient or an authorized representative of a patient, provide the information required by subsection 6 of NRS 639.2801 in both English and any one of the following languages:

(a) Spanish;

(b) Tagalog;

(c) Chinese, in both traditional and simplified;

(d) Amharic;

(e) Somali;

(f) Vietnamese; or

(g) Korean.

2. As soon as practicable after the tabulations of population are reported by the Secretary of Commerce for a decennial census conducted by the Bureau of the Census of the United States Department of Commerce, the Board will review demographic trends and projections of this State. If the Board determines that the languages listed in subsection 1 must be updated, the Board will adopt a regulation to update the languages listed in subsection 1 within 120 days after its determination.

STATE OF NEVADA

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June 15, 2022

Dave Wuest, Executive Secretary
State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

Re: LCB File No. R119-21

Dear Mr. Wuest:

Pursuant to NRS 233B.067, the Legislative Commission has reviewed the attached regulation adopted by your agency, LCB File No. R119-21, and objected to the regulation. Pursuant to subsection 5 of NRS 233B.067, the Legislative Counsel is required to return this regulation to your agency for revision and resubmission pursuant to NRS 233B.0675 to address the following reason for the objection of the Legislative Commission.

Pursuant to subsection 1 of NRS 639.2801, all prescriptions must be dispensed in a container to which a label or other device is affixed which clearly shows certain information. Additionally, NRS 639.28013 requires certain pharmacies, upon request of a prescribing practitioner, patient or authorized representative of a patient, to provide such information in a language other than English as prescribed by the State Board of Pharmacy by regulation. Subsection 1 of section 1 of LCB File No. R119-21 identifies the languages other than English in which such information must be provided upon request. The reason for the objection of the Legislative Commission is that, while NRS 639.2801 requires certain information to be provided on a label or other device affixed to the container in which the prescription is dispensed, subsection 2 of section 1 of LCB File No. R119-21 would allow such information provided in a language other than English to be provided in a separate document at the time the prescription is dispensed, rather than including such information on a label or other device affixed to the container in which the prescription is dispensed as required by NRS 639.2801.

The pertinent provisions of NRS 233B.0675 which now apply to this regulation are as follows:

> **NRS 233B.0675 Permanent regulation: Revision and resubmission of regulation objected to by Legislative Commission or Subcommittee to Review Regulations; approval of or objection to revised regulation by Commission or Subcommittee.**
>
> 1. If the Legislative Commission, or the Subcommittee to Review Regulations appointed pursuant to subsection 6 of NRS 233B.067, has objected to a regulation, the agency shall revise the regulation to conform to the statutory authority pursuant to which it was adopted and to carry out the intent of the Legislature in granting that authority and return it to the Legislative Counsel within 60 days after the agency received the written notice of the objection to the regulation pursuant to NRS 233B.067. Upon receipt of the revised regulation, the Legislative Counsel shall resubmit the regulation to the Commission or Subcommittee for review. If the Commission or Subcommittee approves the revised regulation, the Legislative Counsel shall promptly file the revised regulation with the Secretary of State and notify the agency of the filing.

We invite you to discuss with us any questions which you may have concerning this regulation. Please make reference to our file number in all further correspondence relating to this regulation.

Sincerely,

Bryan J. Fernley
Legislative Counsel

Asher A. Killian
Chief Deputy Legislative Counsel

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